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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Interim
CLASS SIZE: MA
MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESCRIPTION: D-001, including Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 Y Mon. Site No. FLW-05	Permit Requirement		96.0 (An.Avg.)	MGD						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. FLW-05	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 P Mon. Site No. FLW-06	Permit Requirement		Report (An.Avg.)	MGD						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 Q Mon. Site No. FLW-06	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 R Mon. Site No. FLW-07	Permit Requirement		Report (An.Avg.)	MGD						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 S Mon. Site No. FLW-07	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement					5.0 (An.Avg.)		mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement					5.0 (An.Avg.)		mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 B Mon. Site No. EFB-01	Permit Requirement						5.0 (Max.)	mg/L		Daily	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Y Mon. Site No. EFA-01	Permit Requirement					3.0 (An.Avg.)		mg/L		Monthly	Calculated
Nitrogen, Total	Sample Measurement										
PARM Code 00600 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Max.)	4.5 (Max.Wk.Avg.)	3.75 (Mo.Avg.)	mg/L		Daily; 24 hours	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Y Mon. Site No. EFA-01	Permit Requirement					Report (An.Avg.)		mg/L		Monthly	Calculated
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 A Mon. Site No. EFA-01	Permit Requirement					Report (Mo.Avg.)	Report (Max.)	mg/L		Weekly	24-hr FPC
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFD-01	Permit Requirement				6.5 (Min.)		8.5 (Max.)	s.u.		Continuous	Meter

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement										
PARM Code 51005 A Mon. Site No. EFA-01	Permit Requirement				75 (Min.Mo.Total)			percent		Monthly	Calculated
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement						25 (Max.)	#/100mL		Daily; 24 hours	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Chlorine, Total Residual (For Dechlorination)	Sample Measurement										
PARM Code 50060 1 Mon. Site No. EFD-01	Permit Requirement						0.01 (Max.)	mg/L		Daily; 24 hours	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 1 Mon. Site No. EFD-01	Permit Requirement				5.0 (Min.)			mg/L		Daily; 24 hours	Grab
Enterococci	Sample Measurement										
PARM Code 31639 A Mon. Site No. EFA-01	Permit Requirement					35 (Mo.Geo.Mn.)	276 (Max.)	#/100mL		5/Month	Grab
Dichlorobromomethane	Sample Measurement										
PARM Code 32101 Y Mon. Site No. EFD-01	Permit Requirement					33.0 (An.Avg.)		ug/L		Monthly	Calculated
Dichlorobromomethane	Sample Measurement										
PARM Code 32101 1 Mon. Site No. EFD-01	Permit Requirement						Report (Mo.Avg.)	ug/L		Monthly	Grab
Dibromochloromethane	Sample Measurement										
PARM Code 32105 Y Mon. Site No. EFD-01	Permit Requirement					60.0 (An.Avg.)		ug/L		Monthly	Calculated
Dibromochloromethane	Sample Measurement										
PARM Code 32105 1 Mon. Site No. EFD-01	Permit Requirement						Report (Mo.Avg.)	ug/L		Monthly	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. EFA-01	Permit Requirement		Report (Mo.Total)	ton/mth						Monthly	Calculated
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Q Mon. Site No. EFA-01	Permit Requirement		319.8 (An.Total)	ton/yr						Monthly	Calculated
Nitrogen, Total	Sample Measurement										
PARM Code 00600 R Mon. Site No. EFA-01	Permit Requirement		213.2 (5Yr.Avg.)	ton/yr						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 T Mon. Site No. FLW-04	Permit Requirement		96.0 (An.Avg.)	MGD						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 U Mon. Site No. FLW-04	Permit Requirement	Report (Mo.Avg.)	Report (3Mo.Avg.)	MGD						Continuous	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 1 Mon. Site No. FLW-04	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement										
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement					Report (Mo.Avg.)	Report (Max.)	mg/L		Weekly	24-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement										
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement					Report (Mo.Avg.)	Report (Max.)	mg/L		Weekly	24-hr FPC

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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESCRIPTION: D-001, including Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 Y Mon. Site No. FLW-05	Permit Requirement		96.0 (An.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. FLW-05	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 P Mon. Site No. FLW-06	Permit Requirement		Report (An.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 Q Mon. Site No. FLW-06	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 R Mon. Site No. FLW-07	Permit Requirement		Report (An.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 S Mon. Site No. FLW-07	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement					5.0 (An.Avg.)		mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement					5.0 (An.Avg.)		mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 B Mon. Site No. EFB-01	Permit Requirement						5.0 (Max.)	mg/L		Daily	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Y Mon. Site No. EFA-01	Permit Requirement					3.0 (An.Avg.)		mg/L		Monthly	Calculated
Nitrogen, Total	Sample Measurement										
PARM Code 00600 A Mon. Site No. EFA-01	Permit Requirement				6.0 (Max.)	4.5 (Max.Wk.Avg.)	3.75 (Mo.Avg.)	mg/L		Daily; 24 hours	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Y Mon. Site No. EFA-01	Permit Requirement					Report (An.Avg.)		mg/L		Monthly	Calculated
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 A Mon. Site No. EFA-01	Permit Requirement					Report (Mo.Avg.)	Report (Max.)	mg/L		Weekly	24-hr FPC
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFD-01	Permit Requirement				6.5 (Min.)		8.5 (Max.)	s.u.		Continuous	Meter

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement										
PARM Code 51005 A Mon. Site No. EFA-01	Permit Requirement				75 (Min.Mo.Total)			percent		Monthly	Calculated
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement						25 (Max.)	#/100mL		Daily; 24 hours	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Chlorine, Total Residual (For Dechlorination)	Sample Measurement										
PARM Code 50060 1 Mon. Site No. EFD-01	Permit Requirement						0.01 (Max.)	mg/L		Daily; 24 hours	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
PARM Code 00300 1 Mon. Site No. EFD-01	Permit Requirement				5.0 (Min.)			mg/L		Daily; 24 hours	Grab
Enterococci	Sample Measurement										
PARM Code 31639 A Mon. Site No. EFA-01	Permit Requirement					35 (Mo.Geo.Mn.)	276 (Max.)	#/100mL		5/Month	Grab
Dichlorobromomethane	Sample Measurement										
PARM Code 32101 Y Mon. Site No. EFD-01	Permit Requirement					33.0 (An.Avg.)		ug/L		Monthly	Calculated
Dichlorobromomethane	Sample Measurement										
PARM Code 32101 1 Mon. Site No. EFD-01	Permit Requirement						Report (Mo.Avg.)	ug/L		Monthly	Grab
Dibromochloromethane	Sample Measurement										
PARM Code 32105 Y Mon. Site No. EFD-01	Permit Requirement					39.0 (An.Avg.)		ug/L		Monthly	Calculated
Dibromochloromethane	Sample Measurement										
PARM Code 32105 1 Mon. Site No. EFD-01	Permit Requirement						Report (Mo.Avg.)	ug/L		Monthly	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: D-001

