DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A PERMITTEE NAME: Colonial Crown Manor Disposal System, Inc. PERMIT NUMBER: FLA013702 ADDRESS: 5011 N Ocean Blvd LIMIT: FINAL REPORT: Monthly Ocean Ridge, FL 33435 FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-O FACILITY: Colonial Crown Manor STP 5500 N Ocean Blvd LOCATION: DESCRIPTION: **Biosolids Quantity** Ocean Ridge, FL 33435 COUNTY: PALM BEACH MONITORING PERIOD: From: 06/01/2018 To: 06/30/2018 Frequency No. Sample **Quality or Concentration** Units **Parameter Quantity or Loading** Units of Ex. Type **Analysis** Sample Biosolids Quantity (Transferred) 0 0 1 Monthly Calculated Measurement PARM Code B0007 + Permit Report (1 Monthly) (Calculated) dry tons Mon. Site: RMP-01 (Mo Total) Requirement Sample Biosolids Quantity (Landfilled) 0 0 1 Monthly Calculated Measurement PARM Code B0008 + Permit Report (1 Monthly) (Calculated) dry tons Mon. Site: RMP-02 Requirement (Mo Total) Sample Biosolids Quantity (Used as a 0 0 1 Monthly Calculated Biofuel or for Bioenergy) Measurement PARM Code B0009 + Permit Report dry tons (1 Monthly) (Calculated) (Mo Total) Mon. Site: RMP-03 Requirement NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 OR AUTHORIZED AGENT TELEPHONE SUBMITTED ON OR AUTHORIZED AGENT

(772) 418-6836 07/16/2018

Electronically Signed

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.

Kim M. Cook

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Colonial Crown Manor Disposal System, Inc.

PERMIT NUMBER: FLA013702

ADDRESS: 5011 N Ocean Blvd

LIMIT:

FINAL

REPORT: Monthly

Ocean Ridge, FL 33435

FACILITY TYPE:

DWGROUP: Domestic

FACILITY:

Colonial Crown Manor STP

LOCATION: 5500 N Ocean Blvd DESCRIPTION:

MONITORING GROUP: U-001

U001, Underground Injection Well Facility

Ocean Ridge, FL 33435

COUNTY: PALM BEACH	MONITORING PERIOD: From: 06/01/2018 To: 06/30/2018										
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.021	.016						0	5 Days/Week	Meter
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement	0.07 (3MonAvg)	Report (Mo Avg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.18			0	1 Bi-weekly; every 2 weeks	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.00	<2		0	1 Bi-weekly; every 2 weeks	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Bi-weekly; every 2 weeks)	(Grab)
Solids, Total Suspended	Sample Measurement					1.78			0	1 Bi-weekly; every 2 weeks	Grab
PARM Code 00530 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(Grab)

Parameter		Quantity or Loading		Units	Quali	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					0.5	<1		0	1 Bi-weekly; every 2 weeks	Grab
PARM Code 00530 A Mon. Site: EFA-01	Permit Requirement					30.0 (Mo Avg)	60.0 (Maximum)	mg/L		(1 Bi-weekly; every 2 weeks)	(Grab)
Coliform, Fecal	Sample Measurement					0.5			0	1 Bi-weekly; every 2 weeks	Grab
PARM Code 74055 Y Mon. Site: EFA-01	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
Coliform, Fecal	Sample Measurement					<1	<1		0	1 Bi-weekly; every 2 weeks	Grab
PARM Code 74055 A Mon. Site: EFA-01	Permit Requirement					Report (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH	Sample Measurement				6.9		7.1		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-01	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				1.0				0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site: EFA-01	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Qualit	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						30		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-01	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						135		0	1 Bi-weekly; every 2 weeks	Grab
PARM Code 80082 G Mon. Site: INF-01	Permit Requirement						Report (Maximum)	mg/L		(1 Bi-weekly; every 2 weeks)	(Grab)
Solids, Total Suspended	Sample Measurement						860		0	1 Bi-weekly; every 2 weeks	Grab
PARM Code 00530 G Mon. Site: INF-01	Permit Requirement						Report (Maximum)	mg/L		(1 Bi-weekly; every 2 weeks)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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 OF 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. THE OFFICE OF PRINCIPAL EXECUTIVE OFFICER TELEPHONE SUBMIT OR AUTHORIZED AGENT OR AUTHORIZED AGEN										SUBMITTED ON 07/16/2018	