DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Hillsborough County Public Utilities Department	PERMIT NUMBER:	FL0040983
ADDRESS:	925 East Twiggs Street Tampa, FL 33602	LIMIT:	FINAL
		REPORT:	Monthly
		FACILITY TYPE:	DW
		GROUP:	Domestic
		MONITORING GROUP:	D-001
FACILITY:	Valrico AWWTF		
LOCATION:	1167 N Dover Rd Dover, FL 33527	DESCRIPTION:	D001 SURFACE WATER DISCHARGE TO TURKEY CREEK
COUNTY:	HILLSBOROUGH		
		MONITORING PERIOD:	From: 03/01/2024 To: 03/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**NOD**						**0**	**1 Monthly**	**Calculated**
PARM Code 50050 Y Mon. Site: FLW-03	**Permit Requirement**		**3.0 (Annl Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
Flow	**Sample Measurement**		**NOD**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 50050 1 Mon. Site: FLW-03	**Permit Requirement**		**Report (Mo Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**					**NOD**			**0**	**1 Monthly**	**Calculated**
PARM Code 80082 Y Mon. Site: EFA-01	**Permit Requirement**					**5.0 (Annl Avg)**		**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**				**NOD**	**NOD**	**NOD**		**0**	**5 Days/Week**	**24-hr Flow Proportioned Composite**
PARM Code 80082 A Mon. Site: EFA-01	**Permit Requirement**				**10.0 (Maximum)**	**7.5 (Wkly Avg)**	**6.25 (Mo Avg)**	**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	**Sample Measurement**					**NOD**			**0**	**1 Monthly**	**Calculated**
PARM Code 00530 Y Mon. Site: EFA-01	**Permit Requirement**					**5.0 (Annl Avg)**		**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**
Solids, Total Suspended	**Sample Measurement**				**NOD**	**NOD**	**NOD**		**0**	**5 Days/Week**	**24-hr Flow Proportioned Composite**
PARM Code 00530 A Mon. Site: EFA-01	**Permit Requirement**				**10.0 (Maximum)**	**7.5 (Wkly Avg)**	**6.25 (Mo Avg)**	**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**
Solids, Total Suspended	**Sample Measurement**						**NOD**		**0**	**5 Days/Week**	**Grab**
PARM Code 00530 B Mon. Site: EFB-01	**Permit Requirement**						**5.0 (Maximum)**	**mg/L**		**(5 Days/Week)**	**(Grab)**
Nitrogen, Total	**Sample Measurement**					**NOD**			**0**	**1 Monthly**	**Calculated**
PARM Code 00600 Y Mon. Site: EFA-01	**Permit Requirement**					**3.0 (Annl Avg)**		**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**
Nitrogen, Total	**Sample Measurement**				**NOD**	**NOD**	**NOD**		**0**	**5 Days/Week**	**24-hr Flow Proportioned Composite**
PARM Code 00600 A Mon. Site: EFA-01	**Permit Requirement**				**6.0 (Maximum)**	**4.5 (Wkly Avg)**	**3.75 (Mo Avg)**	**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	**Sample Measurement**					**NOD**			**0**	**1 Monthly**	**Calculated**
PARM Code 00665 Y Mon. Site: EFA-01	**Permit Requirement**					**1.0 (Annl Avg)**		**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**
Phosphorus, Total (as P)	**Sample Measurement**				**NOD**	**NOD**	**NOD**		**0**	**5 Days/Week**	**24-hr Flow Proportioned Composite**
PARM Code 00665 A Mon. Site: EFA-01	**Permit Requirement**				**2.0 (Maximum)**	**1.5 (Wkly Avg)**	**1.25 (Mo Avg)**	**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**
pH	**Sample Measurement**				**NOD**		**NOD**		**0**	**1 Continuous**	**Meter**
PARM Code 00400 A Mon. Site: EFA-01	**Permit Requirement**				**6.0 (Minimum)**		**8.5 (Maximum)**	**s.u.**		**(1 Continuous)**	**(Meter)**
Coliform, Fecal, % less than detection	**Sample Measurement**				**NOD**				**0**	**1 Monthly**	**Calculated**