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total	Sample Measurement										
PARM Code 00600 P Mon. Site No. EFA-01	Permit Requirement		Report (Mo.Total)	ton/mth						Monthly	Calculated
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Q Mon. Site No. EFA-01	Permit Requirement		319.8 (An.Total)	ton/yr						Monthly	Calculated
Nitrogen, Total	Sample Measurement										
PARM Code 00600 R Mon. Site No. EFA-01	Permit Requirement		213.2 (5Yr.Avg.)	ton/yr						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 T Mon. Site No. FLW-04	Permit Requirement		96.0 (An.Avg.)	MGD						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 U Mon. Site No. FLW-04	Permit Requirement	Report (Mo.Avg.)	Report (3Mo.Avg.)	MGD						Continuous	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 1 Mon. Site No. FLW-04	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement										
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement					Report (Mo.Avg.)	Report (Max.)	mg/L		Weekly	24-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement										
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement					Report (Mo.Avg.)	Report (Max.)	mg/L		Weekly	24-hr FPC

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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: D-001
MONITORING GROUP DESCRIPTION: D-001, including Influent
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Quarterly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 1 Mon. Site No. EFD-01	Permit Requirement						3.7 (Max.)	ug/L		Quarterly	24-hr FPC
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Routine)	Sample Measurement										
PARM Code TRP3B P Mon. Site No. EFD-01	Permit Requirement				100 (Min.)			percent		Quarterly	24-hr FPC
7-DAY CHRONIC STATRE Ceriodaphnia dubia (Additional)	Sample Measurement										
PARM Code TRP3B Q Mon. Site No. EFD-01	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. EFD-01	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. EFD-01	Permit Requirement				100 (Min.)			percent		Quarterly	24-hr FPC
7-DAY CHRONIC STATRE Pimephales promelas (Additional)	Sample Measurement										
PARM Code TRP6C Q Mon. Site No. EFD-01	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. EFD-01	Permit Requirement				100 (Min.)			percent		As needed	As required by the permit

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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: R-001 and R-002
MONITORING GROUP DESCRIPTION: Public Access Reuse System
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement		6.0 (An.Avg.)	MGD						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 P Mon. Site No. FLW-02	Permit Requirement		2.3 (An.Avg.)	MGD						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 Q Mon. Site No. FLW-02	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Daily; 24 hours	24-hr FPC

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: R-001 and R-002

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 B Mon. Site No. EFB-01	Permit Requirement						5.0 (Max.)	mg/L		Daily; 24 hours	Grab
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFD-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		Continuous	Meter
Coliform, Fecal, % less than detection	Sample Measurement										
PARM Code 51005 A Mon. Site No. EFA-01	Permit Requirement						75 (Mo.Total)	percent		Monthly	Calculated
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement						25 (Max.)	#/100mL		Daily; 24 hours	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement										
PARM Code 00070 B Mon. Site No. EFB-01	Permit Requirement						Report (Max.)	NTU		Continuous	Meter

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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: R-003
MONITORING GROUP DESCRIPTION: Mosaic Fertilizer
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement										
PARM Code 50050 Y Mon. Site No. FLW-03	Permit Requirement		4.32 (An.Avg.)	MGD						Monthly	Calculated
Flow	Sample Measurement										
PARM Code 50050 1 Mon. Site No. FLW-03	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Daily; 24 hours	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Calculated
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Calculated

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: R-003

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. EFD-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		Continuous	Meter
Coliform, Fecal	Sample Measurement										
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement					200 (An.Avg.)		#/100mL		Monthly	Calculated
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Daily; 24 hours	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		Continuous	Meter

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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: RMP-A
MONITORING GROUP DESCRIPTION: Class A final product, after heat drying and prior to distribution
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N)	Sample Measurement										
PARM Code 78470 + Mon. Site No. RMP-A	Permit Requirement		Report (Max.)	percent						Monthly	Composite
Phosphorus, Sludge, Tot, Dry Wt (as P)	Sample Measurement										
PARM Code 78478 + Mon. Site No. RMP-A	Permit Requirement		Report (Max.)	percent						Monthly	Composite
Potassium, Sludge, Tot, Dry Wt (as K)	Sample Measurement										
PARM Code 78472 + Mon. Site No. RMP-A	Permit Requirement		Report (Max.)	percent						Monthly	Composite
Arsenic Total, Dry Weight, Sludge	Sample Measurement										
PARM Code 49565 + Mon. Site No. RMP-A	Permit Requirement						75.0 (Max.)	mg/kg		Monthly	Composite
Cadmium, Sludge, Tot, Dry Weight (as Cd)	Sample Measurement										
PARM Code 78476 + Mon. Site No. RMP-A	Permit Requirement						85.0 (Max.)	mg/kg		Monthly	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement										
PARM Code 78475 + Mon. Site No. RMP-A	Permit Requirement						4300.0 (Max.)	mg/kg		Monthly	Composite

*EITHER THE FECAL COLIFORM LIMIT OR SALMONELLA SP. LIMIT MUST BE MET.

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RMP-A

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement										
PARM Code 78468 + Mon. Site No. RMP-A	Permit Requirement						840.0 (Max.)	mg/kg		Monthly	Composite
Mercury, Dry Weight, Sludge	Sample Measurement										
PARM Code 78471 + Mon. Site No. RMP-A	Permit Requirement						57.0 (Max.)	mg/kg		Monthly	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement										
PARM Code 78465 + Mon. Site No. RMP-A	Permit Requirement						75.0 (Max.)	mg/kg		Monthly	Composite
Nickel, Dry Weight, Sludge	Sample Measurement										
PARM Code 78469 + Mon. Site No. RMP-A	Permit Requirement						420.0 (Max.)	mg/kg		Monthly	Composite
Selenium Sludge Solid	Sample Measurement										
PARM Code 61518 + Mon. Site No. RMP-A	Permit Requirement						100.0 (Max.)	mg/kg		Monthly	Composite
Zinc, Dry Weight, Sludge	Sample Measurement										
PARM Code 78467 + Mon. Site No. RMP-A	Permit Requirement						7500.0 (Max.)	mg/kg		Monthly	Composite
pH	Sample Measurement										
PARM Code 00400 + Mon. Site No. RMP-A	Permit Requirement						Report (Max.)	s.u.		Monthly	Grab
Solids, Total, Sludge, Percent	Sample Measurement										
PARM Code 61553 + Mon. Site No. RMP-A	Permit Requirement						Report (Max.)	percent		Monthly	Composite
Coliform, Fecal	Sample Measurement										
PARM Code 74055 + Mon. Site No. RMP-A	Permit Requirement		1000.0 (Max.)	MPN/g						Monthly	Grab
Salmonella Sludge	Sample Measurement										
PARM Code 71204 + Mon. Site No. RMP-A	Permit Requirement		3.0 (Max.)	MPN/4g						Monthly	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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
REPORT FREQUENCY: Monthly
CLASS SIZE: MA
PROGRAM: Domestic
MONITORING GROUP NUMBER: RMP-AA
MONITORING GROUP DESCRIPTION: Class AA final product, after heat drying and prior to distribution
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N)	Sample Measurement										
PARM Code 78470 + Mon. Site No. RMP-AA	Permit Requirement		Report (Mo.Avg.)	percent						Monthly	Composite
Phosphorus, Sludge, Tot, Dry Wt (as P)	Sample Measurement										
PARM Code 78478 + Mon. Site No. RMP-AA	Permit Requirement		Report (Mo.Avg.)	percent						Monthly	Composite
Potassium, Sludge, Tot, Dry Wt (as K)	Sample Measurement										
PARM Code 78472 + Mon. Site No. RMP-AA	Permit Requirement		Report (Mo.Avg.)	percent						Monthly	Composite
Arsenic Total, Dry Weight, Sludge	Sample Measurement										
PARM Code 49565 + Mon. Site No. RMP-AA	Permit Requirement					41.0 (Mo.Avg.)	75.0 (Max.)	mg/kg		Monthly	Composite
Cadmium, Sludge, Tot, Dry Weight (as Cd)	Sample Measurement										
PARM Code 78476 + Mon. Site No. RMP-AA	Permit Requirement					39.0 (Mo.Avg.)	85.0 (Max.)	mg/kg		Monthly	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement										
PARM Code 78475 + Mon. Site No. RMP-AA	Permit Requirement					1500.0 (Mo.Avg.)	4300.0 (Max.)	mg/kg		Monthly	Composite

