Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

March 23, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Ricardo Fernandez
Assistant City Manager
City of Tallahassee
300 South Adams Street
Tallahassee, Florida 32301

Re: City of Tallahassee
Arvah B. Hopkins Power Plant
NPDES Permit No. FL0025518
Minor Permit Revision for Copper Translator Study Results

Dear Mr. Fernandez,

The Department reviewed City of Tallahassee's minor revision application dated February 17, 2012 for the revision of the facility's total recoverable copper effluent limitation by incorporating the results of the 2011 Arvah B. Hopkins Generating Station Copper Translator Study.

After review, the Department hereby approves the request pursuant to Rules 62-620.200(24), 62-620.200(25), and 62-620.325(2), Florida Administrative Code (F.A.C.). All other conditions of Permit FL0025518 shall remain the same except as specifically revised. Please attach this letter to Wastewater Permit FL0025518. This permit revision also satisfies the requirements as set forth by Administrative Order AO-019-TL. If you object to this permit revision you may petition for an administrative hearing in accordance with the enclosed Notice of Rights. If a petition is filed, then this permit revision does not become effective. If you have any questions regarding this permit revision, please contact Mr. Marc Harris, P.E., in the Industrial Wastewater Section at (850) 245-8589.

Attached are the updated pages of the permit for FL0025518 in strikethrough and underline format in order to highlight the changes and the updated Discharge Monitoring Reports (DMRs).

Sincerely,

Mark P. Thomasson, P.E.
Director
Division of Water Resources Management

MPT/mh/kl

Attachment

cc: Hazem Tamimi, P.E., City of Tallahassee
Bill Armstrong, P.E., DEP Pensacola
Kim Allen, DEP Pensacola
Nancy Ross, DEP Tallahassee
Marlane Castellano, DEP Tallahassee Branch Office

NOTICE OF RIGHTS

A person whose substantial interests are affected by this permit revision may petition for an administrative proceeding (hearing) in accordance with Section l20.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within 14 days of receipt of this Permit. A petitioner, other than the applicant, shall mail a copy of the petition to the applicant at the address indicated in the attached letter at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section l20.57, Florida Statutes.

The Petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department case identification number and the county in which the subject matter or activity is located;

(b) A statement of how and when each petitioner received notice of the Department action;

(c) A statement of how each petitioner's substantial interests are affected by the Department action;

(d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;

(e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;

(f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and

(g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this intent. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this intent in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section l20.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

STATEMENT OF BASIS FOR MINOR PERMIT REVISION

Permit Number: FL0025518
Permit Writer: Kevin Ledbetter
Application Date: February 17, 2012

DEP File #: FL0002208-013-IWB
Designation: Major

1. SYNOPSIS OF APPLICATION

A. Name and Address of Applicant:

City of Tallahassee
300 South Adams Street
Tallahassee, FL 32301

For:

City of Tallahassee
Arvah B. Hopkins Power Plant
County Road 1585-Geddie Rd
Tallahassee, FL 32304-6616

B. Description of Proposed Activity

The Department received a minor revision application for the above referenced NPDES permit for the City of Tallahassee (COT) Arvah B. Hopkins Power Plant.

COT is seeking to revise the total recoverable copper effluent limitation at D-001 by incorporating the results of the 2011 Arvah B. Hopkins Generating Station Copper Translator Study.

Changes to Copper Mixing Zone Authorization

On March 31, 2008, City of Tallahassee applied for a renewal of the NPDES permit for the Hopkins facility. Because the previous NPDES permit contained a mixing zone for total recoverable copper, COT requested a continuation of the mixing zone in the renewal permit, with a total recoverable copper effluent limitation of 50 µg/L.

However, on March 17, 2004, the U.S. Environmental Protection Agency (EPA) sent a letter to the Department's Division of Water Resource Management concerning the criteria for authorization of mixing zones. The letter served to clarify that a mixing zone could not be authorized where the seven-day, consecutive low flow, with a ten year return frequency, is equal to zero. Because the wastewater discharge of the Hopkins facility is considered the headwaters of

Beaver Creek, which flows through Talquin Wildlife Management Area and then into Ochlockonee River, the copper mixing zone could not be continued in the renewal NPDES permit.

Development of a Copper Translator Plan of Study (POS)

The Class III fresh water criterion for copper in Chapter 62-302, F.A.C., is expressed as total recoverable copper. Rule 62-302.500(2)(d), F.A.C., authorizes the Department to issue the permit with copper limitations based on the dissolved fraction of copper in the effluent. However, Federal regulation [40 CFR 122.45(c)] requires permit limits, in most instances, to be expressed as total recoverable metal. This regulation exists because chemical differences between the effluent discharge and the receiving water body are expected to result in changes in the partitioning between dissolved and adsorbed forms of copper.

