

LENA RD LF
**MANATEE COUNTY
GOVERNMENT**
Public Works Department

44795

November 3, 1994

404/C02025

Peter T. McGarry, P.E., Chief
Florida/Kentucky/South Carolina Unit-Enforcement Section
Water Permits and Enforcement Section-Water Management Division
United States Environmental Protection Agency
345 Courtland Street Northeast
Atlanta, Georgia 30365

Re: Manatee County Solid Waste Management Facility
Permit No. FL-0038881

Dear Mr. McGarry:

Enclosed for your review is the third quarter NPDES report for 1994. During this period, there was no stormwater discharge.

If clarification for this report is needed, please contact me at (813) 792-8811, Extension 5293.

Sincerely,

Gregory F. Yekaitis
Solid Waste Technical Coordinator

gfy

cc: David F. Rothfuss, Interim Director
Daniel T. Gray, Utilities Operations Manager
Robert Hall, Utilities Engineer
Gus DiFonzo, Solid Waste Manager
Chogman Lee, FDEP, Tallahassee
John Harlee, Esquire
Roger Hill, Schroeder-Manatee Ranch
Leonard Eder, Eder and Associates
Lisa Perros, USEPA, Region IV, Water Management District
Karen Collins, Environmental Action Commission

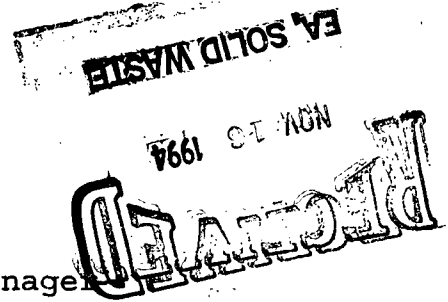


IMAGE QUALITY

**AS YOU VIEW THE NEXT PAGE(S), PLEASE
NOTE THAT THE ORIGINAL DOCUMENT
WAS OF POOR QUALITY**

NAME MANATEE COUNTY PUBLIC WORKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038881

006 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 94 MO 09 DAY 01 TO YEAR 94 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR

(SUBR TA)

F - FINAL

OMB No. 2040-0004

STAGE II ~~STORMWATER~~ DISCHARGE
EFFLUENT*** NO DISCHARGE 1 X 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK RE
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK RE
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK RE
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK RE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT DAILY RX MGD		*****	*****	*****	*** ****	CONT IN CONTIN UDUS	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager						813 792-8811		10	31	94
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

Facility Name/Location (if different) **MANATEE COUNTY PUBLIC WKS DEPT**
NAME **MANATEE COUNTY PUBLIC WKS DEPT**
ADDRESS **CALLER SERVICE 25010**
BRADENTON **FL 34209**
FACILITY **LENA ROAD LANDFILL**
LOCATION **BRADENTON** **FL 34202**
ATTN: **RICHARD A. WILFORD, DIRECTOR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) **FL0058881**
PERMIT NUMBER
(17-19) **006 1**
DISCHARGE NUMBER
MONITORING PERIOD
FROM **YEAR 94 MO 08 DAY 01** TO **YEAR 94 MO 08 DAY 31**
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR
(SUBR TA) **Form Approved**
F - FINAL **OMB No. 2040-0004**
STAGE II **APPROVAL** **DISCHARGE**
EFFLUENT
***** NO DISCHARGE 1-x *****
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX MGD		*****	*****	*****	***		CONTINUED IN BOOK	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
Daniel T. Gray Utilities Operations Manager						813 792-8811		10	31	94	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206
FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038881

006 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 07 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE II ~~STAGE II~~ ~~DISCHARGE~~
EFFLUENT*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (34-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (34-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN38 P U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE CK REL PERMIT	
LC50 STATRE 96HR ACU CERIODAPHNIA TAN38 Q U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE CK REL PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE CK REL PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE CK REL PERMIT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTINCONTIN UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN. AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
Daniel T. Gray Utilities Operations Manager TYPED OR PRINTED						813 792-8811		10 31 94			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENION FL 34206

FACILITY LEHA ROAD LANDFILL
LOCATION BRADENION FL 34206
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
FLO038881 005 W
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR (SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
QUARTERLY MONITORING 10-8 PAGE II
EFFLUENT
*** NO DISCHARGE ☒ ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRTY CALCIB	
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		DIRTY CALCIB	
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRTY CALCIB	
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	MG/L		DIRTY GRAB	
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.03 DAILY MX	MG/L		DIRTY GRAB	
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRTY GRAB	
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.012 DAILY MX	UG/L		DIRTY GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager							813 792-8811		10 31 94		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE		NUMBER		

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

P & Q: USE P IF BACKGROUND <849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

EPA FORM 3320-1 (REV. 9-85) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

02766/940714-2200

PAGE 4 OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT

ADDRESS CALLER SERVICE 25010

BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038881

PERMIT NUMBER

006 Q

DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY Approval Exp. 06-30-94 PAGE 11

EFFLUENT

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS (46-53)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLI TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY HX	MG/L		DIRLY GRAB	
CHLORIDE (AS CL) 00940 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	10 DAILY HX	MG/L		DIRLY GRAB	
CHLORIDE (AS CL) 00940 5 0 0 UPSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY HX	MG/L		DIRLY GRAB	
ARSENIC, TOTAL RECOVERABLE 00978 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.05 DAILY HX	MG/L		DIRLY GRAB	
IRON TOTAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY HX	MG/L		DIRLY GRAB	
NICKEL TOTAL RECOVERABLE 01074 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY HX	MG/L		DIRLY CALCT	
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.07 DAILY HX	UG/L		DIRLY GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE	
Daniel T. Gray Utilities Operations Manager								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		813	792-8811
TYPED OR PRINTED		AREA CODE		NUMBER		YEAR	MO	DA			

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

P & Q: USE P IF BACKGROUND < 649, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NOU1=9".