*EITHER THE FECAL COLIFORM LIMIT OR SALMONELLA SP. LIMIT MUST BE MET.

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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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RMP-AA

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Dry Weight, Sludge	Sample Measurement										
PARM Code 78468 + Mon. Site No. RMP-AA	Permit Requirement					300.0 (Mo.Avg.)	840.0 (Max.)	mg/kg		Monthly	Composite
Mercury, Dry Weight, Sludge	Sample Measurement										
PARM Code 78471 + Mon. Site No. RMP-AA	Permit Requirement					17.0 (Mo.Avg.)	57.0 (Max.)	mg/kg		Monthly	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement										
PARM Code 78465 + Mon. Site No. RMP-AA	Permit Requirement						75.0 (Max.)	mg/kg		Monthly	Composite
Nickel, Dry Weight, Sludge	Sample Measurement										
PARM Code 78469 + Mon. Site No. RMP-AA	Permit Requirement					420.0 (Mo.Avg.)	420.0 (Max.)	mg/kg		Monthly	Composite
Selenium Sludge Solid	Sample Measurement										
PARM Code 61518 + Mon. Site No. RMP-AA	Permit Requirement					100.0 (Mo.Avg.)	100.0 (Max.)	mg/kg		Monthly	Composite
Zinc, Dry Weight, Sludge	Sample Measurement										
PARM Code 78467 + Mon. Site No. RMP-AA	Permit Requirement					2800.0 (Mo.Avg.)	7500.0 (Max.)	mg/kg		Monthly	Composite
pH	Sample Measurement										
PARM Code 00400 + Mon. Site No. RMP-AA	Permit Requirement						Report (Max.)	s.u.		Monthly	Grab
Solids, Total, Sludge, Percent	Sample Measurement										
PARM Code 61553 + Mon. Site No. RMP-AA	Permit Requirement					Report (Mo.Avg.)	Report (Max.)	percent		Monthly	Composite
Coliform, Fecal	Sample Measurement										
PARM Code 74055 + Mon. Site No. RMP-AA	Permit Requirement		1000.0 (Max.)	MPN/g						Monthly	Grab
Salmonella Sludge	Sample Measurement										
PARM Code 71204 + Mon. Site No. RMP-AA	Permit Requirement		3.0 (Max.)	MPN/4g						Monthly	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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: RMP-B
MONITORING GROUP DESCRIPTION: Class B final product, after treatment and prior to land application
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement										
PARM Code 74055 + Mon. Site No. RMP-B	Permit Requirement		≤2,000,000 (Geo.Mn.)	MPN/g						Bi-monthly; every 2 months	Grab
Nitrogen, Sludge, Tot, Dry Wt (as N)	Sample Measurement										
PARM Code 78470 + Mon. Site No. RMP-B	Permit Requirement		Report (Max.)	percent						Bi-monthly; every 2 months	Composite
Phosphorus, Sludge, Tot, Dry Wt (as P)	Sample Measurement										
PARM Code 78478 + Mon. Site No. RMP-B	Permit Requirement		Report (Max.)	percent						Bi-monthly; every 2 months	Composite
Potassium, Sludge, Tot, Dry Wt (as K)	Sample Measurement										
PARM Code 78472 + Mon. Site No. RMP-B	Permit Requirement		Report (Max.)	percent						Bi-monthly; every 2 months	Composite
pH	Sample Measurement										
PARM Code 00400 + Mon. Site No. RMP-B	Permit Requirement						Report (Max.)	s.u.		Bi-monthly; every 2 months	Grab
Arsenic Total, Dry Weight, Sludge	Sample Measurement										
PARM Code 49565 + Mon. Site No. RMP-B	Permit Requirement						75.0 (Max.)	mg/kg		Bi-monthly; every 2 months	Composite

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RMP-B

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Cadmium, Sludge, Tot, Dry Weight (as Cd)	Sample Measurement										
PARM Code 78476 + Mon. Site No. RMP-B	Permit Requirement						85.0 (Max.)	mg/kg		Bi-monthly; every 2 months	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement										
PARM Code 78475 + Mon. Site No. RMP-B	Permit Requirement						4300.0 (Max.)	mg/kg		Bi-monthly; every 2 months	Composite
Lead, Dry Weight, Sludge	Sample Measurement										
PARM Code 78468 + Mon. Site No. RMP-B	Permit Requirement						840.0 (Max.)	mg/kg		Bi-monthly; every 2 months	Composite
Mercury, Dry Weight, Sludge	Sample Measurement										
PARM Code 78471 + Mon. Site No. RMP-B	Permit Requirement						57.0 (Max.)	mg/kg		Bi-monthly; every 2 months	Composite
Molybdenum, Dry Weight, Sludge	Sample Measurement										
PARM Code 78465 + Mon. Site No. RMP-B	Permit Requirement						75.0 (Max.)	mg/kg		Bi-monthly; every 2 months	Composite
Nickel, Dry Weight, Sludge	Sample Measurement										
PARM Code 78469 + Mon. Site No. RMP-B	Permit Requirement						420.0 (Max.)	mg/kg		Bi-monthly; every 2 months	Composite
Selenium Sludge Solid	Sample Measurement										
PARM Code 61518 + Mon. Site No. RMP-B	Permit Requirement						100.0 (Max.)	mg/kg		Bi-monthly; every 2 months	Composite
Zinc, Dry Weight, Sludge	Sample Measurement										
PARM Code 78467 + Mon. Site No. RMP-B	Permit Requirement						7500.0 (Max.)	mg/kg		Bi-monthly; every 2 months	Composite