PARM Code 51005 A Mon. Site: EFA-01	**Permit Requirement**				**75.0 (Mo Av Mn)**			**percent**		**(1 Monthly)**	**(Calculated)**
Coliform, Fecal	**Sample Measurement**						**NOD**		**0**	**5 Days/Week**	**Grab**
PARM Code 74055 A Mon. Site: EFA-01	**Permit Requirement**						**25.0 (Maximum)**	**#/100mL**		**(5 Days/Week)**	**(Grab)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
E.coli	**Sample Measurement**					**NOD**	**NOD**		**0**	**5 Days/Week**	**Grab**
PARM Code 51040 A Mon. Site: EFA-01	**Permit Requirement**					**126.0 (Mo Geomn)**	**410.0 (90th %)**	**#/100mL**		**(5 Days/Week)**	**(Grab)**
Oxygen, Dissolved (DO)	**Sample Measurement**				**NOD**				**0**	**1 Daily; 24 hours**	**Grab**
PARM Code 00300 1 Mon. Site: EFD-01	**Permit Requirement**				**4.9 (Minimum)**			**mg/L**		**(1 Daily; 24 hours)**	**(Grab)**
LC50 Statre 96hr Acu Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 Semi-Annually; twice per year**	**4 grabs/24 hr.period**
PARM Code TAN3B P Add. Desc: Routine Mon. Site: EFA-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Semi-Annually; twice per year)**	**(4 grabs/24 hr.period)**
LC50 Statre 96hr Acu Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TAN3B Q Add. Desc: Additional Mon. Site: EFA-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
LC50 Statre 96hr Acu Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TAN3B R Add. Desc: Additional Mon. Site: EFA-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 Statre 96hr Acucyprinella Leedsi	**Sample Measurement**				**MNR**				**0**	**1 Semi-Annually; twice per year**	**4 grabs/24 hr.period**
PARM Code TAN6H P Add. Desc: Routine Mon. Site: EFA-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Semi-Annually; twice per year)**	**(4 grabs/24 hr.period)**
LC50 Statre 96hr Acucyprinella Leedsi	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TAN6H Q Add. Desc: Additional Mon. Site: EFA-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
LC50 Statre 96hr Acucyprinella Leedsi	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TAN6H R Add. Desc: Additional Mon. Site: EFA-01	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
Nitrogen, Total	**Sample Measurement**	**NOD**	**NOD**						**0**	**1 Monthly**	**Calculated**
PARM Code 00600 P Mon. Site: EFA-01	**Permit Requirement**	**Report (5 Yr Avg)**	**Report (Annl Tot)**	**ton/yr**						**(1 Monthly)**	**(Calculated)**
Nitrogen, Total	**Sample Measurement**		**NOD**						**0**	**1 Monthly**	**Calculated**
PARM Code 00600 Q Mon. Site: EFA-01	**Permit Requirement**		**Report (Mo Total)**	**ton/mth**						**(1 Monthly)**	**(Calculated)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**NOD**						**0**	**1 Continuous**	**Meter**
PARM Code 50050 P Mon. Site: FLW-05	**Permit Requirement**		**Report (Daily Mx)**	**gal/min**						**(1 Continuous)**	**(Meter)**
Ultraviolet Light Dosage	**Sample Measurement**				**NOD**				**0**	**1 Continuous**	**Meter**
PARM Code 61938 J Mon. Site: PPI-01	**Permit Requirement**				**100.0 (Minimum)**			**mW-s/sqcm**		**(1 Continuous)**	**(Meter)**
Ultraviolet Light Transmittance	**Sample Measurement**				**NOD**				**0**	**1 Continuous**	**Meter**
PARM Code 51043 J Mon. Site: PPI-01	**Permit Requirement**				**55.0 (Minimum)**			**percent**		**(1 Continuous)**	**(Meter)**
Ultraviolet Light Intensity	**Sample Measurement**				**NOD**				**0**	**1 Continuous**	**Meter**
PARM Code 49607 J Mon. Site: PPI-01	**Permit Requirement**				**Report (Minimum)**			**mW/sqcm**		**(1 Continuous)**	**(Meter)**
