Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

February 25, 2006

John D Booth
Solid Waste Authority of Palm Beach County
7501 N Jog Rd
West Palm Beach, FL 33412

RE: Facility ID: FLR05B523
NCRRF Landfill
6554 B N Jog Rd
West Palm Beach, FL 33412

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 **January 29, 2006**. Your coverage under the generic permit will expire **January 28, 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 FLR05B523. 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

(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 L 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.

Robin L. Collins 2/25/2006
Name 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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME

ADDRESS

FACILITY
LOCATION

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

(2-16) PERMIT NUMBER: FLR05

(17-19) DISCHARGE NUMBER:

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		*****	MG/L	**		
	PERMIT REQUIREMENT	*****	*****		*****	100 ANNL AVG	*****			ONCE/ QTR	GRAB
IRON, TAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		*****	MG/L	**		
	PERMIT REQUIREMENT	*****	*****		*****	1.0 ANNL AVG	*****			ONCE/ QTR	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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. SEE RULE 62-620.305, F.A.C.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SECTOR L: LANDFILLS, LAND APPLICATION SITES, AND OPEN DUMPS
SIC CODE: N/A

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME

ADDRESS

FACILITY
LOCATION

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

(2-16) PERMIT NUMBER: FLR05

(17-19) DISCHARGE NUMBER:

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
DATE OF STORM EVENT	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		**	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
L ATION OF - ___HRS STORM	SAMPLE MEASUREMENT	*****		INS	*****	*****		GALS	**		*****
ELAPSED SINCE___DAYS LAST STORM > 0.1 INS	PERMIT REQUIREMENT	*****	ESTIMATE RAINFALL		*****	*****	ESTIMATE VOL DIS			QTRLY	*****
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		MG/L	**		
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX			QTRLY	GRAB
IRON, TOTAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		MG/L	**		
	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MAX			QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		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. SEE RULE 62-620.305, F.A.C.		AREA CODE / NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SECTOR L: LANDFILLS, LAND APPLICATION SITES, AND OPEN DUMPS
SIC CODE: N/A

Send complete. .MR to: Florida Department of Environmental Protection, NPDES Stormwater MSGP DI ail Station #2511, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400. Page____ of____