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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: RMP-Q
MONITORING GROUP DESCRIPTION: Biosolids Quantity
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Monthly
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Distributed & Marketed in FL)	Sample Measurement										
PARM Code B0004 + Mon. Site No. RMP-3	Permit Requirement		Report (Mo.Total)	dry tons						Monthly	Calculated
Biosolids Quantity (Distributed & Marketed outside FL)	Sample Measurement										
PARM Code B0005 + Mon. Site No. RMP-4	Permit Requirement		Report (Mo.Total)	dry tons						Monthly	Calculated
Biosolids Quantity (Land-Applied)	Sample Measurement										
PARM Code B0006 + Mon. Site No. RMP-1	Permit Requirement		Report (Mo.Total)	dry tons						Monthly	Calculated
Biosolids Quantity (Transferred)	Sample Measurement										
PARM Code B0007 + Mon. Site No. RMP-5	Permit Requirement		Report (Mo.Total)	dry tons						Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement										
PARM Code B0008 + Mon. Site No. RMP-2	Permit Requirement		Report (Mo.Total)	dry tons						Monthly	Calculated

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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, Domestic Wastewater Section, MS 3540, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: City of Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: PRT-I
MONITORING GROUP DESCRIPTION: Influent Pretreatment
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Annually
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement										
PARM Code 00400 G Mon. Site No. PRT-I	Permit Requirement				Report (Min.)		Report (Max.)	s.u.		Annually	Grab
Oil and Grease, hexane extr method	Sample Measurement										
PARM Code 00552 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/L		Annually	Grab
Benzene	Sample Measurement										
PARM Code 34030 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Bromoform	Sample Measurement										
PARM Code 32104 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Carbon tetrachloride	Sample Measurement										
PARM Code 32102 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Chlorobenzene	Sample Measurement										
PARM Code 34301 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab

*FOR THOSE PARAMETERS THAT ARE SAMPLED ANNUALLY, THE MAXIMUM AND AVERAGE CONCENTRATIONS ARE EQUIVALENT AND SHALL BE REPORTED AS SUCH ON THE DMR.

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorodibromomethane	Sample Measurement										
PARM Code 34306 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Chloroethane	Sample Measurement										
PARM Code 85811 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
2-chloroethyl vinyl ether (mixed)	Sample Measurement										
PARM Code 34576 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Chloroform	Sample Measurement										
PARM Code 32106 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Dichlorobromomethane	Sample Measurement										
PARM Code 32101 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,2-dichlorobenzene	Sample Measurement										
PARM Code 34536 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,3-dichlorobenzene	Sample Measurement										
PARM Code 34566 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,4-dichlorobenzene	Sample Measurement										
PARM Code 34571 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,1-dichloroethane	Sample Measurement										
PARM Code 34496 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,2-dichloroethane	Sample Measurement										
PARM Code 32103 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
1,1-dichloroethylene	Sample Measurement										
PARM Code 34501 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,2-dichloropropane	Sample Measurement										
PARM Code 34541 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,3-dichloropropene	Sample Measurement										
PARM Code 77163 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Ethylbenzene	Sample Measurement										
PARM Code 34371 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Methyl bromide	Sample Measurement										
PARM Code 34413 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Methyl chloride	Sample Measurement										
PARM Code 34418 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Methylene chloride	Sample Measurement										
PARM Code 34423 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,1,2,2-tetrachloroethane	Sample Measurement										
PARM Code 34516 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Tetrachloroethylene	Sample Measurement										
PARM Code 34475 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Toluene	Sample Measurement										
PARM Code 34010 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
1,2-trans-dichloroethylene	Sample Measurement										
PARM Code 34546 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,1,1-trichloroethane	Sample Measurement										
PARM Code 34506 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,1,2-trichloroethane	Sample Measurement										
PARM Code 34511 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Trichloroethylene	Sample Measurement										
PARM Code 39180 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Vinyl chloride	Sample Measurement										
PARM Code 39175 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
2-chlorophenol	Sample Measurement										
PARM Code 34586 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dichlorophenol	Sample Measurement										
PARM Code 34601 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dimethylphenol	Sample Measurement										
PARM Code 34606 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4,6-dinitro-o-cresol	Sample Measurement										
PARM Code 34657 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dinitrophenol	Sample Measurement										
PARM Code 34616 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
2-nitrophenol	Sample Measurement										
PARM Code 34591 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4-nitrophenol	Sample Measurement										
PARM Code 34646 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
p-chloro-m-cresol	Sample Measurement										
PARM Code 82627 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Pentachlorophenol	Sample Measurement										
PARM Code 39032 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Phenol, Single Compound	Sample Measurement										
PARM Code 34694 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4,6-trichlorophenol	Sample Measurement										
PARM Code 34621 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Acenaphthene	Sample Measurement										
PARM Code 34205 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Acenaphthylene	Sample Measurement										
PARM Code 34200 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Anthracene	Sample Measurement										
PARM Code 34220 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzidine	Sample Measurement										
PARM Code 39120 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Benzo(a)anthracene	Sample Measurement										
PARM Code 34526 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(a)pyrene	Sample Measurement										
PARM Code 34247 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(b)fluoranthene (3,4-benzo)	Sample Measurement										
PARM Code 79531 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(ghi)perylene	Sample Measurement										
PARM Code 34521 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(k)fluoranthene	Sample Measurement										
PARM Code 34242 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Bis (2-chloroethoxy) methane	Sample Measurement										
PARM Code 34278 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Bis (2-chloroethyl) ether	Sample Measurement										
PARM Code 34273 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Bis (2-chloroisopropyl) ether	Sample Measurement										
PARM Code 34283 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Bis (2-ethylhexyl) phthalate	Sample Measurement										
PARM Code 39100 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4-bromophenyl phenyl ether	Sample Measurement										
PARM Code 34636 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Butyl benzyl phthalate	Sample Measurement										
PARM Code 34292 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2-chloronaphthalene	Sample Measurement										
PARM Code 34581 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4-chlorophenyl phenyl ether	Sample Measurement										
PARM Code 34641 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Chrysene	Sample Measurement										
PARM Code 34320 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Dibenzo (a,h) anthracene	Sample Measurement										
PARM Code 34556 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
3,3'-dichlorobenzidine	Sample Measurement										
PARM Code 34631 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Diethyl phthalate	Sample Measurement										
PARM Code 34336 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Dimethyl phthalate	Sample Measurement										
PARM Code 34341 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Di-n-butyl phthalate	Sample Measurement										
PARM Code 39110 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dinitrotoluene	Sample Measurement										
PARM Code 34611 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
2,6-dinitrotoluene	Sample Measurement										
PARM Code 34626 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Di-n-octyl phthalate	Sample Measurement										
PARM Code 34596 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
1,2-diphenylhydrazine	Sample Measurement										
PARM Code 34346 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Fluoranthene	Sample Measurement										
PARM Code 34376 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Fluorene	Sample Measurement										
PARM Code 34381 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorobenzene	Sample Measurement										
PARM Code 39700 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorobutadiene	Sample Measurement										
PARM Code 39702 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorocyclopentadiene	Sample Measurement										
PARM Code 34386 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Hexachloroethane	Sample Measurement										
PARM Code 34396 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Indeno (1,2,3-Cd) pyrene	Sample Measurement										
PARM Code 34403 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Isophorone	Sample Measurement										
PARM Code 34408 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Naphthalene	Sample Measurement										
PARM Code 34696 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Nitrobenzene	Sample Measurement										
PARM Code 34447 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
N-nitrosodimethylamine	Sample Measurement										
PARM Code 34438 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
N-nitrosodi-n-propylamine	Sample Measurement										
PARM Code 34428 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
N-nitrosodiphenylamine	Sample Measurement										
PARM Code 34433 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Phenanthrene	Sample Measurement										
PARM Code 34461 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Pyrene	Sample Measurement										
PARM Code 34469 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
1,2,4-trichlorobenzene	Sample Measurement										
PARM Code 34551 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Aldrin	Sample Measurement										
PARM Code 39330 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Alpha-bhc	Sample Measurement										
PARM Code 39336 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
B-bhc-beta	Sample Measurement										
PARM Code 39338 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Gamma BHC (Lindane)	Sample Measurement										
PARM Code 39782 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Delta benzene hexachloride	Sample Measurement										
PARM Code 34259 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Chlordane (tech mix. and metabolites)	Sample Measurement										
PARM Code 39350 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4,4'-DDT (p,p'-DDT)	Sample Measurement										
PARM Code 39300 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4,4'-DDE (p,p'-DDE)	Sample Measurement										
PARM Code 39320 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4,4'-DDD (p,p'-DDD)	Sample Measurement										
PARM Code 39310 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Dieldrin	Sample Measurement										
PARM Code 39380 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
A-endosulfan-alpha	Sample Measurement										
PARM Code 34361 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
B-endosulfan-beta	Sample Measurement										
PARM Code 34356 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Endosulfan sulfate	Sample Measurement										
PARM Code 34351 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Endrin	Sample Measurement										
PARM Code 39390 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Endrin aldehyde	Sample Measurement										
PARM Code 34366 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Heptachlor	Sample Measurement										
PARM Code 39410 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Heptachlor epoxide	Sample Measurement										
PARM Code 39420 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1242	Sample Measurement										
PARM Code 39496 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1254	Sample Measurement										
PARM Code 39504 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1221	Sample Measurement										
PARM Code 39488 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1232	Sample Measurement										
PARM Code 39492 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
PCB-1248	Sample Measurement										
PARM Code 39500 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1260	Sample Measurement										
PARM Code 39508 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1016	Sample Measurement										
PARM Code 34671 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Toxaphene	Sample Measurement										
PARM Code 39400 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Antimony, Total Recoverable	Sample Measurement										
PARM Code 01268 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Arsenic, Total Recoverable	Sample Measurement										
PARM Code 00978 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Beryllium, Total Recoverable	Sample Measurement										
PARM Code 00998 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Cadmium, Total Recoverable	Sample Measurement										
PARM Code 01113 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Chromium, Total Recoverable	Sample Measurement										
PARM Code 01118 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-I