Turbidity	**Sample Measurement**						**NOD**		**0**	**1 Continuous**	**Meter**
PARM Code 00070 B Mon. Site: EFB-01	**Permit Requirement**						**Report (Maximum)**	**NTU**		**(1 Continuous)**	**(Meter)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Water Level at samp. collection time	**Sample Measurement**		**NOD**						**0**	**1 Continuous**	**Meter**
PARM Code 85327 J Mon. Site: PPI-01	**Permit Requirement**		**Report (Maximum)**	**in**						**(1 Continuous)**	**(Meter)**
Flow	**Sample Measurement**		**8.09**						**0**	**1 Monthly**	**Calculated**
PARM Code 50050 Q Mon. Site: FLW-04	**Permit Requirement**		**12.0 (Annl Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
Flow	**Sample Measurement**		**7.9**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 50050 R Mon. Site: FLW-04	**Permit Requirement**		**Report (Mo Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
Percent Capacity, (TMADF /Permitted Capacity) x 100	**Sample Measurement**						**67**		**0**	**1 Monthly**	**Calculated**
PARM Code 00180 1 Mon. Site: FLW-04	**Permit Requirement**						**Report (Mo Avg)**	**percent**		**(1 Monthly)**	**(Calculated)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**						**218**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	**Permit Requirement**						**Report (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	**Sample Measurement**						**195**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
	Permit Requirement						**Report (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 GATHERED AND EVALUATED 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	SUBMITTED ON
Eric Gauld		Electronically Signed	(813) 272-5977	04/25/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Hillsborough County Public Utilities Department	PERMIT NUMBER:	FL0040983
ADDRESS:	925 East Twiggs Street Tampa, FL 33602	LIMIT:	FINAL
		REPORT:	Monthly
		FACILITY TYPE:	DW
		GROUP:	Domestic
		MONITORING GROUP:	R-001
FACILITY:	Valrico AWWTF		
LOCATION:	1167 N Dover Rd Dover, FL 33527	DESCRIPTION:	R001 PART III, PUBLIC ACCESS REUSE / CENTRAL HILLSBOROUGH COUNTY MASTER REUSE SYSTEM
COUNTY:	HILLSBOROUGH		
		MONITORING PERIOD:	From: 03/01/2024 To: 03/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**8.4**						**0**	**1 Monthly**	**Calculated**
PARM Code 50050 Y Mon. Site: FLW-01	**Permit Requirement**		**12.0 (Annl Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
Flow	**Sample Measurement**		**8.4**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 50050 1 Mon. Site: FLW-01	**Permit Requirement**		**Report (Mo Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**					**1.15**			**0**	**1 Monthly**	**Calculated**
PARM Code 80082 Y Mon. Site: EFA-01	**Permit Requirement**					**20.0 (Annl Avg)**		**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**				**2.3**	**1.7**	**1.32**		**0**	**5 Days/Week**	**24-hr Flow Proportioned Composite**
PARM Code 80082 A Mon. Site: EFA-01	**Permit Requirement**				**60.0 (Maximum)**	**45.0 (Wkly Avg)**	**30.0 (Mo Avg)**	**mg/L**		**(5 Days/Week)**	**(24-hr Flow Proportioned Composite)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	**Sample Measurement**						**0.9**		**0**	**1 Daily; 24 hours**	**Grab**
PARM Code 00530 B Mon. Site: EFB-01	**Permit Requirement**						**5.0 (Maximum)**	**mg/L**		**(1 Daily; 24 hours)**	**(Grab)**
pH	**Sample Measurement**				**7.13**		**7.43**		**0**	**1 Continuous**	**Meter**
PARM Code 00400 A Mon. Site: EFA-01	**Permit Requirement**				**6.0 (Minimum)**		**8.5 (Maximum)**	**s.u.**		**(1 Continuous)**	**(Meter)**