Because of the change in mixing zone authorization, subsequent to the submittal of the permit renewal application, the Department had proposed to the permittee to demonstrate a dissolved copper translator in accordance with Rule 62-302.500(2)(d), F.A.C. In February 2009, the permittee submitted for the Department's approval a Plan of Study (POS) to develop a translator. The translator is a ratio expressing the fraction of the total copper in the stream that is "dissolved". On April 6, 2010, the Department approved the permittee's final POS via e-mail, which contained changes based on the Department's suggestions.

2010 Renewal Permit and Administrative Order

Because of the change in requirements since the previous NPDES permit was issued, the Department issued the renewal NPDES permit with an Administrative Order (AO-019-TL) in order to address the total recoverable copper limitation in a timely fashion. The AO issued with the renewal permit required the permittee to complete the previously approved copper translator POS and submit the results within 30 months of issuance of the permit. An interim limitation for total recoverable copper was issued with the Order, to provide relief until the study could be completed. The permittee also was required to submit semi-annual status reports demonstrating progress toward compliance with the copper limitation every six months following issuance of the AO, until compliance was achieved.

On June 30, 2011, the permittee submitted the results of the copper translator study, and the Department reviewed the results and approved of the study on January 13, 2011.

Updated Copper Limitation in Permit Revision

City of Tallahassee requested an effluent total recoverable copper limitation of 50 µg/L with the permit revision application, and based upon the results of the copper translator study, the Department approved the request.

Changes to Permit

(1) Page 1. Because the permit revision approval closes the Administrative Order issued with the previous NPDES permit renewal, reference to the Administrative Order was removed from the first paragraph.

(2) Page 3, I.A.1. The total recoverable copper limitation was revised to 50 µg/L, in accordance with the results of the copper translator study submitted by the permittee.

(3) Page 3, Footnote 2. Because the permit revision approval closes the Administrative Order issued with the previous NPDES permit renewal, reference to the Administrative Order was removed from the limitation table.

(4) Page 4, I.A.4. Because the copper limitation included in Condition I.A.3 is no longer based upon the hardness of the effluent, references to the calculation of the total recoverable copper limitation, in accordance with 62-302.530, F.A.C., were removed from the permit condition.

(5) Page 11, I.C.3. Because the toxicity parameters were moved to the monthly Discharge Monitoring Report (DMR), the word "Toxicity" was removed from the DMR submittal table.

(6) Page 15, I.C.23. A condition was included in the permit to require the permittee to take total recoverable copper, total dissolved copper, and hardness samples at locations specified in the Arvah B. Hopkins Generating Station Copper Translator Study, June 2011 throughout the year prior to the submittal of the next permit renewal application. The data from the samples will be submitted with the permit renewal application in order to show that the results of the copper translator study are still applicable.

This constitutes Revision A (Rev. A) to the permit. All changes to the permit are noted in Rev. A by underline or strike-through where changes have been made for this revision. The Discharge Monitoring Reports (DMRs) have been updated to reflect the above changes.

STATE OF FLORIDA
INDUSTRIAL WASTEWATER FACILITY PERMIT

PERMITTEE:
City of Tallahassee

RESPONSIBLE OFFICIAL:

John Powell
300 South Adams Street
Tallahassee, Florida 32301

PERMIT NUMBER: FL0025518 (Major) *Rev. A*
FILE NUMBER: FL0025518-007-IW1S
ISSUANCE DATE: **July 23, 2010**
REVISION DATE: **March 23, 2012**
EXPIRATION DATE: **July 22, 2015**

FACILITY:

Arvah B Hopkins Power Plant
County Road 1585-Geddie Rd
Tallahassee, FL 32304-6616
Leon County

Latitude: 30° 27' 3.2" N Longitude: 84° 23' 58.92" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.) and constitutes authorization to discharge to waters of the state under the National Pollutant Discharge Elimination System. ~~This permit is accompanied by an Administrative Order, pursuant to paragraphs 403.088(2)(e) and (f), Florida Statutes (F.S.). Compliance with Administrative Order, A0019TL is a specific requirement of this permit.~~ This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

FACILITY DESCRIPTION:

This is an industrial wastewater treatment and disposal system serving an electric generating facility. The existing facility consists of a fossil-fuel fired steam generator (Unit 1), a fossil-fuel fired combined cycle unit (Unit 2A), two older fossil-fuel fired combustion turbines, and two new simple cycle fossil-fuel fired combustion turbines. The total (nominal) combined electrical generating capacity from the facility is 561.27 megawatts electric (MW), of which, 80 MW are provided by Unit 1, 338 MW are provided by Unit 2A, and 143.27 MW are provided by the four combustion turbines. In 2008, the old Unit 2 was repowered and converted to Unit 2A and is regulated under the Florida Electrical Power Plant Siting Act. The fuels used at this facility are natural gas, fuel oil and on-specification used oil.

The industrial wastewater discharge consists of cooling tower blowdown from Units 1 and 2A, industrial wastewater treatment pond effluent, auxiliary cooling water, boiler blowdown and demineralizer waste.