R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206
FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

DISCHARGE MONITORING REPORT (DMA)
(2-16) (17-19)
FLO038881
006 Q
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR (SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
QUARTERLY MONITORING 10-31-94 PAGE II
EFFLUENT
*** NO DISCHARGE ☒ ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLI TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		QTRLY	GRAB
ALKALINITY, TOTAL (AS CaCO3) 00410 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	***	20.0 MINIMUM	*****	*****	MG/L		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
OIL AND GREASE FREON EXTR-GRAY METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0 DAILY MX	MG/L		QTRLY	GRAB
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
CARBON, TOT ORGANIC (TOC) 00680 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	813 AREA CODE	792-8811 NUMBER	10 YEAR	31 MO

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

P & Q: USE P IF BACKGROUND < 649; OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

EPA Form 3320-1 (Rev. 8-88) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

02788/940714-2200

PAGE 2 OF

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WRS DEPT
ADDRESS CALLER SERVICE 25010
BRADENION FL 34206

LOCATION ADENIA ROAD LANDFILL
BRADENION FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)
FL0038881

PERMIT NUMBER

(17-19)
006 Q

DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY MONITORING 10-STATE 11

EFFLUENT

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	07	01		94	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			(46-53) (34-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TURBIDITY		*****	*****		*****	*****		(43)				
00070 S O U SEE COMMENTS BELOW		*****	*****	***	*****	*****	29	DAILY MX	NTU		DIRLY GRAB	
TURBIDITY		*****	*****		*****	*****		(43)				
00070 S O U UPSTREAM MONITORING		*****	*****	***	*****	*****	REPORT	DAILY MX	NTU		DIRLY GRAB	
SPECIFIC CONDUCTANCE		*****	*****		*****	*****		(11)				
00095 P O U SEE COMMENTS BELOW		*****	*****	***	*****	*****	1275	UMHU/ DAILY MX	CM		DIRLY GRAB	
SPECIFIC CONDUCTANCE		*****	*****	(23)	*****	*****	*****					
00095 Q O U SEE COMMENTS BELOW		*****	*****	50 PER- DAILY MX CENT	*****	*****	*****	*****			DIRLY GRAB	
SPECIFIC CONDUCTANCE		*****	*****		*****	*****	*****	(11)				
00095 S O U UPSTREAM MONITORING		*****	*****	***	*****	*****	REPORT	UMHO/ SINGSAMP	CM		SEE GRAB PERMIT	
OXYGEN, DISSOLVED (DU)		*****	*****		*****	*****	*****	(19)				
00300 1 O U EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	(19)				
BOD, 5-DAY (20 DEG. C)		*****	*****		*****	*****	*****	(19)				
00310 1 O U EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	REPORT	DAILY MX	MG/L		DIRLY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Daniel T. Gray Utilities Operations Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
		813 792-8811	10 31 94			

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
	813	792-8811	10	31	94

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

P & Q: USE P IF BACKGROUND <849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".

R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

ADDRESS WATER SERVICE 22010
BRADENTON FL 34206
FACILITY LEA ROAD LANDELL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

FL0038881
PERMIT NUMBER

005 1
DISCHARGE NUMBER

(SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
STAGE II APPROVED DISCHARGE
EFFLUENT
*** NO DISCHARGE X ***
NOTE: Read instructions before completing this form

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
94	09	01	94	09	30			
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAM TY! (69)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK	
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MAX	MGD	*****	*****	*****	****	CONTIN UOUS	CONT	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					813	792-8811	10	31	9
							AREA CODE	NUMBER	YEAR	MO	D

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206
FACILITY LNA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FLOU38861

005 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
94	08	01	94	08	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR

(SUBR TA) Form Approved.