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Total Recoverable	Sample Measurement										
PARM Code 01114 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Nickel, Total Recoverable	Sample Measurement										
PARM Code 01074 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Selenium, Total Recoverable	Sample Measurement										
PARM Code 00981 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Silver, Total Recoverable	Sample Measurement										
PARM Code 01079 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Thallium, Total Recoverable	Sample Measurement										
PARM Code 00982 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Zinc, Total Recoverable	Sample Measurement										
PARM Code 01094 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Cyanide, Total Recoverable	Sample Measurement										
PARM Code 78248 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Phenolic Compounds, Total Recoverable	Sample Measurement										
PARM Code 70029 G Mon. Site No. PRT-I	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Domestic Wastewater Section, MS 3540, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: City of Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: PRT-E
MONITORING GROUP DESCRIPTION: Effluent Pretreatment
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Annually
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement										
PARM Code 00400 1 Mon. Site No. PRT-E	Permit Requirement				Report (Min.)		Report (Max.)	s.u.		Annually	Grab
Oil and Grease, hexane extr method	Sample Measurement										
PARM Code 00552 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/L		Annually	Grab
Benzene	Sample Measurement										
PARM Code 34030 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Bromoform	Sample Measurement										
PARM Code 32104 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Carbon tetrachloride	Sample Measurement										
PARM Code 32102 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Chlorobenzene	Sample Measurement										
PARM Code 34301 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab

*FOR THOSE PARAMETERS THAT ARE SAMPLED ANNUALLY, THE MAXIMUM AND AVERAGE CONCENTRATIONS ARE EQUIVALENT AND SHALL BE REPORTED AS SUCH ON THE DMR.