WASTEWATER TREATMENT:

Metal cleaning waste (from air heater cleaning, boiler tube cleaning, boiler fireside cleaning, and metal process equipment cleaning), are collected in a pond, which is designated as pond number 1, and low-volume waste (from floor drains, auxiliary cooling water, boiler blowdown, and demineralizer waste) are collected in two ponds, which are designated as pond number 2 and number 3. The pH of both metal cleaning wastes and low volume wastes is adjusted, and the ponds are used for sedimentation. Blowdown from the cooling towers for Units 1 and 2 is treated with sulfuric acid to adjust pH, and then discharged to the head of the onsite ditch.

REUSE OR DISPOSAL:

Storm Water Discharges: Storm water discharges from outfalls 5-A, 5-B, 6-A, 6-B, 7-A and 7-B are authorized under a separate Department-issued Multi-Sector General Permit, permit number FLR05B822.

I. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Surface Water Discharges

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to discharge all waste streams from the facility from Outfall D-001 to the on-site man-made drainage ditch to Beaver Creek. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.C.3.:

			Effluent Limitations		Monitoring Requirements			
Parameter	Units	Max/ Min	Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	Notes
Flow	MGD	Max Max	Report 2.7	Daily Maximum Monthly Average	Continuous	Recording Flow Meter with Totalizer[1]	EFF-1	
Temperature, Water	Deg F	Max Max	80 80	Daily Maximum Monthly Average	Continuous	Meter[1]	EFF-1	Oct.–April
		Max Max	85 85	Daily Maximum Monthly Average				May–Sept.
Chlorine, Total Residual	mg/L	Max Max	0.01 0.01	Daily Maximum Monthly Average	Per discharge	Grab	EFF-1	
Oil and Grease	mg/L	Max Max	5.0 5.0	Daily Maximum Monthly Average	Monthly	Grab	EFF-1	
Chromium, Trivalent Total Recoverable	ug/L	Max Max	Report Report	Daily Maximum Monthly Average	Quarterly	8-hr Composite	EFF-1	See I.A.4
Copper, Total Recoverable	ug/L	Max Max	~~Report~~[2] *50.0* ~~Report~~[2] *50.0*	Daily Maximum Monthly Average	Quarterly	8-hr Composite	EFF-1	~~See I.A.4~~
Iron, Total Recoverable	mg/L	Max Max	1.0 1.0	Daily Average Daily Maximum	Quarterly	8-hr Composite	EFF-1	
Lead, Total Recoverable	ug/L	Max Max	Report Report	Daily Average Daily Maximum	Quarterly	8-hr Composite	EFF-1	
Zinc, Total Recoverable	ug/L	Max	Report Report	Daily Average Daily Maximum	Quarterly	8-hr Composite	EFF-1	See I.A.4
Hardness, Total (as CaCO3)	mg/L	Max	Report	Single Sample	Quarterly	8-hr Composite	EFF-1	
pH	s.u.	Min Max	6.0 8.5	Instantaneous Minimum Instantaneous Maximum	Continuous	Meter[3]	EFF-1	See I.A.5
Duration of pH Excursion	min	Max Max	60 446	Instantaneous Maximum Monthly Total	Continuous	Meter	EFF-1	See I.A.5
Chronic Whole Effluent Toxicity, 7-Day IC25 (Ceriodaphnia dubia)	percent	Min	100	Single Sample	Quarterly	24-hr Composite	EFF-1	See I.A.6
Chronic Whole Effluent Toxicity, 7-Day IC25 (Pimephales promelas)	percent	Min	100	Single Sample	Quarterly	24-hr Composite	EFF-1	See I.A.6

2. Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I.A.1. and as described below:

Monitoring Site Number	Description of Monitoring Site

[1] Recording thermometers, flow meters, totalizers and integrators shall be calibrated at least annually in accordance with the manufacturer's instructions.

[2] ~~Administrative Order A0-019-TL establishes an interim limitation of 50 µg/L for total recoverable copper pursuant to the conditions of the Order.~~

[3] pH monitoring equipment shall be regularly calibrated and maintained in accordance with the manufacturer's instructions. The permittee shall collect pH data in accordance with the Department's standard operating procedure titled "DEP-SOP-001/01 FT 1100 Field Measurement of Hydrogen Ion Activity (pH)" located at http:// www.dep.state.fl.us/labs/qa/sops.htm.

EFF-1	Onsite man-made ditch, immediately upstream of the overflow weir, which is the point of discharge.

3. The discharge shall not contain components that settle to form putrescent deposits or float as debris, scum, oil, or other matter. *[62-302.500(1)(a)]*

4. The discharge shall comply with the hardness-based limitations for "Chromium, Trivalent Total Recoverable, ~~Copper, Total Recoverable,~~ and Zinc, Total Recoverable." The discharge limitations shall be calculated using the following equation(s):

   $Cr \leq e^{(0.819[\ln H]+0.6848)}$
   ~~$Cu \leq e^{(0.8545[\ln H]-1.702)}$~~
   $Zn \leq e^{(0.8473[\ln H]+0.884)}$

   Total hardness shall be measured at EFF-1 and at the time of the effluent sample. The "ln H" means the natural logarithm of total hardness expressed as mg/L of $CaCO_3$. For metals criteria involving equations with hardness, the hardness shall be set at 25 mg/L if actual hardness is <25 mg/L and set at 400 mg/L if actual hardness is >400 mg/L.