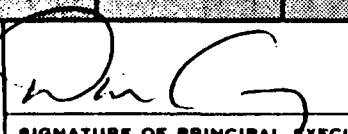
F - FINAL OMB No. 2040-0004

STAGE II S Approval Expires 01-31-94

EFFLUENT

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this fo

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	S	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
LC50 STATRE 96HR ACU CERIODAPHNIA TAN36 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*** ***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT		
LC50 STATRE 96HR ACU CERIODAPHNIA TAN36 Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*** ***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT		
LC50 STATRE 96HR ACU PIMEPHALES TAN60 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*** ***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT		
LC50 STATRE 96HR ACU PIMEPHALES TAN60 Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)				
	PERMIT REQUIREMENT	*****	*****	*** ***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****					
	PERMIT REQUIREMENT	*****	REPORT DAILY MX MGD		*****	*****	*****	*** ***		CONTINUED DUOUS		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$111,000 and/or maximum imprisonment of between 6 months and 5 years.							TELEPHONE		DATE	
Daniel T. Gray Utilities Operations Manager									813 792-8811		10	31
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
 BRADENTON FL 34206
 FACILITY LENA ROAD LANDFILL
 LOCATION BRADENTON FL 34202
 ATTN: RICHARD A. WILFORD, DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

(2-16)

FL0038861

PERMIT NUMBER

(17-19)

005 1

DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE II STATIONARY DISCHARGE EFFLUENT

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-55)	UNITS (56-57)	MINIMUM (58-59)	AVERAGE (60-61)	MAXIMUM (62-63)			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK RE
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK RE
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK RE
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK RE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***	CONTIN	CONTI
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

813 792-8811

DATE

10 31 94

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206
 FACILITY LENA ROAD LANDFILL
 LOCATION BRADENTON FL 34202
 ATTN: RICHARD A. WILFORD, DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038881

005 Q

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	07	01		94	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY MONITORING 10-STAGE II EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)						
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS									
ZINC		*****	*****		*****	*****		(19)									
TOTAL RECOVERABLE	SAMPLE MEASUREMENT																
01094 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT										
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			DIRLY CALET						
CADMIUM		*****	*****		*****	*****		(28)									
TOTAL RECOVERABLE	SAMPLE MEASUREMENT																
01113 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT										
EFFLUENT GROSS VALUE				****			DAILY MX	UG/L			DIRLY CALET						
LEAD		*****	*****		*****	*****		(19)									
TOTAL RECOVERABLE	SAMPLE MEASUREMENT																
01114 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT										
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			DIRLY CALET						
CHROMIUM		*****	*****		*****	*****		(19)									
TOTAL RECOVERABLE	SAMPLE MEASUREMENT																
01118 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0										
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			DIRLY GRAB						
COPPER		*****	*****		*****	*****		(19)									
TOTAL RECOVERABLE	SAMPLE MEASUREMENT																
01119 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.03										
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			DIRLY GRAB						
SOLIDS, TOTAL		*****	*****		*****	*****		(19)									
DISSOLVED (TDS)	SAMPLE MEASUREMENT																
70296 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT										
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			DIRLY GRAB						
MERCURY		*****	*****		*****	*****		(28)									
TOTAL RECOVERABLE	SAMPLE MEASUREMENT																
71901 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.012										
EFFLUENT GROSS VALUE				****			DAILY MX	UG/L			DIRLY GRAB						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE							
Daniel T. Gray Utilities Operations Manager								813 792-8811		10 31 94							
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE		NUMBER		YEAR		MO		DA	

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

P & Q: USE P IF BACKGROUND <849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
 R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25010
BRADENION FL 34206

FACILITY LENA ROAD LANDFILL
 LOCATION BRADENION FL 34202
 ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) FLO038881 (17-19) 005 Q
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 09 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR (SUBR TA) Form Approved. OMB No. 2040-0004
 F - FINAL
 QUARTERLY MONITORING 10-STEP II
 EFFLUENT
 *** NO DISCHARGE IX ***
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
HARDNESS, TOTAL (AS CaCO ₃) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY GRAB
CHLORIDE (AS CL) 00940 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	10 DAILY MX	MG/L		DIRLY GRAB
CHLORIDE (AS CL) 00940 5 0 0 UPSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY GRAB
ARSENIC, TOTAL RECOVERABLE 00978 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.05 DAILY MX	MG/L		DIRLY GRAB
IRON TOTAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	MG/L		DIRLY GRAB
NICKEL TOTAL RECOVERABLE 01074 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY CALCT
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.07 DAILY MX	UG/L		DIRLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Daniel T. Gray
Utilities Operations
Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
813 792-8811
 AREA CODE NUMBER
 DATE
10 31 94
 YEAR MO DAY

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

P & Q: USE P IF BACKGROUND < 849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=0".
 R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

EPA Form 3320-1 (REV. 5-88) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

62700/9-0114-2200

PAGE 3 OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT

ADDRESS CALLER SERVICE 25010

BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038881

005 Q

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	07	01		94	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY Approval Expires 10-31-94 PAGE II

EFFLUENT

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		DIRLY	GRAB
ALKALINITY, TOTAL (AS CaCO3) 00410 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	***	20.0 MINIMUM	*****	*****	MG/L		DIRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0 DAILY MX	MG/L		DIRLY	GRAB
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY	GRAB
CARBON, TOT ORGANIC (TOC) 00680 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813 792-8811 10 31 94
AREA CODE NUMBER YEAR MO D.

