PERMITTEE NAME: Broward County Water and Wastewater Services

ADDRESS: 2555 West Copans Rd

FINAL REPORT: Monthly LIMIT: Pompano Beach, FL 33069 FACILITY TYPE: DW

MONITORING GROUP: D-001

FL0031771

GROUP: Domestic

Domestic discharge to ocean

FACILITY: Broward Co North Regional WWTP

LOCATION: 2401 N Powerline Rd

Pompano Beach, FL 33069

DESCRIPTION:

PERMIT NUMBER:

COUNTY: BROWARD							MONITORING	G PERIOD: F	rom: 09/01/	2019 To: 09/30/2019	
Parameter		Quantity or	·Loading	Units Quality or Concentration			ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		21.9						0	1 Daily; 24 hours	Calculated
PARM Code 50050 Y Add. Desc: Discharged to Ocean Mon. Site: CAL-05	Permit Requirement		66.0 (Annl Avg)	MGD						(1 Daily; 24 hours)	(Calculated)
Flow	Sample Measurement		17.3						0	1 Daily; 24 hours	Calculated
PARM Code 50050 P Add. Desc: Discharged to Ocean Mon. Site: CAL-05	Permit Requirement		Report (Mo Avg)	MGD						(1 Daily; 24 hours)	(Calculated)
Flow	Sample Measurement		20.6						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: After BD Chlorine Chamber Mon. Site: FLW-23	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		3.3						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 Q Add. Desc: To Pompano Beach Reuse TP Mon. Site: FLW-22	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)

Parameter		Quantity (Quantity or Loading		Quality or Concentration		ration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.2			0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFA-04	Permit Requirement					25.0 (Annl Avg)		mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7	2.7	2.4		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 80082 A Mon. Site: EFA-04	Permit Requirement				60.0 (Maximum)	40.0 (Wkly Avg)	25.0 (Mo Avg)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
CBOD, % Removal, 5-day	Sample Measurement				98.5				0	1 Daily; 24 hours	Calculated
PARM Code 80091 K Mon. Site: CAL-06	Permit Requirement				85.0 (Mo Av Mn)			percent		(1 Daily; 24 hours)	(Calculated)
Solids, Total Suspended	Sample Measurement					5.0			0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00530 Y Mon. Site: EFA-04	Permit Requirement					30.0 (Annl Avg)		mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended	Sample Measurement				6.4	4.9	4.2		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00530 A Mon. Site: EFA-04	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)

Parameter		Quantity o	or Loading	Units	Qualit	y or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended, % Removal	Sample Measurement				97.6				0	1 Daily; 24 hours	Calculated
PARM Code 81011 K Mon. Site: CAL-07	Permit Requirement				85.0 (Mo Av Mn)			percent		(1 Daily; 24 hours)	(Calculated)
Coliform, Fecal	Sample Measurement					11			0	1 Daily; 24 hours	Grab
PARM Code 74055 Y Mon. Site: EFA-04	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal	Sample Measurement					13	91		0	1 Daily; 24 hours	Grab
PARM Code 74055 A Mon. Site: EFA-04	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
pН	Sample Measurement				6.9		7.3		0	1 Continuous	Meter
PARM Code 00400 A Mon. Site: EFA-04	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(1 Continuous)	(Meter)
Chlorine, Total Residual	Sample Measurement				0.7				0	1 Continuous	Meter
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-04	Permit Requirement				0.4 (Minimum)			mg/L		(1 Continuous)	(Meter)

Parameter		Quantity of	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement					1.11	1.02		0	1 Continuous	Meter
PARM Code 50060 P Add. Desc: For Dechlorination Mon. Site: EFA-04	Permit Requirement					1.5 (Mx1HrAvg)	1.15 (1Da Avg)	mg/L		(1 Continuous)	(Meter)
Oxygen, Dissolved (DO)	Sample Measurement				0.0	5.7			0	1 Continuous	Meter
PARM Code 00300 A Mon. Site: EFA-04	Permit Requirement				Report (Minimum)	Report (Mo Av Mn)		mg/L		(1 Continuous)	(Meter)
Nitrogen, Total	Sample Measurement					26.5	32.0		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00600 A Mon. Site: EFA-04	Permit Requirement					Report (Mo Avg)	Report (Maximum)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Nitrogen, Total	Sample Measurement		115140.9						0	1 Monthly	Calculated
PARM Code 00600 P Mon. Site: CAL-08	Permit Requirement		Report (Mo Avg)	lb/mth						(1 Monthly)	(Calculated)
Phosphorus, Total (as P)	Sample Measurement					0.9	1.5		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00665 A Mon. Site: EFA-04	Permit Requirement					Report (Mo Avg)	Report (Maximum)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)