   The measured effluent value shall be recorded on the DMR in the parameter row for "Chromium, Trivalent Total Recoverable~~, Copper, Total Recoverable,~~ and Zinc, Total Recoverable (effluent)." The calculated effluent limit shall be recorded on the DMR in the parameter row for "Chromium, Trivalent Total Recoverable~~, Copper, Total Recoverable,~~ and Zinc, Total Recoverable (calculated limit)." Compliance with the effluent limitation is determined by calculating the difference between the measured effluent value and the calculated. The compliance value shall be recorded on the DMR in the parameter row for "Chromium, Trivalent Total Recoverable~~, Copper, Total Recoverable,~~ and Zinc, Total Recoverable (effluent minus calculated limit)." The compliance value shall not exceed 0.00. *[62-302.530(19), 62-302.530(23), and 62-302.530(70)]*

5. On outfalls where pH is monitored continuously, the permittee shall maintain the pH of such wastewater within the range specified in this permit. Excursions from the range are permitted subject to the following limitations:
   a. The total time during which pH values are outside the required range of pH values shall not exceed 7 hours and 26 minutes in any calendar month.
   b. No individual excursion from the range of pH values shall exceed 60 minutes.
   c. The permittee shall report each month for each monitoring station where pH is monitored continuously the following:
      (1) the number of pH excursions;
      (2) the duration of each excursion;
      (3) the date of each excursion; and
      (4) the total time of all excursions combined.
   d. An excursion is an unintentional and temporary incident in which the pH value of wastewater exceeds the range specified in this permit.

6. The permittee shall comply with the following requirements to evaluate chronic whole effluent toxicity of the discharge from outfall D-001.
   a. Effluent Limitation
      (1) In any routine or additional follow-up test for chronic whole effluent toxicity, the 25 percent inhibition concentration (IC25) shall not be less than 100% effluent. *[Rules 62-302.530(61) and 62-4.241(1)(b), F.A.C.]*
      (2) For acute whole effluent toxicity, the 96-hour LC50 shall not be less than 100% effluent in any test. *[Rule 62-302.500(1)(a)4. and 62-4.241(1)(a), F.A.C.]*

2. The permittee shall provide safe access points for obtaining representative influent and effluent samples which are required by this permit. *[62-620.320(6)]*

3. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type on DMR	Monitoring Period	Due Date
Monthly ~~or Toxicity~~	first day of month - last day of month	28th day of following month
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 - June 30 July 1 - December 30	July 28 January 28
Annual	January 1 - December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee may submit either paper or electronic DMR form(s). If submitting paper DMR form(s), the permittee shall make copies of the attached DMR form(s). If submitting electronic DMR form(s), the permittee shall use a Department-approved electronic DMR system.

The electronic submission of DMR forms shall accepted only if approved in writing by the Department. For purposes of determining compliance with this permit, data submitted in electronic format is legally equivalent to data submitted on signed and certified DMR forms.

The permittee shall submit the completed DMR form(s) to the Department by the twenty-eighth (28th) of the month following the month of operation at the addresses specified below:

Florida Department of Environmental Protection
Wastewater Compliance Evaluation Section, Mail Station 3551
Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

[62-620.610(18)]

4. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Northwest District Office at the address specified below:

Florida Department of Environmental Protection
Northwest District Office
160 Government Center
Pensacola, Florida 32501-5794

Phone Number - (850) 595-8300
FAX Number - (850) 595-8417 (All FAX copies and e-mails shall be followed by original copies.)

[62-620.305]

21. The permittee is authorized to discharge storm water from the diked petroleum storage or handling areas provided the following conditions are met:
    a. The facility shall have a valid Spill Prevention Control and Countermeasure (SPCC) plan pursuant to 40 CFR Part 112.
    b. In draining the diked area, a portable oil skimmer or similar device or absorbent material shall be used to remove oil and grease (as indicated by the presence of a sheen) immediately prior to draining.
    c. There shall be no discharge of floating solids or visible foam in other than trace amounts and no discharge of visible oil sheen at any time.
    d. Monitoring records shall be maintained in the form of a log and shall contain the following information, as a minimum.
        (1) date and time of discharge;
        (2) Estimated volume of discharge;
        (3) Initials of the person making visual inspection and authorizing discharge; and
        (4) Observed conditions of the storm water discharged.

22. The permittee is authorized to use cooling tower water for fire protection in case of emergency and to perform normal and reasonable testing of the fire protection system. The provisions of Part 1, Section A.1 of this permit do not apply under these emergency or testing conditions.