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

P & Q: USE P IF BACKGROUND < 649, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANALIFE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL
 LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL003881

005 Q

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY MONITORING 10-STEPAGE II

EFFLUENT

*** NO DISCHARGE 1x ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TURBIDITY	SAMPLE MEASUREMENT	*****	*****		*****	*****		(43)			
00070 S O O	PERMIT REQUIREMENT	*****	*****	***	*****	*****	29	NTU		DIRTY	GRAB
SEE COMMENTS BELOW				****			DAILY MX				
TURBIDITY	SAMPLE MEASUREMENT	*****	*****		*****	*****		(43)			
00070 S O O	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	NTU		DIRTY	GRAB
UPSTREAM MONITORING				****			DAILY MX				
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(11)			
00095 P O O	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1275	UMHO/		DIRTY	GRAB
SEE COMMENTS BELOW				****			DAILY MX	CM			
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*****		(23)	*****	*****	*****				
00095 Q O O	PERMIT REQUIREMENT	*****	50	PER-	*****	*****	*****	****		DIRTY	GRAB
SEE COMMENTS BELOW			DAILY MX	CENT			*****	****			
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*****	*****		*****		*****	(11)			
00095 S O O	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	*****	UMHO/		SEE	GRAB
UPSTREAM MONITORING				****		SINGSAMP	CM			PERMIT	
OXYGEN, DISSOLVED (DU)	SAMPLE MEASUREMENT	*****	*****			*****	*****	(19)			
00300 1 O O	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	*****			DIRTY	GRAB
EFFLUENT GROSS VALUE				****	DAILY MN			MG/L			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00310 1 O O	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT			DIRTY	GRAB
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
 Utilities Operations
 Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813 792-8811 10 31 94
 AREA CODE NUMBER YEAR MO DAY

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

P & Q: USE P IF BACKGROUND <849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NO01=9".
 R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. PRIOR PRINTING ONLY.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. REPLACES EPA FORM 7-88 WHICH MAY NOT BE USED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 22010
BRADENTON FL 34200

FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038881

004 1

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

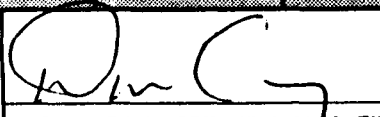
F - FINAL OMB No. 2040-0004

STAGE III APPROXIMATE 10:15:04 CHARGE
EFFLUENT

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
TAN3B P U 1	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-CENT		SEE PERMIT	CK REQ
SEE COMMENTS BELOW				***	MINIMUM						
LC50 STATRE 96HR ACU CERIODAPHNIA	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
TAN3B Q U 1	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-CENT		SEE PERMIT	CK REQ
SEE COMMENTS BELOW				***	MINIMUM						
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
TAN6C P U 1	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-CENT		SEE PERMIT	CK REQ
SEE COMMENTS BELOW				***	MINIMUM						
LC50 STATRE 96HR ACU PIMEPHALES	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
TAN6C Q U 1	PERMIT REQUIREMENT	*****	*****	***	100	*****	*****	PER-CENT		SEE PERMIT	CK REQ
SEE COMMENTS BELOW				***	MINIMUM						
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
50050 1 U 0	PERMIT REQUIREMENT	*****	REPORT		*****	*****	*****	***		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE			DAILY RX	MGD				***			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
Daniel T. Gray Utilities Operations Manager TYPED OR PRINTED			813 792-8811	10	31	94

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT

ADDRESS CALLER SERVICE 22010

BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FLO038881

PERMIT NUMBER

004 1

DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE III APPROVAL EXTER 10-31-94 CHARGE

EFFLUENT

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-7)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN30 P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
LC50 STATRE 96HR ACU CERIODAPHNIA TAN30 Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN0C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN5C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	*** ****	CONTIN UOUS	CON T
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE PENALTY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of 5 years and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813
AREA
CODE

792-8811
NUMBER

10
YEAR

31
MO

94
D.

REMARKS AND EXPLANATION OF ANY VIOLATIONS (If space is insufficient, attach separate sheet)

INSTRUCTIONS: This form is to be used by the permittee to report discharge data to the EPA.

FOR THE USE OF THE PERMITTEE ONLY. Do not fill in this section.

DISCHARGE MONITORING REPORT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC DEPT

ADDRESS CALLER SERVICE 250

BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

FL0038881

004 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	07	01		94	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR TA) Fertilizer Approved.

F - FINAL OMB No. 2040-0004

STAGE III Approval, expires 10/31/94 CHARGE

EFFLUENT

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLING TYP (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK R
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK R
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN UOUS	CONT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813 | 792-8811 | 10 | 31 | 94
AREA CODE NUMBER YEAR MO DA

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BADENTON FL 34206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

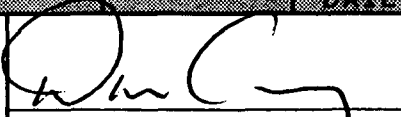
(2-16) (17-19)
FLO058881 004 Q
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
QUARTERLY MONITORING 10-31-94 III
EFFLUENT

FACILITY LENA ROAD LANDFILL
LOCATION BADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

MONITORING PERIOD
FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE IX ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)				
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		OTRLY CALCTD		
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)				
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		OTRLY CALCTD		
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)				
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		OTRLY CALCTD		
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)				
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	MG/L		OTRLY GRAB		
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)				
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.03 DAILY MX	MG/L		OTRLY GRAB		
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)				
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		OTRLY GRAB		
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(26)				
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.012 DAILY MX	UG/L		OTRLY GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager								813 792-8811		10	31	94
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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

P & Q: USE P IF BACKGROUND <649, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".