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorodibromomethane	Sample Measurement										
PARM Code 34306 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Chloroethane	Sample Measurement										
PARM Code 85811 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
2-chloroethyl vinyl ether (mixed)	Sample Measurement										
PARM Code 34576 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Chloroform	Sample Measurement										
PARM Code 32106 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Dichlorobromomethane	Sample Measurement										
PARM Code 32101 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,2-dichlorobenzene	Sample Measurement										
PARM Code 34536 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,3-dichlorobenzene	Sample Measurement										
PARM Code 34566 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,4-dichlorobenzene	Sample Measurement										
PARM Code 34571 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,1-dichloroethane	Sample Measurement										
PARM Code 34496 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,2-dichloroethane	Sample Measurement										
PARM Code 32103 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
1,1-dichloroethylene	Sample Measurement										
PARM Code 34501 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,2-dichloropropane	Sample Measurement										
PARM Code 34541 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,3-dichloropropene	Sample Measurement										
PARM Code 77163 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Ethylbenzene	Sample Measurement										
PARM Code 34371 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Methyl bromide	Sample Measurement										
PARM Code 34413 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Methyl chloride	Sample Measurement										
PARM Code 34418 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Methylene chloride	Sample Measurement										
PARM Code 34423 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,1,2,2-tetrachloroethane	Sample Measurement										
PARM Code 34516 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Tetrachloroethylene	Sample Measurement										
PARM Code 34475 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Toluene	Sample Measurement										
PARM Code 34010 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
1,2-trans-dichloroethylene	Sample Measurement										
PARM Code 34546 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,1,1-trichloroethane	Sample Measurement										
PARM Code 34506 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
1,1,2-trichloroethane	Sample Measurement										
PARM Code 34511 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Trichloroethylene	Sample Measurement										
PARM Code 39180 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Vinyl chloride	Sample Measurement										
PARM Code 39175 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
2-chlorophenol	Sample Measurement										
PARM Code 34586 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dichlorophenol	Sample Measurement										
PARM Code 34601 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dimethylphenol	Sample Measurement										
PARM Code 34606 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4,6-dinitro-o-cresol	Sample Measurement										
PARM Code 34657 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dinitrophenol	Sample Measurement										
PARM Code 34616 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
2-nitrophenol	Sample Measurement										
PARM Code 34591 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4-nitrophenol	Sample Measurement										
PARM Code 34646 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
p-chloro-m-cresol	Sample Measurement										
PARM Code 82627 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Pentachlorophenol	Sample Measurement										
PARM Code 39032 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Phenol, Single Compound	Sample Measurement										
PARM Code 34694 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4,6-trichlorophenol	Sample Measurement										
PARM Code 34621 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Acenaphthene	Sample Measurement										
PARM Code 34205 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Acenaphthylene	Sample Measurement										
PARM Code 34200 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Anthracene	Sample Measurement										
PARM Code 34220 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzidine	Sample Measurement										
PARM Code 39120 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Benzo(a)anthracene	Sample Measurement										
PARM Code 34526 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(a)pyrene	Sample Measurement										
PARM Code 34247 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(b)fluoranthene (3,4-benzo)	Sample Measurement										
PARM Code 79531 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(ghi)perylene	Sample Measurement										
PARM Code 34521 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(k)fluoranthene	Sample Measurement										
PARM Code 34242 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Bis (2-chloroethoxy) methane	Sample Measurement										
PARM Code 34278 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Bis (2-chloroethyl) ether	Sample Measurement										
PARM Code 34273 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Bis (2-chloroisopropyl) ether	Sample Measurement										
PARM Code 34283 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Bis (2-ethylhexyl) phthalate	Sample Measurement										
PARM Code 39100 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4-bromophenyl phenyl ether	Sample Measurement										
PARM Code 34636 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Butyl benzyl phthalate	Sample Measurement										
PARM Code 34292 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2-chloronaphthalene	Sample Measurement										
PARM Code 34581 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4-chlorophenyl phenyl ether	Sample Measurement										
PARM Code 34641 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Chrysene	Sample Measurement										
PARM Code 34320 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Dibenzo (a,h) anthracene	Sample Measurement										
PARM Code 34556 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
3,3'-dichlorobenzidine	Sample Measurement										
PARM Code 34631 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Diethyl phthalate	Sample Measurement										
PARM Code 34336 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Dimethyl phthalate	Sample Measurement										
PARM Code 34341 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Di-n-butyl phthalate	Sample Measurement										
PARM Code 39110 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dinitrotoluene	Sample Measurement										
PARM Code 34611 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
2,6-dinitrotoluene	Sample Measurement										
PARM Code 34626 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Di-n-octyl phthalate	Sample Measurement										
PARM Code 34596 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
1,2-diphenylhydrazine	Sample Measurement										
PARM Code 34346 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Fluoranthene	Sample Measurement										
PARM Code 34376 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Fluorene	Sample Measurement										
PARM Code 34381 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorobenzene	Sample Measurement										
PARM Code 39700 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorobutadiene	Sample Measurement										
PARM Code 39702 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorocyclopentadiene	Sample Measurement										
PARM Code 34386 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Hexachloroethane	Sample Measurement										
PARM Code 34396 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Indeno (1,2,3-Cd) pyrene	Sample Measurement										
PARM Code 34403 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Isophorone	Sample Measurement										
PARM Code 34408 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Naphthalene	Sample Measurement										
PARM Code 34696 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Nitrobenzene	Sample Measurement										
PARM Code 34447 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
N-nitrosodimethylamine	Sample Measurement										
PARM Code 34438 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
N-nitrosodi-n-propylamine	Sample Measurement										
PARM Code 34428 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
N-nitrosodiphenylamine	Sample Measurement										
PARM Code 34433 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Phenanthrene	Sample Measurement										
PARM Code 34461 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Pyrene	Sample Measurement										
PARM Code 34469 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
1,2,4-trichlorobenzene	Sample Measurement										
PARM Code 34551 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Aldrin	Sample Measurement										
PARM Code 39330 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Alpha-bhc	Sample Measurement										
PARM Code 39336 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
B-bhc-beta	Sample Measurement										
PARM Code 39338 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Gamma BHC (Lindane)	Sample Measurement										
PARM Code 39782 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Delta benzene hexachloride	Sample Measurement										
PARM Code 34259 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Chlordane (tech mix. and metabolites)	Sample Measurement										
PARM Code 39350 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4,4'-DDT (p,p'-DDT)	Sample Measurement										
PARM Code 39300 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4,4'-DDE (p,p'-DDE)	Sample Measurement										
PARM Code 39320 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
4,4'-DDD (p,p'-DDD)	Sample Measurement										
PARM Code 39310 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Dieldrin	Sample Measurement										
PARM Code 39380 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
A-endosulfan-alpha	Sample Measurement										
PARM Code 34361 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
B-endosulfan-beta	Sample Measurement										
PARM Code 34356 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Endosulfan sulfate	Sample Measurement										
PARM Code 34351 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Endrin	Sample Measurement										
PARM Code 39390 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Endrin aldehyde	Sample Measurement										
PARM Code 34366 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Heptachlor	Sample Measurement										
PARM Code 39410 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Heptachlor epoxide	Sample Measurement										
PARM Code 39420 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1242	Sample Measurement										
PARM Code 39496 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1254	Sample Measurement										
PARM Code 39504 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1221	Sample Measurement										
PARM Code 39488 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1232	Sample Measurement										
PARM Code 39492 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
PCB-1248	Sample Measurement										
PARM Code 39500 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1260	Sample Measurement										
PARM Code 39508 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
PCB-1016	Sample Measurement										
PARM Code 34671 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Toxaphene	Sample Measurement										
PARM Code 39400 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Antimony, Total Recoverable	Sample Measurement										
PARM Code 01268 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Arsenic, Total Recoverable	Sample Measurement										
PARM Code 00978 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Beryllium, Total Recoverable	Sample Measurement										
PARM Code 00998 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Cadmium, Total Recoverable	Sample Measurement										
PARM Code 01113 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Chromium, Total Recoverable	Sample Measurement										
PARM Code 01118 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Copper, Total Recoverable	Sample Measurement										
PARM Code 01119 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-E

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Lead, Total Recoverable	Sample Measurement										
PARM Code 01114 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Mercury, Total Recoverable	Sample Measurement										
PARM Code 71901 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Nickel, Total Recoverable	Sample Measurement										
PARM Code 01074 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Selenium, Total Recoverable	Sample Measurement										
PARM Code 00981 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Silver, Total Recoverable	Sample Measurement										
PARM Code 01079 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Thallium, Total Recoverable	Sample Measurement										
PARM Code 00982 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Zinc, Total Recoverable	Sample Measurement										
PARM Code 01094 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	24-hr FPC
Cyanide, Total Recoverable	Sample Measurement										
PARM Code 78248 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab
Phenolic Compounds, Total Recoverable	Sample Measurement										
PARM Code 70029 1 Mon. Site No. PRT-E	Permit Requirement					Report (An.Avg.)	Report (Max.)	ug/L		Annually	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Domestic Wastewater Section, MS 3540, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: City of Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: PRT-R
MONITORING GROUP DESCRIPTION: Residuals Pretreatment
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Annually
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Arsenic Total, Dry Weight, Sludge	Sample Measurement										
PARM Code 49565 + Mon. Site No. PRT-R	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/kg		Annually	Composite
Cadmium, Sludge, Tot. Dry Wt. (Cd)	Sample Measurement										
PARM Code 78476 + Mon. Site No. PRT-R	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/kg		Annually	Composite
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement										
PARM Code 78475 + Mon. Site No. PRT-R	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/kg		Annually	Composite
Lead, Dry Weight	Sample Measurement										
PARM Code 78468 + Mon. Site No. PRT-R	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/kg		Annually	Composite
Mercury, Dry Weight	Sample Measurement										
PARM Code 78471 + Mon. Site No. PRT-R	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/kg		Annually	Composite
Molybdenum, Dry Weight	Sample Measurement										
PARM Code 78465 + Mon. Site No. PRT-R	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/kg		Annually	Composite

*FOR THOSE PARAMETERS THAT ARE SAMPLED ANNUALLY, THE MAXIMUM AND AVERAGE CONCENTRATIONS ARE EQUIVALENT AND SHALL BE REPORTED AS SUCH ON THE DMR.

