

Jeb Bush
Governor

Department of Environmental Protection

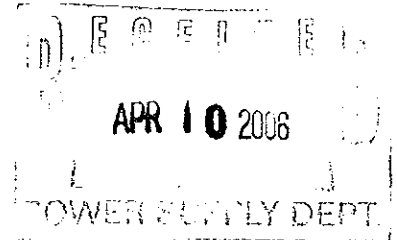
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Colleen M. Castille
Secretary

Original: Larry M
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4/10

March 1, 2006

A. K. Sharma
Kissimmee Utility Authority
PO Box 423219
Kissimmee, FL 34742



RE: Facility ID: FLR05B763
Cane Island Power Park
6075 Old Tampa Hwy
Intercession City, FL 34848

Dear Permittee:

The Florida Department of Environmental Protection has received and processed your *Notice of Intent to Use Multi-Sector Generic Permit for Stormwater Discharge Associated with Industrial Activity* (NOI), and the accompanying processing fee, for the facility referenced above. This letter serves to acknowledge that your NOI is complete, your fee is paid-in-full, and your facility is covered under the generic permit effective February 16, 2006. Your coverage under the generic permit will expire February 15, 2011.

The *Multi-Sector Generic Permit* (MSGP) was issued under the provisions of Section 403.0885, Florida Statutes, and applicable rules of the Florida Administrative Code. Stormwater discharge associated with industrial activity requires a permit under 40 CFR Part 122.26(a) (ii). This permit constitutes authorization to discharge stormwater associated with industrial activity to surface waters under the National Pollutant Discharge Elimination System (NPDES). Until this permit is terminated, modified or revoked, permittees that have properly obtained coverage under this permit are authorized to operate facilities and to discharge to surface waters in accordance with the terms and conditions of this permit.

Your facility identification number is **FLR05B763**. Please make reference to this number on all future correspondence including any checks made out to the Department.

This letter is not your permit. Your NOI allows you to discharge stormwater associated with industrial activities by complying with the terms and conditions of the MSGP which you may obtain by contacting the NPDES Stormwater Notices Center or online at www.dep.state.fl.us/water/stormwater/npdes/industrial5.htm

Key provisions of the permit are (1) implementation of your storm water pollution prevention plan (SWPPP) that was required to be developed prior to NOI submittal, (2) retention of records required by the permit, including retention of a copy of the SWPPP at the facility, and

"More Protection, Less Process"

Printed on recycled paper.

Facility ID: FLR05B763
March 1, 2006

(3) routine stormwater monitoring with results submitted to Florida DEP. Attached is a copy of the discharge monitoring report (DMR) forms that should be used to submit your monitoring results.

Your facility falls under Sector O of the MSGP. Consequently, a DMR form must be completed and submitted for monitoring results obtained in years 2 and 4 of your 5-year MSGP coverage cycle. Your year two monitoring period begins January 1, 2007 and ends December 31, 2007. Your year four monitoring period begins January 1, 2009 and ends December 31, 2009.

Monitoring results for each monitoring period are due by March 31st of the year following each monitoring period (for example, monitoring results for 2007 would be due March 31, 2008). Mail the completed DMR forms to the following address:

NPDES Stormwater MSGP DMR, MS #2511
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

If your facility will continue discharging stormwater associated with industrial activity beyond expiration of the current coverage, request for continued coverage shall be made by filing a completed NOI at least 2 days before expiration of the current coverage period. If you discontinue discharging stormwater associated with industrial activity, are no longer the operator of the facility, or otherwise qualify to discontinue coverage under the MSGP, you may terminate permit coverage by filing a Notice of Termination of Generic Permit Coverage (NOT).

If you have any questions concerning this acknowledgment letter, please contact the NPDES Stormwater Notices Center at (866) 336-6312 or (850) 297-1232.

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES that the foregoing acknowledgment of coverage under the Multi-Sector Generic Permit, Rule 62-621.300(5), F.A.C., was mailed by Science Applications International Corporation working under FDEP Contract Number WM788, on behalf of the Florida Department of Environmental Protection, on the date indicated below via the United States Postal Service.



Name

3/1/2006

Date

**Guidance for the Reporting Requirements
of the State of Florida's
Multi-Sector Generic Permit for Stormwater Discharges
Associated with Industrial Activity (MSGP)**

The following are step-by-step instructions for completing Discharge Monitoring Reports (DMRs), as required under the MSGP. The words and phrases in *italics* refer to specific locations or headings on the DMR. If more than one storm event was sampled for a given quarter, the additional monitoring data must be submitted on a separate quarterly DMR for each outfall and for each storm event sampled.

