**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**WHEN COMPLETED MAIL THIS REPORT TO:** Department of Environmental Protection Central District

Wastewater Compliance/Enforcement Section 3319 Maguire Blvd. Orlando, FL 32803-3767

PERMITTEE NAME: Kissimmee Utility Authority
MAILING ADDRESS: Post Office Box 423219
Kissimmee, FL 34742
Attention: James C. Welsh, President
FACILITY: KUA/Cane Island Power Plant
LOCATION: 6075 Old Tampa Hwy
COUNTY: Osceola

PERMIT NUMBER:
MONITORING PERIOD--From: To:
LIMIT: Final
Site Certification PA98-38

DMR Issued:
REPORT: Monthly
GROUP: IW

**DISCHARGE POINT NUMBER: G-001** No Discharge ☐

**Please read instructions before completing this form**.

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | | | |
| Flow | Sample Measurement | | | | | | | | | | |
| PARM No. 50053 Mon. Site No. G-001 | Permit Requirement | 0.02* | Report | MGD | | | | | | Daily | Metered |
| TDS | Sample Measurement | | | | | | | | | | |
| PARM No. 0525 Mon. Site No. G-001 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Chlorides, Total (as Cl) | Sample Measurement | | | | | | | | | | |
| PARM No. 00940 Mon. Site No. G-001 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Total Nitrogen, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. 00600 Mon. Site No. G-001 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Sodium, Total (as Na) | Sample Measurement | | | | | | | | | | |
| PARM No. 00929 Mon. Site No. G-001 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Sulfates | Sample Measurement | | | | | | | | | | |
| PARM No. 00945 Mon. Site No. G-001 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted 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.

| Name/Title of Principal Executive Officer or Authorized Agent (Type or Print) | Signature of Principal Executive officer Or Authorized Agent | Telephone No. (include area code) | Date (yy/mm/dd) |
|---|---|---|---|
| | | | |

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

FACILITY: KUA/ Cane Island Power Plant

MONITORING GROUP NUMBER: G-001 Site Certification PA98-38

MONITORING PERIOD From: _____ To: _____

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | | | |
| Petrol Hydrocarbons, Total Recoverable | Sample Measurement | | | | | | | | | | |
| PARM No. 45501 Mon. Site No. G-001 | Permit Requirement | | | | | Report | Report | mg/l | | 2/Month | Grab |
| pH | Sample Measurement | | | | | | | | | | |
| PARM No. 00400 Mon. Site No. G-001 | Permit Requirement | | | | 6.0 | | 8.5 | S.U. | | 2/Month | Grab |
| | Sample Measurement | | | | | | | | | | |
| PARM No. Mon. Site No. | Permit Requirement | | | | | | | | | | |
| | Sample Measurement | | | | | | | | | | |
| PARM No. Mon. Site No. | Permit Requirement | | | | | | | | | | |
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*Flow Limitation doesn't include the storm water component as may be introduced through are plant drains

# DAILY SAMPLE RESULTS - PART B

Permit Number: Site Certification PA98-38
Facility: KUA/Cane Island Power Plant
G-001
Monitoring Period From: _____
To: _____

| | Flow MGD | Solids, Total Dissolved mg/L | Chlorides (as Cl) mg/L | Nitrogen, Total mg/L | Sodium, Total (as Na) mg/L | Sulfate, Total mg/L | TRPH mg/L | pH s.u. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Code | 50050 | 70295 | 00940 | 00600 | 00923 | 00945 | 45501 | 00400 | | | |
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| Total | | | | | | | | | | | |
| Mo. | | | | | | | | | | | |

PLANT STAFFING: NA

# DAILY SAMPLE RESULTS - PART B

Permit Number: Site Certification PA98-38
Monitoring Period From: _____
To: _____