23. *Throughout the 12 months prior to submittal of the permit renewal application, the permittee shall collect three grab samples at locations D-001 (POD) and D1, as identified in the permittee's dissolved copper translator study (Arvah B. Hopkins Generating Station Copper Translator Study, June 2011). The samples shall be spaced evenly across the 12 months to account for seasonal changes.*

    The samples shall be analyzed for total recoverable copper, total dissolved copper, and hardness and shall follow DEP sampling protocol in FDEP SOP FS8200. The permittee shall submit the results of the analyses with the permit renewal application.

II. SLUDGE MANAGEMENT REQUIREMENTS

1. The disposal of sludge or other solids generated from the plant's wastewater treatment and containment system shall be reused, reclaimed, or otherwise disposed of in accordance with the requirements of Chapter 62-701, F.A.C.

2. The permittee shall be responsible for proper treatment, management, use or land application of its sludges.

3. The permittee shall keep records of the amount of sludge or residuals disposed, transported, or incinerated in (Please specify units). If a person other than the permittee is responsible for sludge transporting, disposal, or incineration, the permittee shall also keep the following records:
    a. Name, address and telephone number of any transporter, and any manifests or bill of lading used;
    b. Name and location of the site of disposal, treatment or incineration;
    c. Name, address, and telephone number of the entity responsible for the disposal, treatment, or incineration site.

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL LAND APPLICATION REQUIREMENTS

Section IV is not applicable to this facility.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	City of Tallahassee	PERMIT NUMBER:	FL0025518-007-IW1S		
MAILING ADDRESS:	300 South Adams Street Tallahassee, Florida 32301-0	LIMIT:	Final	REPORT FREQUENCY:	Monthly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	Arvah B. Hopkins Power Plant	MONITORING GROUP NUMBER:	D-001		
LOCATION:	County Road 1585-Geddie Rd Tallahassee, FL 32304-6616	MONITORING GROUP DESCRIPTION:	Final Discharge to Beaver Creek		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Leon	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northwest District Branch (Tallahassee)				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. EFF-1	Permit Requirement	2.7 (Mo.Avg.)	Report (Day.Max.)	MGD						Continuous	Flow Totalizer
Temperature (F), Water (MAY - SEP)[1]	Sample Measurement										
PARM Code 00011 1 Mon. Site No. EFF-1	Permit Requirement					85 (Mo.Avg.)	85 (Day.Max.)	Deg F		Continuous	Meter
Temperature (F), Water (OCT - APR)[1]	Sample Measurement										
PARM Code 00011 Q Mon. Site No. EFF-1	Permit Requirement					80 (Mo.Avg.)	80 (Day.Max.)	Deg F		Continuous	Meter
Chlorine, Total Residual	Sample Measurement										
PARM Code 50060 1 Mon. Site No. EFF-1	Permit Requirement					0.01 (Mo.Avg.)	0.01 (Day.Max.)	mg/L		Per discharge	Grab
Oil and Grease	Sample Measurement										
PARM Code 00556 1 Mon. Site No. EFF-1	Permit Requirement					5.0 (Mo.Avg.)	5.0 (Day.Max.)	mg/L		Monthly	Grab
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFF-1	Permit Requirement				6.0 (Inst.Min.)		8.5 (Inst.Max.)	s.u.		Continuous	Meter[2]
Length of Longest pH Excursion	Sample Measurement										
PARM Code 72107 1 Mon. Site No. EFF-1	Permit Requirement	446 (Mo.Total)	60 (Inst.Max.)	min						Continuous	Meter

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 (mm/dd/yyyy)

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

[1] Put "MNR" for the seasonal temperature limit that does not apply.

[2] pH monitoring equipment shall be regularly calibrated and maintained in accordance with the manufacturer's instructions. The permittee shall collect pH data in accordance with the Department's standard operating procedure titled "DEP-SOP-001/01 FT 1100 Field Measurement of Hydrogen Ion Activity (pH)" located at http:// www.dep.state.fl.us/labs/qa/sops.htm.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Arvah B Hopkins Power Plant MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0025518-007-IW1S

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Routine)	Sample Measurement										
PARM Code TRP3B P Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		Quarterly	24-hr TPC
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TRP3B Q Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Ceriodaphnia dubia(Additional)	Sample Measurement										
PARM Code TRP3B R Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Routine)	Sample Measurement										
PARM Code TRP6C P Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		Quarterly	24-hr TPC
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TRP6C Q Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Pimephales promelas(Additional)	Sample Measurement										
PARM Code TRP6C R Mon. Site No. EFF-1	Permit Requirement				100 (Min.)			percent		As needed	As required by the permit

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: City of Tallahassee
MAILING ADDRESS: 300 South Adams Street
Tallahassee, Florida 32301-0

FACILITY: Arvah B Hopkins Power Plant
LOCATION: County Road 1585-Geddie Rd
Tallahassee, FL 32304-6616

COUNTY: Leon
OFFICE: Northwest District Branch (Tallahassee)