Parameter		Quantity (antity or Loading Units Quality or Concentration 3802			ration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Phosphorus, Total (as P)	Sample Measurement		3802						0	1 Monthly	Calculated
PARM Code 00665 P Mon. Site: CAL-09	Permit Requirement		Report (Mo Avg)	lb/mth						(1 Monthly)	(Calculated)
Enterococci	Sample Measurement					25	43		0	10 Monthly	Grab
PARM Code 31639 A Mon. Site: EFA-04	Permit Requirement					35.0 (Mo Geomn)	130.0 (90th %)	#/100mL		(10 Monthly)	(Grab)
LC50 Statre 96hr Acu Menidia	Sample Measurement				MNR				0	1 Semi-Annually; twice per year	4 grabs/24 hr.period
PARM Code TAN6B P Add. Desc: Routine Mon. Site: EFF-01	Permit Requirement				30.0 (Minimum)			percent		(1 Semi-Annually; twice per year)	(4 grabs/24 hr.period)
LC50 Statre 96hr Acu Menidia	Sample Measurement				MNR				0	1 See permit	Documents
PARM Code TAN6B Q Add. Desc: Additional Mon. Site: EFF-01	Permit Requirement				30.0 (Minimum)			percent		(1 See permit)	(Documents)
LC50 Statre 96hr Acu Menidia	Sample Measurement				MNR				0	1 See permit	Documents
PARM Code TAN6B R Add. Desc: Additional Mon. Site: EFF-01	Permit Requirement				30.0 (Minimum)			percent		(1 See permit)	(Documents)

Parameter		Quantity (or Loading			Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 Statre 96hr Acu Mysid Bahia	Sample Measurement				MNR				0	1 Semi-Annually; twice per year	4 grabs/24 hr.period
PARM Code TAN3E P Add. Desc: Routine Mon. Site: EFF-01	Permit Requirement				30.0 (Minimum)			percent		(1 Semi-Annually; twice per year)	(4 grabs/24 hr.period)
LC50 Statre 96hr Acu Mysid Bahia	Sample Measurement				MNR				0	1 See permit	Documents
PARM Code TAN3E Q Add. Desc: Additional Mon. Site: EFF-01	Permit Requirement				30.0 (Minimum)			percent		(1 See permit)	(Documents)
LC50 Statre 96hr Acu Mysid Bahia	Sample Measurement				MNR				0	1 See permit	Documents
PARM Code TAN3E R Add. Desc: Additional Mon. Site: EFF-01	Permit Requirement				30.0 (Minimum)			percent		(1 See permit)	(Documents)
Flow	Sample Measurement		70.3						0	1 Continuous	Calculated
PARM Code 50050 R Add. Desc: Total WWTP Influent Mon. Site: CAL-01	Permit Requirement		95.0 (Annl Avg)	MGD						(1 Continuous)	(Calculated)
Flow	Sample Measurement	71.0	76.0						0	1 Continuous	Calculated
PARM Code 50050 S Add. Desc: Total WWTP Influent Mon. Site: CAL-01	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(1 Continuous)	(Calculated)

Parameter		Quantity o	r Loading	ding Units Quality or Concentration			tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		12.5						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 T Add. Desc: Treatment Train A Mon. Site: FLW-01	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		10.8						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 U Add. Desc: Treatment Train B Mon. Site: FLW-02	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.0						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 V Add. Desc: Treatment Train C Mon. Site: FLW-03	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		20.3						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 W Add. Desc: Treatment Train D Mon. Site: FLW-04	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		27.0						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 6 Add. Desc: Treatment Train E Mon. Site: FLW-05	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)

Parameter		Quantity o	r Loading	ling Units Quality or Concentration			ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.02						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 5 Add. Desc: Facility Lift Station 1 Mon. Site: FLW-06	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.12						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 A Add. Desc: Facility Lift Station 2 Mon. Site: FLW-07	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		3.2						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 B Add. Desc: Facility Lift Station 3 Mon. Site: FLW-08	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.15						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Facility Lift Station 4 Mon. Site: FLW-09	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.2						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 7 Add. Desc: Facility Lift Station 5 Mon. Site: FLW-10	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)