Facility: KUA/Cane Island Power Plant
G-002

| | Flow MGD | Solids, Total Dissolved mg/L | Chlorides (as Cl) mg/L | Nitrogen, Total mg/L | Sodium, Total (as Na) mg/L | Sulfate, Total mg/L | TRPH mg/L | pH s.u. | Nitrate Nitrogen (as N) mg/L | Nitrate Nitrogen #/day | Nitrogen Total #/day |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Code | 50050 | 70295 | 00940 | 00600 | 00923 | 00945 | 45501 | 00400 | 00620 | 00620 | 00600 |
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| Total | | | | | | | | | | | |
| Mo. | | | | | | | | | | | |

PLANT STAFFING: NA

# DAILY SAMPLE RESULTS - PART B

Permit Number: Site Certification PA98-38
Monitoring Period From: _____
To: _____

Facility: KUA/Cane Island Power Plant
INT-01

| | Flow MGD | pH s.u. | Nitrate Nitrogen (as N) mg/L | Nitrate Nitrogen #/day | Nitrogen, Total mg/L | Nitrogen Total #/day | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Code | 50050 | 00400 | 00620 | 00620 | 00600 | 00600 | | | | | |
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| Total | | | | | | | | | | | |
| Mo. | | | | | | | | | | | |

PLANT STAFFING: NA

# DAILY SAMPLE RESULTS - PART B

Permit Number: Site Certification PA98-38
Monitoring Period From: _____
To: _____

Facility: KUA/Cane Island Power Plant
INT-02

| | Flow MGD | pH s.u. | Nitrate Nitrogen (as N) mg/L | Nitrate Nitrogen #/day | Nitrogen, Total mg/L | Nitrogen Total #/day | TSS mg/L | Surfactants mg/L | TRPH mg/L | TDS mg/L | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Code | 50050 | 00400 | 00620 | 00620 | 00600 | 00600 | 00530 | 38260 | 45501 | 73296 | |
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| Total | | | | | | | | | | | |
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PLANT STAFFING: NA

# DAILY SAMPLE RESULTS - PART B

Permit Number: Site Certification PA98-38
Monitoring Period From: _____
To: _____

Facility: KUA/Cane Island Power Plant
INT-03

| | Flow MGD | pH s.u. | Nitrate Nitrogen (as N) mg/L | Nitrate Nitrogen #/day | Nitrogen, Total mg/L | Nitrogen Total #/day | TSS mg/L | Surfactants mg/L | TRPH mg/L | TDS mg/L | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Code | 50050 | 00400 | 00620 | 00620 | 00600 | 00600 | 00530 | 38260 | 45501 | 73296 | |
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PLANT STAFFING: NA

# DAILY SAMPLE RESULTS - PART B

Permit Number: Site Certification PA98-38
Monitoring Period From: _____
To: _____

Facility: KUA/Cane Island Power Plant
INT-04

| | Flow MGD | pH s.u. | Nitrate Nitrogen (as N) mg/L | Nitrate Nitrogen #/day | Nitrogen, Total mg/L | Nitrogen Total #/day | TSS mg/L | Surfactants mg/L | TRPH mg/L | TDS mg/L | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Code | 50050 | 00400 | 00620 | 00620 | 00600 | 00600 | 00530 | 38260 | 45501 | 73296 | |
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| Total | | | | | | | | | | | |
| Mo. | | | | | | | | | | | |

PLANT STAFFING: NA

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**WHEN COMPLETED MAIL THIS REPORT TO:** Department of Environmental Protection Central District
Wastewater Compliance/Enforcement Section 3319 Maguire Blvd. Orlando, FL 32803-3767

PERMITTEE NAME: Kissimmee Utility Authority
MAILING ADDRESS: Post Office Box 423219
Kissimmee, FL 34742
Attention: James C. Welsh, President
FACILITY: KUA/Cane Island Power Plant
LOCATION: 6075 Old Tampa Hwy
COUNTY: Osceola