General Instructions:

Name/Address

Enter the *Permittee Name* and *Mailing Address*. Enter the *Facility Name* and *Location* only if different from the permittee name and mailing address.

Permit Number

Enter the Facility Identification number for the facility.

Discharge Number

Enter the facility's *Discharge Number*. If the facility is submitting monitoring results for more than one outfall, each outfall's results must be recorded on a separate DMR page and must display the outfall's *Discharge Number*. A unique discharge number (e.g., 001, 002, etc.) must be assigned to each outfall.

No Discharge

Check the box labeled *Check here if No Discharge* if no storm water discharge occurred from the outfall during the monitoring period.

Recording of Sample Results

Enter the monitoring results for each parameter in the specified units.

Sample Type

Enter "Grab" for the sample type, as required by the MSGP.

Identification/Certification

Enter *Name/Title of the Principal Executive Officer, Signature of the Principal Executive Officer or Authorized Agent, Telephone Number*, and *Date* at the bottom of the DMR after reading the Certification Statement.

Comments and Explanation of Any Violations

The facility's applicable sector, subsector, and SIC code will be preprinted on the DMR in the *Comments* section. Any corrections, comments, or references to attachments should be recorded here by the permittee.

**Additional Instructions for
Completing the PER STORM EVENT
DMR:**

Monitoring Period

Enter the quarter period covered by the DMR (e.g., for the first quarter of 2002, enter 01/01/02-03/31/02).

Date of Storm Event

Enter the date the sample was taken.

Storm Event Characteristics

Record the duration of the storm, as well as the time elapsed (in days) since the last measurable storm greater than 0.1 inch.

Recording Estimated Rainfall

Enter the estimated rainfall for the given storm event in inches.

Recording Estimated Storm Discharge Volume

Enter the estimated total volume of stormwater discharge in gallons.

Frequency of Analysis

Enter the sampling frequency (frequency should correspond to the preprinted permit requirement). Required sampling frequency, at a minimum, is once per quarter for a storm event greater than 0.1 inch of rainfall.

**Additional Instructions for
Completing the ANNUAL DMR:****Monitoring Period**

Enter the annual period covered by the DMR (e.g., for year 2002, enter 01/01/02 - 12/31/02).

**Recording of Sample Results –
Average**

Enter the annual average monitoring results for each parameter.

Frequency of Analysis

Enter the sampling frequency (i.e., the actual total number of sampling events per year).

**Additional Instructions for
Completing the ANNUAL DMR
WITH NUMERIC EFFLUENT
LIMITATIONS:****Monitoring Period**

Enter the annual period covered by the DMR (e.g., for year 2002, enter 01/01/02 - 12/31/02).

Recording of Sample Results

Enter the monitoring results for each parameter in the *Minimum*, *Maximum*, or *Average* (30-day average) column as appropriate.

No.Ex.

Under the *No. Ex* column, enter the number of sample measurements during the monitoring period that exceeded the effluent limitation for that parameter. If none, enter "0".

Frequency of Analysis

Enter the sampling frequency (i.e., the actual total number of sampling events per year).

*****REMEMBER*******Before Submitting Your DMR Please
Check:**

- If there is no discharge for the monitoring period, the *Check here if No Discharge* box must be marked accordingly.
- If there is a discharge for the monitoring period, ALL blanks on the DMR must be completed.
- If the DMR is signed and dated by the Principal Executive Officer or Authorized Agent.

Send Completed DMRs to:

Florida Department of Environmental
Protection
NPDES Stormwater MSGP DMR
Mail Station #2511
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

(2-16)	(17-17)
FLR05	DISCHARGE NUMBER
PERMIT NUMBER	

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		(3 Card Only) (46-53)		UNITS	(4 Card Only) (38-45)		AVERAGE (46-53)				MAXIMUM (54-61)	UNITS (62-63)
		AVERAGE (46-53)	MAXIMUM (54-61)		MINIMUM (38-45)	MAXIMUM (54-61)						
IRON, TOTAL, RECOVERABLE 00980 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	1.0	*****		ONCE/ OTR	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****		*****					
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT											
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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

ARJ

NUMBER

YEAH

MO

D/A

MIO

Send completed DMR to: Florida Department of Environmental Protection, NPDES Stormwater MSGP DMR, Mail Station #2511, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400. Page ____ of ____

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

(2-16)

PERMIT NUMBER

DISCHARGE NUMBER:

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

☐ Check here if No Discharge

NOTE: Read instructions before completing this form

[illegible]

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
I TYPED OR PRINTED

SECTOR O: STEAM ELECTRIC POWER GENERATING FACILITIES
SIC CODE: N/A