Parameter		Quantity (or Loading	Units	Qualit	ty or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		1.3						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 I Add. Desc: Facility Lift Station 6 Mon. Site: FLW-11	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.9						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 J Add. Desc: Facility Lift Station 7 Mon. Site: FLW-12	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						80.0		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-02	Permit Requirement						Report (3MonAvg)	percent		(1 Monthly)	(Calculated)
Solids, Total Suspended	Sample Measurement						1450		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement						Report (Maximum)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						785		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Permit Requirement						Report (Maximum)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
OR AUTHORIZED AGENT UI Submitted by Data Entry Operator OI BI AI	ERTIFY UNDER PENALTY NDER MY DIRECTION OR I UALIFIED PERSONNEL PRE N MY INQUIRY OF THE RECTLY RESPONSIBLE FG SET OF MY KNOWLEDGE RE SIGNIFICANT PENALTI NE AND IMPRISONMENT F	SUPER VISION IN . DPERLY GATHERI PERSON OR PER OR GATHERING TE AND BELIEF, TRI ES FOR SUBMITT	ACCORDANCE WI ED AND EVALUAT RSONS WHO MAN HE INFORMATION, UE, ACCURATE A ING FALSE INFOR	TH A SYSTEM DE ED THE INFORMANAGE THE SYSTI THE INFORMATION THE INFORMATION COMPLETE. I	SIGNED TO ASSU ATION SUBMITTED EM, OR THOSE F ON SUBMITTED IS AM AWARE THA	RE THAT OR AU D. BASED PERSONS S, TO THE T THERE	TURE OF PRINCIPA THORIZED AGENT	AL EXECUTIVE OF	FICER TELE	PHONE RECEIVED DATE	SUBMITTED ON 11/06/2020

PERMITTEE NAME: Broward County Water and Wastewater Services

ADDRESS:

Pompano Beach, FL 33069

PERMIT NUMBER: FL0031771 2555 West Copans Rd FINAL REPORT: Monthly LIMIT: FACILITY TYPE: DWGROUP:

MONITORING GROUP: R-001

FACILITY: Broward Co North Regional WWTP

LOCATION: 2401 N Powerline Rd

Pompano Beach, FL 33069

DESCRIPTION: Part III public access reuse system.

Domestic

COUNTY: MONITORING PERIOD: From: 09/01/2019 To: 09/30/2019 BROWARD

Parameter		Quantity or Loading Units		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.1						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-15	Permit Requirement		10.0 (Annl Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.1						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-15	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.02						0	1 Monthly	Meter
PARM Code 50050 P Add. Desc: administration complex Mon. Site: FLW-24	Permit Requirement		Report (Annl Avg)	MGD						(1 Monthly)	(Meter)
Flow	Sample Measurement		0.02						0	1 Monthly	Meter
PARM Code 50050 Q Add. Desc: administration complex Mon. Site: FLW-24	Permit Requirement		Report (Mo Avg)	MGD						(1 Monthly)	(Meter)

Parameter		Quantity or Loading Units		Units	Qualit	ty or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6			0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFA-02	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.0	1.7	1.3		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 80082 A Mon. Site: EFA-02	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended	Sample Measurement						4.9		0	1 Daily; 24 hours	Grab
PARM Code 00530 B Mon. Site: EFB-02	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal	Sample Measurement						1		0	1 Daily; 24 hours	Grab
PARM Code 74055 A Mon. Site: EFA-02	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection	Sample Measurement				93.3				0	1 Daily; 24 hours	Calculated
PARM Code 51005 A Mon. Site: EFA-02	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)

Parameter		Quantity or Loading Units		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
рН	Sample Measurement				7.0		7.3		0	1 Continuous	Meter
PARM Code 00400 A Mon. Site: EFA-02	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(1 Continuous)	(Meter)
Chlorine, Total Residual	Sample Measurement				4.4				0	1 Continuous	Meter
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-02	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity	Sample Measurement						17.8		0	1 Continuous	Meter
PARM Code 00070 B Mon. Site: EFB-02	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Phosphorus, Total (as P)	Sample Measurement						1.3		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00665 A Mon. Site: EFA-02	Permit Requirement						Report (Maximum)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Nitrogen, Total	Sample Measurement						23.9		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00600 A Mon. Site: EFA-02	Permit Requirement						Report (Maximum)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)