R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25016
BRADENTON FL 34206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(12-16)
FL0038881
 PERMIT NUMBER

(17-19)
004 Q
 DISCHARGE NUMBER

MINOR
 (SUBR TA) Permit Approved.
 F - FINAL OMB No. 2040-0004
 QUARTERLY APPROVAL Expires 10-31-94 III
 EFFLUENT
 *** NO DISCHARGE ☒ ***
 NOTE: Read instructions before completing this form.

FACILITY LENA ROAD LANDFILL
 LOCATION BRADENTON FL 34202
 ATTN: RICHARD A. WILFORD, DIRECTOR

MONITORING PERIOD
 FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 07 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-71)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
CHLORIDE (AS CL) 00940 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	ID DAILY MX	MG/L		QTRLY	GRAB
CHLORIDE (AS CL) 00940 S 0 0 UPSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
ARSENIC, TOTAL RECOVERABLE 00978 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.05 DAILY MX	MG/L		QTRLY	GRAB
IRON TOTAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB
NICKEL TOTAL RECOVERABLE 01074 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.07 DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Daniel T. Gray
Utilities Operations
Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]
 TELEPHONE
813 792-8811
 DATE
10 31 94

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

P & Q: USE P IF BACKGROUND < 549, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NONE".
 R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25010
BRADENION FL 34206

FACILITY LENA ROAD LANDFILL
 LOCATION BRADENION FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(12-16) FLO038881 (17-19) 004 Q
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 94 MO 01 DAY 01 TO YEAR 94 MO 09 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR (SUBR TA) Form Approved.
 F - FINAL OMB No. 2040-0004
 QUARTERLY MONITORING 10-31-94 III
 EFFLUENT
 *** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY GRAB
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	8.0 MINIMUM	*****	8.5 MAXIMUM	SU		DIRLY GRAB
ALKALINITY, TOTAL (AS CaCO3) 00410 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****	*****	(19)		
	PERMIT REQUIREMENT	*****	*****	***	20.0 MINIMUM	*****	*****	MG/L		DIRLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0 DAILY MX	MG/L		DIRLY GRAB
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY GRAB
CARBON, TOT ORGANIC (TOC) 00660 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Daniel T. Gray
Utilities Operations
Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
813 792-8811
 AREA CODE NUMBER
 DATE
10 31 94
 YEAR MO DAY

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

P & Q: USE P IF BACKGROUND < 849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
 R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL
 LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16)
 FLO038881
 PERMIT NUMBER

(17-19)
 004 Q
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 09 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR
 (SUBR TA) Form Approved
 F - FINAL OMB No. 2040-0004
 QUARTERLY Approval 10/31/94 III
 EFFLUENT
 *** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TURBIDITY		*****	*****		*****	*****		(43)					
00070 S O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	*****	29	DAILY MX NTU			DIRTY GRAB		
TURBIDITY		*****	*****		*****	*****		(43)					
00070 S O O UPSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX NTU			DIRTY GRAB		
SPECIFIC CONDUCTANCE		*****	*****		*****	*****		(11)					
00095 P O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1275	UMHO/ DAILY MX CM			DIRTY GRAB		
SPECIFIC CONDUCTANCE		*****		(23)	*****	*****	*****						
00095 Q O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	50 PER- DAILY MX CENT	***	*****	*****	*****	***			DIRTY GRAB		
SPECIFIC CONDUCTANCE		*****	*****		*****	*****	*****	(11)					
00095 S O O UPSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT SING SAMP	*****	UMHO/ CM			SEE GRAB PERMIT		
OXYGEN, DISSOLVED (DO)		*****	*****			*****	*****	(19)					
00300 1 O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 DAILY MN	*****	*****	MG/L			DIRTY GRAB		
BOD, 5-DAY (20 DEG. C)		*****	*****		*****	*****	*****	(19)					
00310 1 O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L			DIRTY GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager									813 792-8811		10 31 94		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DA

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

P & Q: USE P IF BACKGROUND <849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
 R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL
 LOCATION BRADENTON FL 34202
 ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) FL0036881 (17-19) 003 1
 PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUEK TA) Form Approved.
 F - FINAL OMB No. 2040-0004
 STAGE I ST (Approval Expires 10-31-94)
 EFFLUENT
 *** NO DISCHARGE 1x1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REQ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN UOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

813 792-8811

DATE

10 31 94

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

813 792-8811

AREA CODE NUMBER YEAR MO DAY

PERMITTEE NAME/ADDRESS (Include
Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRAUDENION FL 34206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038881

PERMIT NUMBER

003 1

DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE I ST Approval Expires 10-31-94 CHARGE

EFFLUENT

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

FACILITY LENA ROAD LANDFILL

LOCATION BRAUDENION FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO DAY
	94	06	01		94	06 31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29) (30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE CK RE PERMIT	
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE CK RE PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE CK RE PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE CK RE PERMIT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN UOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE	DATE		
Daniel T. Gray Utilities Operations Manager TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	813 AREA CODE	792-8811 NUMBER

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038831

003 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 07 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE I ST (Approval) 10-81-94 LARGE

EFFLUENT

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK R
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK R
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	*** ****		CONTIN UOUS	CONT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813 792-8811
AREA
CODE NUMBER

10 31 94
YEAR MO DA

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) FLO038881

PERMIT NUMBER

(17-19) MINOR

003 Q

DISCHARGE NUMBER

(SUBR TA) For Approval

F - FINAL OMB No. 2040-0004

QUARTERLY MONITORING 10-STEP 1

EFFLUENT

*** NO DISCHARGE 1 x ***

NOTE: Read instructions before completing this form.