PERMIT NUMBER: FL0025518-007-IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESCRIPTION: Final Discharge to Beaver Creek
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Quarterly
PROGRAM: Industrial

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chromium, Trivalent Total Recoverable (effluent)	Sample Measurement										
PARM Code 04262 1 Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	ug/L		Quarterly	8-hr TPC
Chromium, Trivalent Total Recoverable (calculated limit)	Sample Measurement										
PARM Code 04262 Q Mon. Site No. EFF-1	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	ug/L		Quarterly	Calculated
Chromium, Trivalent Total Recoverable (effluent minus calculated limit)	Sample Measurement										
PARM Code 04262 R Mon. Site No. EFF-1	Permit Requirement					0.0 (Mo.Avg.)	0.0 (Day.Max.)	ug/L		Quarterly	Calculated
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 1 Mon. Site No. EFF-1	Permit Requirement					50.0 (Mo.Avg.)	50.0 (Day.Max.)	ug/L		Quarterly	8-hr TPC
Hardness, Total (as CaCO3)	Sample Measurement										
PARM Code 00900 1 Mon. Site No. EFF-1	Permit Requirement						Report (Max.)	mg/L		Quarterly	8-hr TPC
Iron, Total Recoverable	Sample Measurement										
PARM Code 00980 1 Mon. Site No. EFF-1	Permit Requirement					1.0 (Day.Avg.)	1.0 (Day.Max.)	mg/L		Quarterly	8-hr TPC
Lead, Total Recoverable (effluent)	Sample Measurement										
PARM Code 01114 1 Mon. Site No. EFF-1	Permit Requirement					Report (Day.Avg.)	Report (Day.Max.)	ug/L		Quarterly	8-hr TPC

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 (mm/dd/yyyy)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Arvah B Hopkins Power Plant MONITORING GROUP NUMBER: D-001 PERMIT NUMBER: FL0025518-007-IW1S

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Total Recoverable (calculated limit)	Sample Measurement										
PARM Code 01114 Q Mon. Site No. EFF-1	Permit Requirement					Report (Day.Avg.)	Report (Day.Max.)	ug/L		Quarterly	Calculated
Lead, Total Recoverable (effluent minus calculated limit)	Sample Measurement										
PARM Code 01114 R Mon. Site No. EFF-1	Permit Requirement					0.0 (Day.Avg.)	0.0 (Day.Max.)	ug/L		Quarterly	Calculated
Zinc, Total Recoverable (effluent)	Sample Measurement										
PARM Code 01094 1 Mon. Site No. EFF-1	Permit Requirement					Report (Day.Avg.)	Report (Day.Max.)	ug/L		Quarterly	8-hr TPC
Zinc, Total Recoverable (calculated limit)	Sample Measurement										
PARM Code 01094 Q Mon. Site No. EFF-1	Permit Requirement					Report (Day.Avg.)	Report (Day.Max.)	ug/L		Quarterly	Calculated
Zinc, Total Recoverable (effluent minus calculated limit)	Sample Measurement										
PARM Code 01094 R Mon. Site No. EFF-1	Permit Requirement					0.0 (Day.Avg.)	0.0 (Day.Max.)	ug/L		Quarterly	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: City of Tallahassee
MAILING ADDRESS: 300 South Adams Street
Tallahassee, Florida 32301-0

FACILITY: Arvah B Hopkins Power Plant
LOCATION: County Road 1585-Geddie Rd
Tallahassee, FL 32304-6616

COUNTY: Leon
OFFICE: Northwest District Branch (Tallahassee)

PERMIT NUMBER: FL0025518-007-IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-013
MONITORING GROUP DESCRIPTION: Low Volume Wastes
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Industrial

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. EFF-3	Permit Requirement	Report (Mo.Avg.)	Report (Day.Max.)	MGD						Continuous, when discharging	Flow Totalizer
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon. Site No. EFF-3	Permit Requirement					30 (Mo.Avg.)	100 (Day.Max.)	mg/L		Daily, when discharging	8-hr TPC
Oil and Grease	Sample Measurement										
PARM Code 00556 1 Mon. Site No. EFF-3	Permit Requirement					15.0 (Mo.Avg.)	20.0 (Day.Max.)	mg/L		Daily, when discharging	Grab
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFF-3	Permit Requirement				6.0 (Day.Min.)		9.0 (Day.Max.)	s.u.		Daily, when discharging	Grab

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 (mm/dd/yyyy)