Parameter		Quantity of	or Loading	Units	Quali	ty or Concei	ntration	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Kjeldahl, Total (as N)	Sample Measurement						22.3		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00625 A Mon. Site: EFA-02	Permit Requirement						Report (Maximum)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Nitrogen, Nitrite, Total (as N)	Sample Measurement						2.4		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00615 A Mon. Site: EFA-02	Permit Requirement						Report (Maximum)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						1.2		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00620 A Mon. Site: EFA-02	Permit Requirement						Report (Maximum)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
OR AUTHORIZED AGENT Submitted by Data Entry Operator E B A	CERTIFY UNDER PENALT UNDER MY DIRECTION OR UALIFIED PERSONNEL PROME OF THE DIRECTLY RESPONSIBLE FOR THE WAY WE WAN WE WAY WE WAN	SUPERVISION IN OPERLY GATHERI PERSON OR PEI OR GATHERING TH AND BELIEF, TRI IES FOR SUBMITT	ACCORDANCE WI ED AND EVALUAT RSONS WHO MAI HE INFORMATION UE, ACCURATE A TING FALSE INFOR	TH A SYSTEM DE TED THE INFORMA NAGE THE SYST , THE INFORMATI ND COMPLETE. I	ESIGNED TO ASSU ATION SUBMITTE EM, OR THOSE I ON SUBMITTED IS AM AWARE THA	TRE THAT OR AUD. BASED PERSONS S, TO THE AT THERE		L EXECUTIVE OF	FICER TEL	EPHONE RECEIVED DAT	E SUBMITTED ON 11/06/2020

PERMITTEE NAME: Broward County Water and Wastewater Services

ADDRESS: 2555 West Copans Rd

Pompano Beach, FL 33069

PERMIT NUMBER: FL0031771 LIMIT:

FINAL DW

REPORT: Monthly GROUP:

Domestic

MONITORING GROUP: R-002

FACILITY: Broward Co North Regional WWTP

LOCATION: 2401 N Powerline Rd

Pompano Beach, FL 33069

DESCRIPTION:

FACILITY TYPE:

On-site Restricted Access Irrigation and industrial reuse.

COUNTY: BROWARD MONITORING PERIOD: From: 09/01/2019 To: 09/30/2019

COUNTY: BROWARD					MONITO	KING PERIOD	: From: 09/01/	2019 10: 0	9/30/2019		
Parameter		Quantity of	Quantity or Loading Units Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement		3.7						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: On-Site Reuse Mon. Site: FLW-14	Permit Requirement		4.2 (Annl Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		3.5						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: On-Site Reuse Mon. Site: FLW-14	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.02						0	1 Monthly	Meter
PARM Code 50050 P Add. Desc: administration complex Mon. Site: FLW-24	Permit Requirement		Report (Annl Avg)	MGD						(1 Monthly)	(Meter)
Flow	Sample Measurement		0.02						0	1 Monthly	Meter
PARM Code 50050 Q Add. Desc: administration complex Mon. Site: FLW-24	Permit Requirement		Report (Mo Avg)	MGD						(1 Monthly)	(Meter)

Parameter		Quantity (Quantity or Loading		Qualit	ty or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6			0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFA-02	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.0	1.7	1.3		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 80082 A Mon. Site: EFA-02	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended	Sample Measurement					1.9			0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00530 Y Mon. Site: EFA-02	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended	Sample Measurement				2.9	1.9	1.5		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00530 A Mon. Site: EFA-02	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Coliform, Fecal	Sample Measurement					1			0	1 Daily; 24 hours	Grab
PARM Code 74055 Y Mon. Site: EFA-02	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Daily; 24 hours)	(Grab)

