

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name: Cedar Bay Cogeneration Project
Permit Number: FL0061204 (PA88-24H)
County: Duval

Monitoring Well ID:	MWC-1 (aka: CBLM-1)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWC-2 (aka: CBLM-2)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWB-3 (aka:CBLM-3)
Well Type:	Background
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:
Permit Number:
County:

Cedar Bay Cogeneration Project
FL0061204 (PA88-24H)
Duval

Monitoring Well ID:
Well Type:
Description:

MWB-4 (aka:CBLM-4)
Background

Monitoring Period:

Was the well purged before sampling? ___ Yes ___ No

From: _____ To: _____

Date Sample Obtained: _____
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)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWC-5 (aka: CBLM-5)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:

Cedar Bay Cogeneration Project

Monitoring Well ID:

MWB-1A (aka: MW-1A)

Permit Number:

FL0061204 (PA88-24H)

Well Type:

Background

County:

Duval

Description:

Monitoring Period:

From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling?

_____ Yes _____ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWB-1B (aka:MW-1B)
Well Type:	Background
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWC-2A (aka: MW-2A)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWC-2B (aka: MW-2B)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWB-3A (aka:MW-3A)
Well Type:	Background
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWB-3B (aka:MW-3B)
Well Type:	Background
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWC-4A (aka: MW-4A)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name: Cedar Bay Cogeneration Project
Permit Number: FL0061204 (PA88-24H)
County: Duval

Monitoring Well ID:	MWC-4B (aka: MW-4B)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWC-5A (aka: MW-5A)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name: Cedar Bay Cogeneration Project
Permit Number: FL0061204 (PA88-24H)
County: Duval

Monitoring Well ID:	MWC-5B (aka: MW-5B)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWC-6A (aka: MW-6A)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name:	Cedar Bay Cogeneration Project
Permit Number:	FL0061204 (PA88-24H)
County:	Duval

Monitoring Well ID:	MWC-6B (aka: MW-6B)
Well Type:	Compliance
Description:	

Monitoring Period: From: _____ To: _____

Date Sample Obtained: _____

Was the well purged before sampling? ☐ Yes ☐ No

Time Sample Obtained: _____

[illegible]

COMMENTS AND EXPLANATION (Reference all attachments here):

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

The DMR consists of four parts--A, B, C, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part C is only applicable for domestic wastewater facilities with limited wet weather discharges permitted under Chapter 62-610.860, F.A.C. Part D is used for reporting ground water monitoring well data.

Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be typed or printed in ink.

In addition to filling in numerical results on various parts of the DMR, the following codes should be used and an explanation provided where appropriate. Note: Codes used by the lab for raw data may be different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period since limit is conditional.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.
TNTC	Too numerous to count (for fecal coliform bacteria only).

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions and code should be used:

CODE	DESCRIPTION/INSTRUCTIONS
<	If the sampled value is less than the method detection limit (MDL), enter a less than sign followed by the laboratory's MDL value, e.g. < 0.001. In cases where a laboratory reports a value which is less than the parameter's practical quantification limit (PQL), but, not less than the MDL, the value should be reported as the laboratory's MDL value. For example, where the MDL = 0.001, the PQL = 0.005 and the laboratory reports <0.005 (the PQL), the value of 0.001 should be reported on the DMR.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.) Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following blanks in the header should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number. If there was no discharge of effluent for a particular outfall, reuse, or land application system and the DMR monitoring group includes other monitoring locations (e.g., influent sampling); the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.).

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Record the results of daily monitoring for the parameters required to be sampled by your permit. Record the data in the units indicated. Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART C - LIMITED WET WEATHER DISCHARGE

This part is to be completed and submitted each month reclaimed water or effluent is discharged by a limited wet weather discharge permitted under Rule 62-610.860, F.A.C. For months with no discharge, Part C need not be submitted. All information is to be provided for each day on which the limited wet weather discharge was activated.

Month/Year: Enter the month and year during which the data on this report were collected and analyzed.

Rainfall Information: Enter the name and location of the rainfall gauging station, the source of climatological (normal rainfall) data, the cumulative rainfall for the average rainfall year, and the cumulative rainfall to date for this calendar year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which falls during an average rainfall year from January through the month for which this part contains data. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Date: Enter the date on which the discharge occurred.

Duration of Discharge: Enter the number of hours, to the nearest 0.1 of an hour (0.1 hr. = 6 min.) during each day of discharge that reclaimed water was actually discharged to surface waters.

Gallons Discharged: Enter the quantity in millions of gallons of reclaimed water discharged during the period shown in duration of discharge. Show the units as millions of gallons (mg), accurate to the nearest 0.01.

Average Discharge Flow Rate: Divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Average Upstream Flow Rate: Enter the average flow rate in the receiving stream upstream from the point of discharge for the period shown in duration of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Stream Dilution Factor: Enter the actual stream dilution ratio accurate to the nearest 0.1. To calculate the factor, divide the average upstream flow rate by the average discharge flow rate.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Total P: Enter the cumulative number of days since January 1 of the current year during which the limited wet weather discharge was activated divided by the total number of days since January 1 of the current year multiplied by 100%.

Reason for Discharge: Provide a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results which are unexpected. If more space is needed, reference all attachments in this area.