PERMIT NUMBER: DMR Issued:
MONITORING PERIOD--From: To:
LIMIT: Final REPORT: Monthly
Site Certification PA98-38 GROUP: IW

**DISCHARGE POINT NUMBER: G-002** No Discharge ☐

**Please read instructions before completing this form.**

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | | | |
| Flow | Sample Measurement | | | | | | | | | | |
| PARM No. 50053 Mon. Site No. G-002 | Permit Requirement | 1.908 | 2.10 | MGD | | | | | | Daily | Metered |
| TDS | Sample Measurement | | | | | | | | | | |
| PARM No. 0525 Mon. Site No. G-002 | Permit Requirement | | | | | Report | Report | mg/l | | 2/Month | Grab |
| Chlorides, Total (as Cl) | Sample Measurement | | | | | | | | | | |
| PARM No. 00940 Mon. Site No. G-002 | Permit Requirement | | | | | Report | Report | mg/l | | 2/Month | Grab |
| Nitrates, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. 00620 Mon. Site No. G-002 | Sample Measurement | | | | | Report* | Report* | mg/l | | Weekly | Grab |
| Nitrates, Calculate and report | Sample Measurement | | | | | | | | | | |
| PARM No. NA Mon. Site No. G-002 | Sample Measurement | Report* | Report* | #/day | | | | | | Weekly | Grab |
| Nitrogen, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. 00600 Mon. Site No. G-002 | Permit Requirement | | | | | Report* | Report* | mg/l | | Weekly | Grab |
| Nitrogen (Total), Calculate and report | Sample Measurement | | | | | | | | | | |
| PARM No. NA Mon. Site No. G-002 | Sample Measurement | Report* | Report* | #/day | | | | | | Weekly | Grab |

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted 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.

| Name/Title of Principal Executive Officer or Authorized Agent (Type or Print) | Signature of Principal Executive officer Or Authorized Agent | Telephone No. (include area code) | Date (yy/mm/dd) |
|---|---|---|---|
| | | | |

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

FACILITY: KUA/ Cane Island Power Plant

MONITORING GROUP NUMBER: G-002 Site Certification PA98-38

MONITORING PERIOD From: _____ To: _____

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. | Frequency | Sample |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | Ex. | of Analysis | Type |
| Sodium, Total (as Na) | Sample Measurement | | | | | | | | | | |
| PARM No. 00929 Mon. Site No. G-002 | Permit Requirement | | | | | Report | Report | mg/l | | 2/Month | Grab |
| Sulfates | Sample Measurement | | | | | | | | | | |
| PARM No. 00945 Mon. Site No. G-002 | Permit Requirement | | | | | Report | Report | mg/l | | 2/Month | Grab |
| Petrol Hydrocarbons, Total Recoverable | Sample Measurement | | | | | | | | | | |
| PARM No. 45501 Mon. Site No. G-002 | Permit Requirement | | | | | Report | Report | mg/l | | Weekly | Grab |
| pH | Sample Measurement | | | | | | | | | | |
| PARM No. 00400 Mon. Site No. G-002 | Permit Requirement | | | | 6.0 | | 8.5 | S.U. | | 2/Month | Grab |
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*Flow Limitation doesn't include the storm water component as may be introduced through are plant

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**WHEN COMPLETED MAIL THIS REPORT TO:** Department of Environmental Protection Central District

Wastewater Compliance/Enforcement Section 3319 Maguire Blvd. Orlando, FL 32803-3767

PERMITTEE NAME: Kissimmee Utility Authority
MAILING ADDRESS: PO Box 423219
Kissimmee, FL 34742
Attention: James C. Welsh, President
FACILITY: KUA/Cane Island Power Plant
LOCATION: 6075 Old Tampa Hwy
COUNTY: Osceola

PERMIT NUMBER:
MONITORING PERIOD--From:
To:
LIMIT: Final
Site Certification PA98-38