Parameter		Quantity of	or Loading	Units	Quali	ty or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					1	1		0	1 Daily; 24 hours	Grab
PARM Code 74055 A Mon. Site: EFA-02	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
рН	Sample Measurement				7.0		7.3		0	1 Continuous	Meter
PARM Code 00400 A Mon. Site: EFA-02	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(1 Continuous)	(Meter)
Chlorine, Total Residual	Sample Measurement				4.4				0	1 Continuous	Meter
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-02	Permit Requirement				0.5 (Minimum)			mg/L		(1 Continuous)	(Meter)
OR AUTHORIZED AGENT U Submitted by Data Entry Operator O D B A	CERTIFY UNDER PENALTY NDER MY DIRECTION OR S UALIFIED PERSONNEL PRO N MY INQUIRY OF THE IRECTLY RESPONSIBLE FO EST OF MY KNOWLEDGE . RE SIGNIFICANT PENALTII INE AND IMPRISONMENT F	SUPERVISION IN A DPERLY GATHERE PERSON OR PER: R GATHERING TH AND BELIEF, TRU ES FOR SUBMITTI	ACCORDANCE WIT D AND EVALUATI SONS WHO MAN E INFORMATION, IE, ACCURATE AN NG FALSE INFOR	TH A SYSTEM DESEMBLE THE INFORMA AGE THE SYSTE THE INFORMATION TO COMPLETE. I	SIGNED TO ASSUR TION SUBMITTED EM, OR THOSE PI ON SUBMITTED IS, AM AWARE THAT	E THAT OR AUTH BASED ERSONS TO THE THERE	JRE OF PRINCIPAL HORIZED AGENT	EXECUTIVE OFFI	CER TELEPI	HONE RECEIVED DATE :	SUBMITTED ON 11/06/2020

PERMITTEE NAME: Broward County Water and Wastewater Services

ADDRESS:

Pompano Beach, FL 33069

2555 West Copans Rd

FINAL LIMIT: FACILITY TYPE:

DW

FL0031771

REPORT: GROUP:

Monthly Domestic

MONITORING GROUP: RMP-B

LOCATION: 2401 N Powerline Rd

Pompano Beach, FL 33069

Broward Co North Regional WWTP

DESCRIPTION:

PERMIT NUMBER:

Dewatered Class B Biosolids are sampled from the belt press conveyor belt that is prior to the trailers.

COUNTY: BROWARD

FACILITY:

MONITORING PERIOD: From: 09/01/2019 To: 09/30/2019

				MONTORING LEXIOD. TIOIR. 07/01/2017 10. 07/0					0. 07/30/20	-17	
Parameter		Quantity of	Quantity or Loading		Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Sludge, Tot, Dry Wt (as N)	Sample Measurement		6.5						0	1 Monthly	Composite
PARM Code 78470 + Mon. Site: RMP-B	Permit Requirement		Report (Maximum)	percent						(1 Monthly)	(Composite)
Phosphorus, Sludge, Tot, Dry Wt (as P)	Sample Measurement		1.8						0	1 Monthly	Composite
PARM Code 78478 + Mon. Site: RMP-B	Permit Requirement		Report (Maximum)	percent						(1 Monthly)	(Composite)
Potassium, Sludge, Tot, Dry Wt (as K)	Sample Measurement		0.2						0	1 Monthly	Composite
PARM Code 78472 + Mon. Site: RMP-B	Permit Requirement		Report (Maximum)	percent						(1 Monthly)	(Composite)
Arsenic Total, Dry Weight, Sludge	Sample Measurement						4.0		0	1 Monthly	Composite
PARM Code 49565 + Mon. Site: RMP-B	Permit Requirement						75.0 (Maximum)	mg/kg		(1 Monthly)	(Composite)

Parameter		Quantity o	Quantity or Loading		Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
Cadmium, Sludge, Tot, Dry Weight (as Cd)	Sample Measurement						1.1		0	1 Monthly	Composite
PARM Code 78476 + Mon. Site: RMP-B	Permit Requirement						85.0 (Maximum)	mg/kg		(1 Monthly)	(Composite)
Copper, Sludge, Tot, Dry Wt. (as Cu)	Sample Measurement						276		0	1 Monthly	Composite
PARM Code 78475 + Mon. Site: RMP-B	Permit Requirement						4300.0 (Maximum)	mg/kg		(1 Monthly)	(Composite)
Lead, Dry Weight, Sludge	Sample Measurement						20.7		0	1 Monthly	Composite
PARM Code 78468 + Mon. Site: RMP-B	Permit Requirement						840.0 (Maximum)	mg/kg		(1 Monthly)	(Composite)
Mercury, Dry Weight, Sludge	Sample Measurement						0.4		0	1 Monthly	Composite
PARM Code 78471 + Mon. Site: RMP-B	Permit Requirement						57.0 (Maximum)	mg/kg		(1 Monthly)	(Composite)
Molybdenum, Dry Weight, Sludge	Sample Measurement						10.2		0	1 Monthly	Composite
PARM Code 78465 + Mon. Site: RMP-B	Permit Requirement						75.0 (Maximum)	mg/kg		(1 Monthly)	(Composite)