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
94	07	01	94	09	30			
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
ZINC		*****	*****		*****	*****		(19)				
TOTAL RECOVERABLE	SAMPLE MEASUREMENT											
01094 1 0 0												
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX	MG/L		OTRLY CALCT	
CADIUM		*****	*****		*****	*****		(26)				
TOTAL RECOVERABLE	SAMPLE MEASUREMENT											
01113 1 0 0												
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX	UG/L		OTRLY CALCT	
LEAD		*****	*****		*****	*****		(19)				
TOTAL RECOVERABLE	SAMPLE MEASUREMENT											
01114 1 0 0												
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX	MG/L		OTRLY CALCT	
CHROMIUM		*****	*****		*****	*****		(19)				
TOTAL RECOVERABLE	SAMPLE MEASUREMENT											
01118 1 0 0												
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0	DAILY MX	MG/L		OTRLY GRAB	
COPPER		*****	*****		*****	*****		(19)				
TOTAL RECOVERABLE	SAMPLE MEASUREMENT											
01119 1 0 0												
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.03	DAILY MX	MG/L		OTRLY GRAB	
SOLIDS, TOTAL		*****	*****		*****	*****		(19)				
DISSOLVED (IDS)	SAMPLE MEASUREMENT											
70296 1 0 0												
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX	MG/L		OTRLY GRAB	
MERCURY		*****	*****		*****	*****		(20)				
TOTAL RECOVERABLE	SAMPLE MEASUREMENT											
71901 1 0 0												
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.012	DAILY MX	UG/L		OTRLY GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager												
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						813	792-8811	10	31	94
								AREA CODE	NUMBER	YEAR	MO	DAY

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

P & Q: USE P IF BACKGROUND < 649, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "001-9".

R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) FL0038861 (17-19) 003 Q
 PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR TA) Form Approved.
 F - FINAL OMB No. 2040-0004
 QUARTERLY MONITORING REQUIRED 10-31-94
 EFFLUENT
 *** NO DISCHARGE X ***

FACILITY LENA ROAD LANDFILL
 LOCATION BRADENTON FL 34202
 ATTN: RICHARD A. WILFORD, DIRECTOR

MONITORING PERIOD
 FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 09 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
HARDNESS, TOTAL (AS CALCU3)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00900 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT			
EFFLUENT GROSS VALU				***			DAILY MX	MG/L		DIRLY GRAB
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00940 R 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	10			
SEE COMMENTS BELOW				***			DAILY MX	MG/L		DIRLY GRAB
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00940 S 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT			
UPSTREAM MONITORING				***			DAILY MX	MG/L		DIRLY GRAB
ARSENIC, TOTAL RECOV ERABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00976 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.05			
EFFLUENT GROSS VALU				***			DAILY MX	MG/L		DIRLY GRAB
IRON TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
00980 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0			
EFFLUENT GROSS VALU				***			DAILY MX	MG/L		DIRLY GRAB
NICKEL TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
01074 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT			
EFFLUENT GROSS VALU				***			DAILY MX	MG/L		DIRLY CALCT
SILVER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)		
01079 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.07			
EFFLUENT GROSS VALU				***			DAILY MX	UG/L		DIRLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
 Utilities Operations
 Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813
AREA CODE

792-881
NUMBER

10 31 94
YEAR MO DAY

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

P & Q: USE P IF BACKGROUND < 649, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODIS".
 R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANALAPPE COUNTY PUBLIC WKS DEPT

ADDRESS CALLER SERVICE 25010

BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038881

003 Q

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	07	01		94	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR TA) FortP Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY MONITORING 10-STAGE I

EFFLUENT

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMI TYP (69-7)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		QTRLY GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****			*****		(12)		
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		QTRLY GRAB
ALKALINITY, TOTAL (AS CaCO3) 00410 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****			*****	*****	(19)		
	PERMIT REQUIREMENT	*****	*****	****	20.0 MINIMUM	*****	*****	MG/L		QTRLY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		QTRLY GRAB
OIL AND GREASE FREGN EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5.0 DAILY MX	MG/L		QTRLY GRAB
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		QTRLY GRAB
CARBON, TOT ORGANIC (TOC) 00660 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		QTRLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813 792-8811 10 31 94

AREA CODE NUMBER YEAR MO D

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

P & Q: USE P IF BACKGROUND < 649, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".