DMR Issued:
REPORT: Monthly
GROUP: IW

**SAMPLING LOCATION NUMBER: INT-01**

No Discharge ☐

**Please read instructions before completing this form.**

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | | | |
| Flow | Sample Measurement | | | | | | | | | | |
| PARM No. 50053 Mon. Site No. INT-01 | Permit Requirement | Report | Report | MGD | | | | | | Daily | Metered |
| Nitrate, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. 00620 Mon. Site No. INT-01 | Sample Measurement | | | | | Report | Report | mg/l | | Weekly | Grab |
| Nitrate, Calculate and report | Sample Measurement | | | | | | | | | | |
| PARM No. 00620 Mon. Site No. INT-01 | Sample Measurement | Report | Report | #/day | | | | | | Weekly | Grab |
| Nitrogen Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. NA Mon. Site No. INT-01 | Sample Measurement | | | | | Report | Report | mg/l | | Weekly | Grab |
| Nitrogen, Calculate and report | Sample Measurement | | | | | | | | | | |
| PARM No. 00600 Mon. Site No. INT-01 | Permit Requirement | Report | Report | #/day | | | | | | Weekly | Grab |
| pH | Sample Measurement | | | | | | | | | | |
| PARM No. 00400 Mon. Site No. INT-01 | Permit Requirement | | | | Report | | Report | S.U. | | 2/Month | Grab |

*Flow Limitation doesn't include the storm water component as may be introduced through are plant

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted 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.

| Name/Title of Principal Executive Officer or Authorized Agent (Type or Print) | Signature of Principal Executive officer Or Authorized Agent | Telephone No. (include area code) | Date (yy/mm/dd) |
|---|---|---|---|
| | | | |

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

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**WHEN COMPLETED MAIL THIS REPORT TO:** Department of Environmental Protection Central District

Wastewater Compliance/Enforcement Section 3319 Maguire Blvd. Orlando, FL 32803-3767

PERMITTEE NAME: Kissimmee Utility Authority
MAILING ADDRESS: PO Box 423219
Kissimmee, FL 34742
Attention: James C. Welsh, President
FACILITY: KUA/Cane Island Power Plant
LOCATION: 6075 Old Tampa Hwy
COUNTY: Osceola

PERMIT NUMBER:
MONITORING PERIOD--From:
LIMIT: Final
Site Certification PA98-38

DMR Issued:
To:
REPORT: Monthly
GROUP: IW

**SAMPLING LOCATION: INT-002**

No Discharge ☐

**Please read instructions before completing this form.**

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | | | |
| Flow | Sample Measurement | | | | | | | | | | |
| PARM No. 50053 Mon. Site No. INT-002 | Permit Requirement | Report | Report | MGD | | | | | | Daily | Metered |
| TDS | Sample Measurement | | | | | | | | | | |
| PARM No. 0525 Mon. Site No. INT-002 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| TSS | Sample Measurement | | | | | | | | | | |
| PARM No. 0530 Mon. Site No. INT-002 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Surfactants | Sample Measurement | | | | | | | | | | |
| PARM No. Mon. Site No. INT-002 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Nitrogen (Total, as N)), Calculate and report | Sample Measurement | | | | | | | | | | |
| PARM No. NA Mon. Site No. INT-002 | Permit Requirement | Report | Report | #/day | | | | | | Weekly | Grab |
| Nitrogen, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. 00600 Mon. Site No. INT-002 | Permit Requirement | | | | | Report | Report | mg/l | | Weekly | Grab |

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted 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.

| Name/Title of Principal Executive Officer or Authorized Agent (Type or Print) | Signature of Principal Executive officer Or Authorized Agent | Telephone No. (include area code) | Date (yy/mm/dd) |
|---|---|---|---|
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY: KUA/ Cane Island Power Plant