Parameter		Quantity o	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nickel, Dry Weight, Sludge	Sample Measurement						17.8		0	1 Monthly	Composite
PARM Code 78469 + Mon. Site: RMP-B	Permit Requirement						420.0 (Maximum)	mg/kg		(1 Monthly)	(Composite)
Selenium Sludge Solid	Sample Measurement						<0.8		0	1 Monthly	Composite
PARM Code 61518 + Mon. Site: RMP-B	Permit Requirement						100.0 (Maximum)	mg/kg		(1 Monthly)	(Composite)
Zinc, Dry Weight, Sludge	Sample Measurement						961		0	1 Monthly	Composite
PARM Code 78467 + Mon. Site: RMP-B	Permit Requirement						7500.0 (Maximum)	mg/kg		(1 Monthly)	(Composite)
pН	Sample Measurement						8.1		0	1 Monthly	Grab
PARM Code 00400 + Mon. Site: RMP-B	Permit Requirement						Report (Maximum)	s.u.		(1 Monthly)	(Grab)
Solids, Total, Sludge, Percent	Sample Measurement						15.8		0	1 Monthly	Composite
PARM Code 61553 + Mon. Site: RMP-B	Permit Requirement						Report (Maximum)	percent		(1 Monthly)	(Composite)

Parameter		Quantity (or Loading	Units	Qualit	ty or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		194201						0	1 Monthly	Grab
PARM Code 74055 + Mon. Site: RMP-B	Permit Requirement		2000000.0 (Geo Mean)	MPN/g						(1 Monthly)	(Grab)
Submitted by Data Entry Operator O D B A	CERTIFY UNDER PENALTY NDER MY DIRECTION OR S UALIFIED PERSONNEL PRC N MY INQUIRY OF THE BIRECTLY RESPONSIBLE FO EST OF MY KNOWLEDGE ES IGNIFICANT PENALTII INE AND IMPRISONMENT F	SUPER VISION IN A PERLY GATHERE PERSON OR PER R GATHERING TH AND BELIEF, TRU ES FOR SUBMITTI	ACCORDANCE WIT D AND EVALUATE SONS WHO MAN E INFORMATION, IE, ACCURATE AN NG FALSE INFORI	TH A SYSTEM DES ED THE INFORMAT AGE THE SYSTE THE INFORMATIO ID COMPLETE. I A	IGNED TO ASSUR FION SUBMITTED. M, OR THOSE PE IN SUBMITTED IS, AM AWARE THAT	E THAT OR AUTH BASED ERSONS TO THE THERE		EXECUTIVE OFFI	CER TELEPHO		SUBMITTED ON 11/06/2020

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FL0031771 PERMITTEE NAME: Broward County Water and Wastewater Services PERMIT NUMBER: ADDRESS: 2555 West Copans Rd LIMIT: FINAL REPORT: Monthly Pompano Beach, FL 33069 GROUP: Domestic FACILITY TYPE: DWMONITORING GROUP: RMP-O FACILITY: Broward Co North Regional WWTP LOCATION: 2401 N Powerline Rd DESCRIPTION: **Biosolids Quantity** Pompano Beach, FL 33069 COUNTY: **BROWARD** MONITORING PERIOD: From: 09/01/2019 To: 09/30/2019 Frequency No. Sample **Quantity or Loading** Units **Quality or Concentration** Units **Parameter** of Type Ex. Analysis Sample Biosolids Quantity (Landfilled) 435.7 0 Calculated 1 Monthly Measurement Permit PARM Code B0008 + Report dry tons (1 Monthly) (Calculated) Mon. Site: RMP-01 (Mo Total) Requirement

dry tons

Mon. Site: RMP-02

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Sample

Permit

Measurement

Requirement

OR AUTHORIZED AGENT
Submitted by Data Entry Operator

Biosolids Quantity

PARM Code B0006 +

(Land-Applied)

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.