R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION REPORT (DMR)
(2-16) (17-19)
FL0038801
PERMIT NUMBER
003 Q
DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR (SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
QUARTERLY MONITORING 10-31-94 E I
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLI TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TURBIDITY		*****	*****		*****	*****		(43)				
00070 S O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	*****	29	DAILY MX NTU		DIRLY GRAB		
TURBIDITY		*****	*****		*****	*****		(43)				
00070 S O O UPSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX NTU		DIRLY GRAB		
SPECIFIC CONDUCTANCE		*****	*****		*****	*****		(11)				
00095 P O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1275	UMHO/CM		DIRLY GRAB		
SPECIFIC CONDUCTANCE		*****		(23)	*****	*****	*****					
00095 Q O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	50 PER-		*****	*****	*****	***		DIRLY GRAB		
SPECIFIC CONDUCTANCE		*****	*****		*****	*****	*****	(11)				
00095 S O O UPSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	*****	UMHO/CM		SEE GRAB PERMIT		
OXYGEN, DISSOLVED (DO)		*****	*****			*****	*****	(19)				
00300 1 O O EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	*****	MG/L		DIRLY GRAB		
BOD, 5-DAY (20 DEG. C)		*****	*****		*****	*****	*****	(19)				
00310 1 O O EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT	DAILY MX MG/L		DIRLY GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Daniel T. Gray Utilities Operations Manager									813 792-8811		10 31 94	
TYPED OR PRINTED									AREA CODE NUMBER		YEAR MO DA	

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

P & Q: USE P IF BACKGROUND <849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
K: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206
FL 34202
FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(12-16) (17-19)
FLU038881 002 1
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
STAGE I ST (Approval Expires) 10-31-94
EFFLUENT
*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50 STATRE 96HR ACU CERIUDAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT	SEE CK REQ PERMIT	
LC50 STATRE 96HR ACU CERIUDAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT	SEE CK REQ PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT	SEE CK REQ PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	****	100 MINIMUM	*****	*****	PER- CENT	SEE CK REQ PERMIT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT DAILY MAX	MGD	*****	*****	*****	****	CONTIN UOUS	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager						813 792-8811		10	31	94
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT

ADDRESS CALLER SERVICE 22010

BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FLO038881

002 1

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE 1 STURMWAUER 10-81-94

EFFLUENT

*** NU DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-7)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q U 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*** ****	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
FLOW, IN CONDUIT OR THRU TREATMENT PLANT DU050 1 U 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	*** ****	CONTINCONT UDUS	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813 792-8811 10 31 94
AREA CODE NUMBER YEAR MO DA

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL
 LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

(2-16) FL0038881 (17-19) 002 1
 PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR TA) Form Approved
 F - FINAL OMB No. 2040-0004
 STAGE I STANDARD EXP. 10-31-94 DISCHARGE
 EFFLUENT
 *** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REC
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REC
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REC
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT		SEE PERMIT	CK REC
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX MGD		*****	*****	*****	***		CONTIN UDUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Daniel T. Gray
Utilities Operations
Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE 813
792-8811
 AREA CODE NUMBER
 DATE 10 31 94
 YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CATTLE SERVICE 25010
BRADENTON FL 34206

FACILITY LEAS ROAD LANDFILL
 LOCATION BRADENTON FL 34202
 ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

FLO038881
 PERMIT NUMBER

002 W
 DISCHARGE NUMBER

MINOR
 (SUBR TA) Form Approved.
 F - FINAL OMB No. 2040-0004
 QUARTERLY Approved 10-31-94 1
 EFFLUENT
 *** NO DISCHARGE 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLING TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX			DAILY CALC
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX			DAILY CALC
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX			DAILY CALC
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX			DAILY GRAB
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.03 DAILY MX			DAILY GRAB
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX			DAILY GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.012 DAILY MX			DAILY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Daniel T. Gray
Utilities Operations
Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, INCLUDING 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
813 792-8811
 AREA CODE NUMBER
 DATE
10 31 94
 YEAR MO DA

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

P & Q: USE P IF BACKGROUND < 849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
 R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANALTEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

FL0038881
PERMIT NUMBER

002 Q
DISCHARGE NUMBER

MINOR (SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
QUARTERLY MONITORING 10-31-94 E I
EFFLUENT
*** NO DISCHARGE 1-2 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
HARDNESS, TOTAL (AS CALCU3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		OTRLY GRAB
CHLORIDE (AS CL) 00940 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	10 DAILY MX	MG/L		OTRLY GRAB
CHLORIDE (AS CL) 00940 5 0 0 UPSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		OTRLY GRAB
ARSENIC, TOTAL RECOVERABLE 00978 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.05 DAILY MX	MG/L		OTRLY GRAB
IRON TOTAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	MG/L		OTRLY GRAB
NICKEL TOTAL RECOVERABLE 01074 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		OTRLY CALCT
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.07 DAILY MX	UG/L		OTRLY GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)			TELEPHONE		DATE			
Daniel T. Gray Utilities Operations Manager										
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			813 792-8811		10 31 94			
					AREA CODE NUMBER		YEAR MO DAY			

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

P & Q: USE P IF BACKGROUND < 49, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
K: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206
FL 34202
FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0038681

002 W

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
94	07	01	94	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY APPROVALS REQUIRED TO STAGE I