MONITORING GROUP NUMBER: INT-02 Site Certification PA98-38

MONITORING PERIOD From: _____ To: _____

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | | | |
| Nitrate, Calculate and report | Sample Measurement | | | | | | | | | | |
| PARM No. NA Mon. Site No. INT-002 | Sample Measurement | Report | Report | #/day | | | | | | Weekly | Grab |
| Nitrate, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. 00620 Mon. Site No. INT-002 | Sample Measurement | | | | | Report | Report | mg/l | | Weekly | Grab |
| Petrol Hydrocarbons, Total Recoverable | Sample Measurement | | | | | | | | | | |
| PARM No. 45501 Mon. Site No. INT-002 | Permit Requirement | | | | | Report | Report | mg/l | | Weekly | Grab |
| pH | Sample Measurement | | | | | | | | | | |
| PARM No. 00400 Mon. Site No. INT-002 | Permit Requirement | | | | 6.0 | | 8.5 | S.U. | | 2/Month | Grab |
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*Flow Limitation does not include the storm water component as may be introduced through area plant drains.

Note the FL-PRO Method for analysis is not allowed. PARM Code of 31666 is corrected to be PARM NO. 45501

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

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**WHEN COMPLETED MAIL THIS REPORT TO:** Department of Environmental Protection Central District
Wastewater Compliance/Enforcement Section 3319 Maguire Blvd. Orlando, FL 32803-3767

PERMITTEE NAME: Kissimmee Utility Authority
MAILING ADDRESS: Post Office Box 423219
Kissimmee, FL 34742
Attention: James C. Welsh, President
FACILITY: KUA/Cane Island Power Plant
LOCATION: 6075 Old Tampa Hwy
COUNTY: Osceola

PERMIT NUMBER:
MONITORING PERIOD--From:
LIMIT: Final
Site Certification PA98-38

DMR Issued:
To:
REPORT: Monthly
GROUP: IW

**SAMPLING LOCATION: INT-003**

No Discharge ☐

**Please read instructions before completing this form.**

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | | | |
| Flow | Sample Measurement | | | | | | | | | | |
| PARM No. 50050 Mon. Site No. INT-003 | Permit Requirement | Report | Report | MGD | | | | | | Daily | Metered |
| TDS | Sample Measurement | | | | | | | | | | |
| PARM No. 70295 Mon. Site No. INT-003 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| TSS | Sample Measurement | | | | | | | | | | |
| PARM No. 00530 Mon. Site No. INT-003 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Surfactants | Sample Measurement | | | | | | | | | | |
| PARM No. Mon. Site No. INT-003 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Nitrogen, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. NA Mon. Site No. INT-003 | Permit Requirement | | | | | Report | Report | mg/l | | Weekly | Grab |
| Nitrogen, Total (Calculate and report) | Sample Measurement | | | | | | | | | | |
| PARM No. 00600 Mon. Site No. INT-003 | Permit Requirement | Report | Report | #/day | | | | | | Weekly | Grab |

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted 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.

| Name/Title of Principal Executive Officer or Authorized Agent (Type or Print) | Signature of Principal Executive officer Or Authorized Agent | Telephone No. (include area code) | Date (yy/mm/dd) |
|---|---|---|---|
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY: KUA/ Cane Island Power Plant

MONITORING GROUP NUMBER: INT-03 Site Certification PA98-38

MONITORING PERIOD From: _____ To: _____

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. | Frequency | Sample |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | Ex. | of Analysis | Type |
| Nitrate, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. NA Mon. Site No. INT-003 | Sample Measurement | | | | | Report | Report | mg/l | | Weekly | Grab |
| Nitrate. Total Calculate and report | Sample Measurement | | | | | | | | | | |
| PARM No. 00620 Mon. Site No. INT-003 | Sample Measurement | Report | Report | #/day | | | | | | Weekly | Grab |
| Petrol Hydrocarbons, Total Recoverable | Sample Measurement | | | | | | | | | | |
| PARM No. 45501 Mon. Site No. INT-003 | Permit Requirement | | | | | Report | Report | mg/l | | Weekly | Grab |
| pH | Sample Measurement | | | | | | | | | | |
| PARM No. 00400 Mon. Site No. INT-003 | Permit Requirement | | | | 6.0 | | 8.5 | S.U. | | 2/Month | Grab |
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*Flow Limitation doesn't include the storm water component as may be introduced through are plant