Coliform, Fecal, % less than detection	**Sample Measurement**				**93.55**				**0**	**1 Monthly**	**Calculated**
PARM Code 51005 A Mon. Site: EFA-01	**Permit Requirement**				**75.0 (MinTotMo)**			**percent**		**(1 Monthly)**	**(Calculated)**
Coliform, Fecal	**Sample Measurement**						**2**		**0**	**1 Daily; 24 hours**	**Grab**
PARM Code 74055 A Mon. Site: EFA-01	**Permit Requirement**						**25.0 (Maximum)**	**#/100mL**		**(1 Daily; 24 hours)**	**(Grab)**
Turbidity	**Sample Measurement**						**2.05**		**0**	**1 Continuous**	**Meter**
PARM Code 00070 B Mon. Site: EFB-01	**Permit Requirement**						**Report (Maximum)**	**NTU**		**(1 Continuous)**	**(Meter)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**13083**						**0**	**1 Continuous**	**Meter**
PARM Code 50050 P Mon. Site: FLW-05	**Permit Requirement**		**Report (Daily Mx)**	**gal/min**						**(1 Continuous)**	**(Meter)**
Ultraviolet Light Dosage	**Sample Measurement**				**102.77**				**0**	**1 Continuous**	**Meter**
PARM Code 61938 J Mon. Site: PPI-01	**Permit Requirement**				**100.0 (Minimum)**			**mW-s/sqcm**		**(1 Continuous)**	**(Meter)**
Ultraviolet Light Transmittance	**Sample Measurement**				**72.07**				**0**	**1 Continuous**	**Meter**
PARM Code 51043 J Mon. Site: PPI-01	**Permit Requirement**				**55.0 (Minimum)**			**percent**		**(1 Continuous)**	**(Meter)**
Ultraviolet Light Intensity	**Sample Measurement**				**6.04**				**0**	**1 Continuous**	**Meter**
PARM Code 49607 J Mon. Site: PPI-01	**Permit Requirement**				**Report (Minimum)**			**mW/sqcm**		**(1 Continuous)**	**(Meter)**
Water Level at samp. collection time	**Sample Measurement**		**35.3**						**0**	**1 Continuous**	**Meter**
PARM Code 85327 J Mon. Site: PPI-01	**Permit Requirement**		**Report (Maximum)**	**in**						**(1 Continuous)**	**(Meter)**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	SUBMITTED ON
Eric Gauld	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 GATHERED AND EVALUATED 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.	Electronically Signed	(813) 272-5977	04/25/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Hillsborough County Public Utilities Department
ADDRESS: 925 East Twiggs Street
Tampa, FL 33602

FACILITY: Valrico AWWTF
LOCATION: 1167 N Dover Rd
Dover, FL 33527

COUNTY: HILLSBOROUGH

PERMIT NUMBER: FL0040983
LIMIT: FINAL REPORT: Monthly
FACILITY TYPE: DW GROUP: Domestic
MONITORING GROUP: RMP-Q

DESCRIPTION: Biosolids Quantity

MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	**Sample Measurement**		**249.46**						**0**	**1 Monthly**	**Calculated**
PARM Code B0007 + Mon. Site: RMP-01	**Permit Requirement**		**Report (Mo Total)**	**dry tons**						**(1 Monthly)**	**(Calculated)**
Biosolids Quantity (Landfilled)	**Sample Measurement**		**0.00**						**0**	**1 Monthly**	**Calculated**
PARM Code B0008 + Mon. Site: RMP-02	**Permit Requirement**		**Report (Mo Total)**	**dry tons**						**(1 Monthly)**	**(Calculated)**
Biosolids Quantity (Received)	**Sample Measurement**		**0.25**						**0**	**1 Monthly**	**Calculated**
PARM Code B0002 + Mon. Site: RMP-03	**Permit Requirement**		**Report (Mo Total)**	**dry tons**						**(1 Monthly)**	**(Calculated)**

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Eric Gauld	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 GATHERED AND EVALUATED 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.	Electronically Signed	(813) 272-5977	04/25/2024