517.0

Report

(Mo Total)

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 OR AUTHORIZED AGENT
ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS

10/25/2019
11/06/2020

0

1 Monthly

(1 Monthly)

Calculated

(Calculated)

PERMITTEE NAME: Broward County Water and Wastewater Services

ADDRESS: 2555 West Copans Rd

Pompano Beach, FL 33069

LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW

MONITORING GROUP: U-001

FL0031771

GROUP:

Class I underground injection wells

Domestic

PERMIT NUMBER:

DESCRIPTION:

FACILITY: Broward Co North Regional WWTP

LOCATION: 2401 N Powerline Rd

Pompano Beach, FL 33069

COLINEY.

COUNTY: BROWARD						MONIT	ORING PERIO	D: From:	09/01/2019 To: 09/30	/2019	
Parameter		Quantity of	or Loading	Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	82.0	47.1						0	1 Continuous	Calculated
PARM Code 50050 P Add. Desc: Total IW-1 through IW-8 Mon. Site: CAL-04	Permit Requirement	134.6 (Mx Hr Rt)	Report (Mo Avg)	MGD						(1 Continuous)	(Calculated)
Flow	Sample Measurement	13.8	7.8						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: IW-1 Mon. Site: FLW-16	Permit Requirement	15.0 (Mx Hr Rt)	Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	14.5	10.3						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 Q Add. Desc: IW-2 Mon. Site: FLW-17	Permit Requirement	15.0 (Mx Hr Rt)	Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	13.8	9.2						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 R Add. Desc: IW-3 Mon. Site: FLW-18	Permit Requirement	15.0 (Mx Hr Rt)	Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)

Parameter		Quantity (or Loading	ing Units Quality or Concentration			ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	13.9	7.5						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 S Add. Desc: IW-4 Mon. Site: FLW-19	Permit Requirement	15.0 (Mx Hr Rt)	Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	12.40	4.0						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 T Add. Desc: IW-5 Mon. Site: FLW-20	Permit Requirement	18.65 (Mx Hr Rt)	Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	13.60	8.7						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 U Add. Desc: IW-6 Mon. Site: FLW-21	Permit Requirement	18.65 (Mx Hr Rt)	Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.00	0.0						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 V Add. Desc: IW-7 Mon. Site: FLW-25	Permit Requirement	18.65 (Mx Hr Rt)	Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.00	0.0						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 W Add. Desc: IW-8 Mon. Site: FLW-26	Permit Requirement	18.65 (Mx Hr Rt)	Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)

Parameter		Quantity (or Loading	Units	Qualit	ty or Concent	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.4			0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFB-03	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.8	3.2	3.0		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 80082 B Mon. Site: EFB-03	Permit Requirement	_	_		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended	Sample Measurement					4.5			0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00530 Y Mon. Site: EFB-03	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended	Sample Measurement				11.2	5.3	4.8		0	1 Daily; 24 hours	24-hr Flow Proportioned Composite
PARM Code 00530 B Mon. Site: EFB-03	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Daily; 24 hours)	(24-hr Flow Proportioned Composite)
pH	Sample Measurement				6.7		7.4		0	1 Continuous	Meter
PARM Code 00400 B Mon. Site: EFB-03	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(1 Continuous)	(Meter)
OR AUTHORIZED AGENT Submitted by Data Entry Operator I I	CERTIFY UNDER PENALT INDER MY DIRECTION OR DUALIFIED PERSONNEL PR IN MY INQUIRY OF THE DIRECTLY RESPONSIBLE FOR THE WAY KNOWLEDE ARE SIGNIFICANT PENALT FINE AND IMPRISONMENT	SUPERVISION IN OPERLY GATHER PERSON OR PE OR GATHERING T AND BELIEF, TR IES FOR SUBMIT	ACCORDANCE W ED AND EVALUAT RSONS WHO MA HE INFORMATION UE, ACCURATE A FING FALSE INFOI	ITH A SYSTEM DE FED THE INFORMA NAGE THE SYST I, THE INFORMATI IND COMPLETE. I	ESIGNED TO ASSU ATION SUBMITTEI TEM, OR THOSE I ION SUBMITTED IS I AM AWARE THA	TRE THAT OR AUT D. BASED PERSONS S, TO THE LT THERE	TURE OF PRINCIPA THORIZED AGENT	L EXECUTIVE OF	FICER TELI	RECEIVED DATE 10/25/2019	SUBMITTED ON 11/06/2020