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: PRT-R

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nickel, Dry Weight	Sample Measurement										
PARM Code 78469 + Mon. Site No. PRT-R	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/kg		Annually	Composite
Selenium Sludge Solid	Sample Measurement										
PARM Code 61518 + Mon. Site No. PRT-R	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/kg		Annually	Composite
Zinc, Dry Weight	Sample Measurement										
PARM Code 78467 + Mon. Site No. PRT-R	Permit Requirement					Report (An.Avg.)	Report (Max.)	mg/kg		Annually	Composite

DEP Form 62-620.910(10), Effective Nov. 29, 1994

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 Tampa - Wastewater Department
MAILING ADDRESS: 2545 Guy N. Verger Boulevard
Tampa, Florida 33605

FACILITY: City of Tampa-Howard F. Curren AWTP
LOCATION: 2700 Maritime Blvd
Tampa, FL 33605-6744

COUNTY: Hillsborough
OFFICE: Southwest District

PERMIT NUMBER: FL0020940-019-DW1P

LIMIT: Final
CLASS SIZE: MA
MONITORING GROUP NUMBER: RWS-A
MONITORING GROUP DESCRIPTION: Annual Reclaimed Water or Effluent Analysis
RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING NOT REQUIRED: ☐
MONITORING PERIOD From: _____ To: _____

REPORT FREQUENCY: Annually
PROGRAM: Domestic

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Antimony, Total Recoverable (GWS = 6)*	Sample Measurement										
PARM Code 01268 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Arsenic, Total Recoverable (GWS = 10)	Sample Measurement										
PARM Code 00978 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Barium, Total Recoverable (GWS = 2,000)	Sample Measurement										
PARM Code 01009 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Beryllium, Total Recoverable (GWS = 4)	Sample Measurement										
PARM Code 00998 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Cadmium, Total Recoverable (GWS = 5)	Sample Measurement										
PARM Code 01113 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Chromium, Total Recoverable (GWS =100)	Sample Measurement										
PARM Code 01118 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC

*GROUND WATER STANDARD (GWS) FOR REFERENCE AND REVIEW ONLY.

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: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RWS-A

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Cyanide, Free (amen. to chlorination)(GWS = 200)	Sample Measurement										
PARM Code 00722 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Fluoride, Total (as F) (GWS = 4.0/2.0)	Sample Measurement										
PARM Code 00951 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC
Lead, Total Recoverable (GWS = 15)	Sample Measurement										
PARM Code 01114 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Mercury, Total Recoverable (GWS = 2)	Sample Measurement										
PARM Code 71901 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Nickel, Total Recoverable (GWS = 100)	Sample Measurement										
PARM Code 01074 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Nitrogen, Nitrate, Total (as N) (GWS = 10)	Sample Measurement										
PARM Code 00620 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC
Nitrogen, Nitrite, Total (as N) (GWS = 1)	Sample Measurement										
PARM Code 00615 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC
Nitrite plus Nitrate, Total 1 det. (as N)(GWS = 10)	Sample Measurement										
PARM Code 00630 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC
Selenium, Total Recoverable (GWS =50)	Sample Measurement										
PARM Code 00981 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Sodium, Total Recoverable (GWS = 160)	Sample Measurement										
PARM Code 00923 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RWS-A

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Thallium, Total Recoverable (GWS = 2)	Sample Measurement										
PARM Code 00982 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
1,1-dichloroethylene (GWS = 7)	Sample Measurement										
PARM Code 34501 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
1,1,1-trichloroethane (GWS = 200)	Sample Measurement										
PARM Code 34506 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
1,1,2-trichloroethane (GWS = 5)	Sample Measurement										
PARM Code 34511 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
1,2-dichloroethane (GWS = 3)	Sample Measurement										
PARM Code 32103 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
1,2-dichloropropane (GWS = 5)	Sample Measurement										
PARM Code 34541 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
1,2,4-trichlorobenzene (GWS = 70)	Sample Measurement										
PARM Code 34551 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Benzene (GWS = 1)	Sample Measurement										
PARM Code 34030 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Carbon tetrachloride (GWS = 3)	Sample Measurement										
PARM Code 32102 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Cis-1,2-dichloroethene (GWS = 70)	Sample Measurement										
PARM Code 81686 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RWS-A

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Dichloromethane (methylene chloride)(GWS = 5)	Sample Measurement										
PARM Code 03821 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Ethylbenzene (GWS = 700)	Sample Measurement										
PARM Code 34371 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Monochlorobenzene (GWS = 100)	Sample Measurement										
PARM Code 34031 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
1,2-dichlorobenzene (GWS = 600)	Sample Measurement										
PARM Code 34536 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
1,4-dichlorobenzene (GWS = 75)	Sample Measurement										
PARM Code 34571 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Styrene, Total (GWS = 100)	Sample Measurement										
PARM Code 77128 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Tetrachloroethylene (GWS = 3)	Sample Measurement										
PARM Code 34475 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Toluene (GWS = 1,000)	Sample Measurement										
PARM Code 34010 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
1,2-trans-dichloroethylene (GWS = 100)	Sample Measurement										
PARM Code 34546 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Trichloroethylene (GWS = 3)	Sample Measurement										
PARM Code 39180 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RWS-A

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Vinyl chloride (GWS = 1)	Sample Measurement										
PARM Code 39175 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Xylenes (GWS = 10,000)	Sample Measurement										
PARM Code 81551 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
2,3,7,8-tetrachlorodibenzo-p-dioxin(GWS = 3x10^-5)	Sample Measurement										
PARM Code 34675 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dichlorophenoxyacetic acid (GWS = 70)	Sample Measurement										
PARM Code 39730 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Silvex (GWS = 50)	Sample Measurement										
PARM Code 39760 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Alachlor (GWS = 2)	Sample Measurement										
PARM Code 39161 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Atrazine (GWS = 3)	Sample Measurement										
PARM Code 39033 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(a)pyrene (GWS = 0.2)	Sample Measurement										
PARM Code 34247 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Carbofuran (GWS = 40)	Sample Measurement										
PARM Code 81405 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Chlordane (tech mix. and metabolites)(GWS = 2)	Sample Measurement										
PARM Code 39350 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RWS-A

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Dalapon (GWS = 200)	Sample Measurement										
PARM Code 38432 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Bis(2-ethylhexyl)adipate (GWS = 400)	Sample Measurement										
PARM Code 77903 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Bis (2-ethylhexyl) phthalate (GWS = 6)	Sample Measurement										
PARM Code 39100 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Dibromochloropropane (DBCP) (GWS = 0.2)	Sample Measurement										
PARM Code 82625 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Dinoseb (GWS = 7)	Sample Measurement										
PARM Code 30191 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Diquat (GWS = 20)	Sample Measurement										
PARM Code 04443 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Endothall (GWS = 100)	Sample Measurement										
PARM Code 38926 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Endrin (GWS = 2)	Sample Measurement										
PARM Code 39390 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Ethylene dibromide (1,2-dibromoethane)(GWS = 0.02)	Sample Measurement										
PARM Code 77651 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	Grab
Glyphosate (GWS = 0.7)	Sample Measurement										
PARM Code 79743 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RWS-A