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**WHEN COMPLETED MAIL THIS REPORT TO:** Department of Environmental Protection Central District
Wastewater Compliance/Enforcement Section 3319 Maguire Blvd. Orlando, FL 32803-3767

PERMITTEE NAME: Kissimmee Utility Authority
MAILING ADDRESS: PO Box 423219
Kissimmee, FL 34742
Attention: James C. Welsh, President
FACILITY: KUA/Cane Island Power Plant
LOCATION: 6075 Old Tampa Hwy
COUNTY: Osceola

PERMIT NUMBER:
MONITORING PERIOD--From:
LIMIT: Final
Site Certification PA98-38

DMR Issued:
To:
REPORT: Monthly
GROUP: IW

**DISCHARGE POINT NUMBER: INT-004** No Discharge ☐

**Please read instructions before completing this form**.

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. | Frequency | Sample |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | Ex. | of Analysis | Type |
| Flow | Sample Measurement | | | | | | | | | | |
| PARM No. 50050 Mon. Site No. INT-004 | Permit Requirement | Report | Report | MGD | | | | | | Daily | Metered |
| TDS | Sample Measurement | | | | | | | | | | |
| PARM No. 70295 Mon. Site No. INT-004 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| TSS | Sample Measurement | | | | | | | | | | |
| PARM No. 00530 Mon. Site No. INT-004 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Surfactants | Sample Measurement | | | | | | | | | | |
| PARM No. Mon. Site No. INT-004 | Permit Requirement | | | | | Report | Report | mg/l | | Monthly | Grab |
| Nitrogen, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. NA Mon. Site No. INT-004 | Permit Requirement | | | | | Report | Report | mg/l | | Weekly | Grab |
| Nitrogen, Calculate and report | Sample Measurement | | | | | | | | | | |
| PARM No. 00600 Mon. Site No. INT-004 | Permit Requirement | Report | Report | #/day | | | | | | Weekly | Grab |

FACILITY: KUA/ Cane Island Power Plant

MONITORING GROUP NUMBER: INT-04 Site Certification PA98-38

MONITORING PERIOD From: _____ To: _____

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | | No. Ex. | Frequency of Analysis | Sample Type |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Avg. | Max. | Units | Min. | Avg. | Max. | Units | | | |
| Nitrate, Total (as N) | Sample Measurement | | | | | | | | | | |
| PARM No. NA Mon. Site No. INT-004 | Sample Measurement | | | | | Report | Report | mg/l | | Weekly | Grab |
| Nitrate. Total (as N) Calculate and report | Sample Measurement | | | | | | | | | | |
| PARM No. 00620 Mon. Site No. INT-004 | Sample Measurement | Report | Report | #/day | | | | | | Weekly | Grab |
| Petrol Hydrocarbons, Total Recoverable | Sample Measurement | | | | | | | | | | |
| PARM No. 45501 Mon. Site No. INT-004 | Permit Requirement | | | | | Report | Report | mg/l | | Weekly | Grab |
| pH | Sample Measurement | | | | | | | | | | |
| PARM No. 00400 Mon. Site No. INT-004 | Permit Requirement | | | | 6.0 | | 8.5 | S.U. | | 2/Month | Grab |
| | | | | | | | | | | | |
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*Flow Limitation doesn't include the storm water component as may be introduced through are plant

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted 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.

| Name/Title of Principal Executive Officer or Authorized Agent (Type or Print) | Signature of Principal Executive officer Or Authorized Agent | Telephone No. (include area code) | Date (yy/mm/dd) |
|---|---|---|---|
| | | | |

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