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, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	City of Tallahassee	PERMIT NUMBER:	FL0025518-007-IW1S		
MAILING ADDRESS:	300 South Adams Street Tallahassee, Florida 32301-0	LIMIT:	Final	REPORT FREQUENCY:	Monthly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	Arvah B Hopkins Power Plant	MONITORING GROUP NUMBER:	I-015		
LOCATION:	County Road 1585-Geddie Rd Tallahassee, FL 32304-6616	MONITORING GROUP DESCRIPTION:	Metal Cleaning Wastes (MCW)		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Leon	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northwest District Branch (Tallahassee)				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (of Metal Cleaning Waste)	Sample Measurement										
PARM Code 50050 1 Mon. Site No. EFF-4	Permit Requirement	Report (Mo.Avg.)	Report (Day.Max.)	MGD						Continuous, when discharging MCW	Meter
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 1 Mon. Site No. EFF-4	Permit Requirement					8.345 (Mo.Avg.)	8.345 (Day.Max.)	lbs/MG of MCW		Daily, when discharging MCW[3]	8-hr TPC
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 P Mon. Site No. EFF-4	Permit Requirement						8.345 (Max.)[4]	lbs/MG of MCW		Daily, when discharging MCW[3]	8-hr TPC
Iron, Total Recoverable	Sample Measurement										
PARM Code 00980 1 Mon. Site No. EFF-4	Permit Requirement					8.345 (Mo.Avg.)	8.345 (Day.Max.)	lbs/MG of MCW		Daily, when discharging MCW[3]	8-hr TPC
Iron, Total Recoverable	Sample Measurement										
PARM Code 00980 P Mon. Site No. EFF-4	Permit Requirement						8.345 (Max.)[4]	lbs/MG of MCW		Daily, when discharging MCW[3]	8-hr TPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 1 Mon. Site No. EFF-4	Permit Requirement					30.0 (Mo.Avg.)	100.0 (Day.Max.)	mg/L		Daily, when discharging MCW[3]	8-hr TPC

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 (mm/dd/yyyy)

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

[3] Samples shall be collected on a start of discharge of metal cleaning waste from the treatment facility (pond#1) and shall continue until all wastes have been discharged from the treatment facility.
[4] "Max" refers to the maximum per batch of metal cleaning waste discharge.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Arvah B Hopkins Power Plant

MONITORING GROUP NUMBER: I-015

PERMIT NUMBER: FL0025518-007-IW1S

MONITORING PERIOD From: ____________________ To: _______________

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Oil and Grease	Sample Measurement										
PARM Code 00556 1 Mon. Site No. EFF-4	Permit Requirement					15.0 (Mo.Avg.)	20.0 (Day.Max.)	mg/L		Daily, when discharging MCW[3]	Grab
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFF-4	Permit Requirement				6.0 (Day.Min.)		9.0 (Day.Max.)	s.u.		Daily, when discharging MCW[3]	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	City of Tallahassee	PERMIT NUMBER:	FL0025518-007-IW1S		
MAILING ADDRESS:	300 South Adams Street Tallahassee, Florida 32301-0	LIMIT:	Final	REPORT FREQUENCY:	Monthly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	Arvah B Hopkins Power Plant	MONITORING GROUP NUMBER:	I-171		
LOCATION:	County Road 1585-Geddie Rd Tallahassee, FL 32304-6616	MONITORING GROUP DESCRIPTION:	Cooling Tower Blowdown Unit #1		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Leon	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northwest District Branch (Tallahassee)				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. EFF-2A	Permit Requirement	Report (Mo.Avg.)	Report (Day.Max.)	MGD						Daily; 24 hours	Integrator
Chlorine, Free Available	Sample Measurement										
PARM Code 50064 1 Mon. Site No. EFF-2A	Permit Requirement					0.2 (Day.Avg.)	0.5 (Day.Max.)	mg/L		Per application	Grab
Chlorine, Total Residual (Dsg. Time)	Sample Measurement										
PARM Code 00208 1 Mon. Site No. EFF-2A	Permit Requirement	120 (Mo.Avg.)	120 (Day.Max.)	min/ day						Per application	Meter
Spectrus 1300 (Application Rate)	Sample Measurement										
PARM Code 51030 1 Mon. Site No. EFF-2A	Permit Requirement					8.0 (Mo.Avg.)	8.0 (Day.Max.)	mg/L		Per application	Multiple Grabs[5]

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 (mm/dd/yyyy)

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

[5] Multiple grabs shall consist of grab samples collected grab samples collected at the approximate beginning of TRC or Spectrus 1300 discharge and once every 15 minutes thereafter until the end of TRC or Spectrus 1300 discharge. In the event that TRC is not detectable or Spectrus 1300 is below the no effect level of 0.12mg/l at the time that blowdown is resumed after each application, no further analysis is required. "Daily Average" as it applies to FAC or Spectrus 1300 means the average of values taken over any individual release period and " Daily maximum " applies to FAC at any time (i.e. during treatment of any cooling tower)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: City of Tallahassee
MAILING ADDRESS: 300 South Adams Street
Tallahassee, Florida 32301-0

FACILITY: Arvah B Hopkins Power Plant
LOCATION: County Road 1585-Geddie Rd
Tallahassee, FL 32304-6616

COUNTY: Leon
OFFICE: Northwest District Branch (Tallahassee)

PERMIT NUMBER: FL0025518-007-IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-171
MONITORING GROUP DESCRIPTION: Cooling Tower Blowdown Unit #1
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Quarterly
PROGRAM: Industrial