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Heptachlor (GWS = 0.4)	Sample Measurement										
PARM Code 39410 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Heptachlor epoxide (GWS = 0.2)	Sample Measurement										
PARM Code 39420 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorobenzene (GWS = 1)	Sample Measurement										
PARM Code 39700 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorocyclopentadiene (GWS = 50)	Sample Measurement										
PARM Code 34386 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Gamma BHC (Lindane) (GWS = 0.2)	Sample Measurement										
PARM Code 39782 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Methoxychlor (GWS = 40)	Sample Measurement										
PARM Code 39480 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Oxamyl (vydate) (GWS = 200)	Sample Measurement										
PARM Code 38865 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Pentachlorophenol (GWS = 1)	Sample Measurement										
PARM Code 39032 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Picloram (GWS = 500)	Sample Measurement										
PARM Code 39720 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Polychlorinated Biphenyls (PCBs)(GWS = 0.5)	Sample Measurement										
PARM Code 39516 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RWS-A

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Simazine (GWS = 4)	Sample Measurement										
PARM Code 39055 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Toxaphene (GWS = 3)	Sample Measurement										
PARM Code 39400 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Trihalomethane, Total by summation(GWS = 0.080)	Sample Measurement										
PARM Code 82080 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	Grab
Radium 226 + Radium 228, Total (GWS = 5)	Sample Measurement										
PARM Code 11503 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	pCi/L		Annually	24-hr FPC
Alpha, Gross Particle Activity (GWS = 15)	Sample Measurement										
PARM Code 80045 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	pCi/L		Annually	24-hr FPC
Aluminum, Total Recoverable (GWS = 0.2)	Sample Measurement										
PARM Code 01104 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC
Chloride (as Cl) (GWS = 250)	Sample Measurement										
PARM Code 00940 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC
Iron, Total Recoverable (GWS = 0.3)	Sample Measurement										
PARM Code 00980 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC
Copper, Total Recoverable (GWS = 1,000)	Sample Measurement										
PARM Code 01119 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Manganese, Total Recoverable (GWS = 50)	Sample Measurement										
PARM Code 11123 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: City of Tampa-Howard F. Curren AWTP

MONITORING GROUP NUMBER: RWS-A

PERMIT NUMBER: FL0020940-019-DW1P

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Silver, Total Recoverable (GWS = 100)	Sample Measurement										
PARM Code 01079 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
Sulfate, Total (GWS = 250)	Sample Measurement										
PARM Code 00945 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC
Zinc, Total Recoverable (GWS = 5,000)	Sample Measurement										
PARM Code 01094 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	ug/L		Annually	24-hr FPC
pH (GWS = 6.5-8.5)	Sample Measurement										
PARM Code 00400 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	s.u.		Annually	Grab
Solids, Total Dissolved (TDS) (GWS = 500)	Sample Measurement										
PARM Code 70295 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC
Foaming Agents (GWS = 0.5)	Sample Measurement										
PARM Code 01288 P Mon. Site No. RWS-A	Permit Requirement						Report (Max.)	mg/L		Annually	24-hr FPC

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0020940-019-DW1P Facility: City of Tampa-Howard F. Curren AWTP

Monitoring Period From: _____ To: _____

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Enterococci #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	Solids, Total Suspended mg/L	Turbidity NTU	Chlorine, Total Residual (For Dechlorination) mg/L	Dibromochloromethane ug/L
Code	80082	50060	74055	31639	00600	00665	00530	00530	00070	50060	32105
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFB-01	EFB-01	EFD-01	EFD-01
1											
2											
3											
4											
5											
6											
7											
8											
9											
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23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0020940-019-DW1P Facility: City of Tampa-Howard F. Curren AWTP

Monitoring Period From: _____ To: _____

	Dichlorobromomethane ug/L	Oxygen, Dissolved (DO) mg/L	pH s.u. (minimum)	pH s.u. (maximum)	Flow MGD	Flow MGD	Flow MGD	Flow MGD	Flow MGD	Flow MGD	Flow MGD
Code	32101	00300	00400	00400	50050	50050	50050	50050	50050	50050	50050
Mon. Site	EFD-01	EFD-01	EFD-01	EFD-01	FLW-01	FLW-02	FLW-03	FLW-04	FLW-05	FLW-06	FLW-07
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
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22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DAILY SAMPLE RESULTS - PART B

Permit Number: FL0020940-019-DW1P Facility: City of Tampa-Howard F. Curren AWTP

Monitoring Period From: _____ To: _____

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L									
Code	80082	00530									
Mon. Site	INF-01	INF-01									
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
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22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No: _____ Name: _____

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

GROUNDWATER MONITORING REPORT - PART D

Facility Name: City of Tampa-Howard F. Curren AWTP
Permit Number: FL0020940-019-DW1P
County: Hillsborough
Office: Southwest District

Monitoring Well ID: MWC-01
Well Type: Compliance
Description: SP-1 (Swann Park)
Re-submitted DMR: ☐

Report Frequency: Quarterly
Program: Domestic

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	In Situ	Quarterly				
Sulfate, Total	00945		250	mg/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: City of Tampa-Howard F. Curren AWTP
Permit Number: FL0020940-019-DW1P
County: Hillsborough
Office: Southwest District

Monitoring Well ID: MWC-02
Well Type: Compliance
Description: SP-2 (Swann Park)
Re-submitted DMR: ☐

Report Frequency: Quarterly
Program: Domestic

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	In Situ	Quarterly				
Sulfate, Total	00945		250	mg/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: City of Tampa-Howard F. Curren AWTP
Permit Number: FL0020940-019-DW1P
County: Hillsborough
Office: Southwest District

Monitoring Well ID: MWC-03
Well Type: Compliance
Description: GE-1 (Gorrie Elem.)
Re-submitted DMR: ☐

Report Frequency: Quarterly
Program: Domestic

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	In Situ	Quarterly				
Sulfate, Total	00945		250	mg/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUNDWATER MONITORING REPORT - PART D

Facility Name: City of Tampa-Howard F. Curren AWTP
Permit Number: FL0020940-019-DW1P
County: Hillsborough
Office: Southwest District

Monitoring Well ID: MWC-04
Well Type: Compliance
Description: GE-2 (Gorrie Elem.)
Re-submitted DMR: ☐

Report Frequency: Quarterly
Program: Domestic

Monitoring Period From: _____ To: _____

Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ___Yes ___ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	mg/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	mg/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		10	ug/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	mg/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100mL	Grab	Quarterly				
pH	00400		6.5-8.5	s.u.	In Situ	Quarterly				
Sulfate, Total	00945		250	mg/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				
Sodium, Total Recoverable	00923		160	mg/L	Grab	Quarterly				

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

COMMENTS AND EXPLANATION (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. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. 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, unless indicated otherwise in the permit or on the DMR:

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. Data qualifier codes are not to be reported on Part A.
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 the space above the shaded area.
Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.
Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.
Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Daily Monitoring Results: 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. Data qualifier codes are not to be reported on Part D.
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 calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.
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.