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Zinc, Total Recoverable	Sample Measurement										
PARM Code 01094 1 Mon. Site No. EFF-2A	Permit Requirement					1.0 (Mo.Avg.)	1.0 (Day.Max.)	mg/L		Quarterly	Grab
Chromium, Total Recoverable	Sample Measurement										
PARM Code 01118 1 Mon. Site No. EFF-2A	Permit Requirement					0.2 (Mo.Avg.)	0.2 (Day.Max.)	mg/L		Quarterly	Grab
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 1 Mon. Site No. EFF-2A	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Quarterly	Grab
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFF-2A	Permit Requirement				6.0 (Day.Min.)		9.0 (Day.Max.)	s.u.		Quarterly	Grab

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 (mm/dd/yyyy)

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, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: City of Tallahassee
MAILING ADDRESS: 300 South Adams Street
Tallahassee, Florida 32301-0

FACILITY: Arvah B Hopkins Power Plant
LOCATION: County Road 1585-Geddie Rd
Tallahassee, FL 32304-6616

COUNTY: Leon
OFFICE: Northwest District Branch (Tallahassee)

PERMIT NUMBER: FL0025518-007-IW1S

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: I-172
MONITORING GROUP DESCRIPTION: Cooling Water Tower Blowdown Unit #2
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Industrial

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. EFF-2B	Permit Requirement	Report (Mo.Avg.)	Report (Day.Max.)	MGD						Daily; 24 hours	Integrator
Chlorine, Free Available	Sample Measurement										
PARM Code 50064 1 Mon. Site No. EFF-2B	Permit Requirement					0.2 (Day.Avg.)	0.5 (Day.Max.)	mg/L		Per occurrence	Grab
Chlorine, Total Residual (Dsg. Time)	Sample Measurement										
PARM Code 00208 1 Mon. Site No. EFF-2B	Permit Requirement	120 (Mo.Avg.)	120 (Day.Max.)	min/day						Per occurrence	Meter
Spectrus 1300 (Application Rate)	Sample Measurement										
PARM Code 51030 1 Mon. Site No. EFF-2B	Permit Requirement					8.0 (Mo.Avg.)	8.0 (Day.Max.)	mg/L		Per application	Multiple Grabs[6]

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 (mm/dd/yyyy)

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

[6] Multiple grabs shall consist of grab samples collected grab samples collected at the approximate beginning of TRC or Spectrus 1300 discharge and once every 15 minutes thereafter until the end of TRC or Spectrus 1300 discharge. In the event that TRC is not detectable or Spectrus 1300 is below the no effect level of 0.12mg/l at the time that blowdown is resumed after each application, no further analysis is required. "Daily Average" as it applies to FAC or Spectrus 1300 means the average of values taken over any individual release period and " Daily maximum " applies to FAC at any time (i.e. during treatment of any cooling tower)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Compliance Evaluation Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	City of Tallahassee	PERMIT NUMBER:	FL0025518-007-IW1S		
MAILING ADDRESS:	300 South Adams Street Tallahassee, Florida 32301-0	LIMIT:	Final	REPORT FREQUENCY:	Quarterly
		CLASS SIZE:	MA	PROGRAM:	Industrial
FACILITY:	Arvah B Hopkins Power Plant	MONITORING GROUP NUMBER:	I-172		
LOCATION:	County Road 1585-Geddie Rd Tallahassee, FL 32304-6616	MONITORING GROUP DESCRIPTION:	Cooling Water Tower Blowdown Unit #2		
		RE-SUBMITTED DMR: ☐			
		NO DISCHARGE FROM SITE: ☐			
COUNTY:	Leon	MONITORING PERIOD From:	_____ To: _____		
OFFICE:	Northwest District Branch (Tallahassee)				

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Zinc, Total Recoverable	Sample Measurement										
PARM Code 01094 1 Mon. Site No. EFF-2B	Permit Requirement					1.0 (Mo.Avg.)	1.0 (Day.Max.)	mg/L		Quarterly	Grab
Chromium, Total Recoverable	Sample Measurement										
PARM Code 01118 1 Mon. Site No. EFF-2B	Permit Requirement					0.2 (Mo.Avg.)	0.2 (Day.Max.)	mg/L		Quarterly	Grab
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 1 Mon. Site No. EFF-2B	Permit Requirement					Report (Mo.Avg.)	Report (Day.Max.)	mg/L		Quarterly	Grab
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFF-2B	Permit Requirement				6.0 (Day.Min.)		9.0 (Day.Max.)	s.u.		Quarterly	Grab

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 (mm/dd/yyyy)

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

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, 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 or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are 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.

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.

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

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

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 should be completed by the permittee or authorized representative:

Resubmitted DMR: Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)
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; however, if the 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 in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.
No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. 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 t 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: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.
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 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 that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).
Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period 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.
Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.
No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.
$CBOD_5$: Enter the average $CBOD_5$ 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.
Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calend. 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.
Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.
No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.
Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.