EFFLUENT

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		QTRLY	GRAB
ALKALINITY, TOTAL (AS CaCO3) 00410 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	***	20.0 MINIMUM	*****	*****	MG/L		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0 DAILY MX	MG/L		QTRLY	GRAB
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB
CARBON, TOT ORGANIC (TOC) 00660 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813	792-8811	10	31	94
AREA CODE	NUMBER	YEAR	MO	DAY

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

P & Q: USE P IF BACKGROUND < 0.49, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NDDI=9".
R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FLO03881

PERMIT NUMBER

002 Q

DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY MONITORING 10-STAGE I

EFFLUENT

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TURBIDITY		*****	*****		*****	*****		(43)			
00070 S O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	29	DAILY MX NTU		DIRLY GRAB	
TURBIDITY		*****	*****		*****	*****		(43)			
00070 S O O UPSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT	DAILY MX NTU		DIRLY GRAB	
SPECIFIC CONDUCTANCE		*****	*****		*****	*****		(11)			
00095 P O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1275	UMHO/CM		DIRLY GRAB	
SPECIFIC CONDUCTANCE		*****		(23)	*****	*****	*****				
00095 Q O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	50 PER- DAILY MX CENT		*****	*****	*****	****		DIRLY GRAB	
SPECIFIC CONDUCTANCE		*****	*****		*****	*****	*****	(11)			
00095 S O O UPSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT SINGSAMP	*****	UMHO/CM		SEE GRAB PERMIT	
OXYGEN, DISSOLVED (DO)		*****	*****			*****	*****	(19)			
00300 I O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 DAILY MN	*****	*****	MG/L		DIRLY GRAB	
BOD, 5-DAY (20 DEG. C)		*****	*****		*****	*****		(19)			
00310 I O O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		DIRLY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

813 792-8811

AREA CODE NUMBER

DATE

10 31 94

YEAR MO DAY

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

P & Q: USE P IF BACKGROUND < 849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".

R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

EPA FORM 3320-1 (REV. 9-88) PREVIOUS EDITIONS MAY BE USED.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

021577946714-2200

PAGE 1 OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206
FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) **FL0038861**
PERMIT NUMBER
 (17-19) **001 1**
DISCHARGE NUMBER

MINOR
 (SU&K TA) **Fert Approved.**
F - FINAL OMB No. 2040-0004
STAGE I **ST Approval Expires 10-31-94**
EFFLUENT
***** NO DISCHARGE [X] *****

MONITORING PERIOD
 FROM **YEAR** 94 **MO** 09 **DAY** 01 TO **YEAR** 94 **MO** 09 **DAY** 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER-CENT		SEE CK REQ PERMIT	
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER-CENT		SEE CK REQ PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER-CENT		SEE CK REQ PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q O 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER-CENT		SEE CK REQ PERMIT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX MGD		*****	*****	*****	***		CONTINCONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

TELEPHONE

813 792-8811

AREA CODE **NUMBER**

DATE

10 31 94

YEAR **MO** **DAY**

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206
FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(12-16) (17-19)
FL0038881 001 1
PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD
FROM YEAR 94 MO 08 DAY 01 TO YEAR 94 MO 08 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR
(SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
STAGE 1 STORMWATER TREATMENT
EFFLUENT
*** NO DISCHARGE IX ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER-CENT		SEE CK REC PERMIT	
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER-CENT		SEE CK REC PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER-CENT		SEE CK REC PERMIT	
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER-CENT		SEE CK REC PERMIT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813 792-8811 10 31 94
AREA CODE NUMBER YEAR MO DAY

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

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0058881

001 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	07	31		94	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE I ST Approval Text 10-81-94

EFFLUENT

*** NO DISCHARGE |X| ***

NOTE: Read instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location (if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT

ADDRESS CALLER SERVICE 25010

BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLI TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	***	100 MINIMUM	*****	*****	PER- CENT	SEE PERMIT	CK R
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT DAILY MX MGD		*****	*****	*****	***	CONTINCONT	UDUS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813	792-8811	10	31	94
AREA CODE	NUMBER	YEAR	MO	DA

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(12-16) (17-19)
FL0038861
PERMIT NUMBER
001 Q
DISCHARGE NUMBER

MINOR
(SUBR TA) Form Approved
F - FINAL OMB No. 2040-0004
QUARTERLY MONITORING REPORT
EFFLUENT
*** NO DISCHARGE ☒ ***

FACILITY LENA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

MONITORING PERIOD
FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		DIRTY CALCD
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		DIRTY CALCD
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		DIRTY CALCD
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		DIRTY GRAB
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		DIRTY GRAB
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		DIRTY GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)		
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		DIRTY GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN. AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)								
Utilities Operations Manager Daniel T. Gray										
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
		TELEPHONE								
		DATE								
		813 792-8811 10 31 94								
		AREA CODE NUMBER YEAR MO DAY								

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

P & Q: USE P IF BACKGROUND < 849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NODI=9".
R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

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02153/940714-2200

PAGE 4 OF 4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT

ADDRESS WATER SERVICE 22010

BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

FL0058831

001 Q

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	07	01		94	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY MONITORING 10-31 PAGE

EFFLUENT

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SA. T (69)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY GR
CHLORIDE (AS CL) 00940 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	10 DAILY MX	MG/L		DIRLY GR
CHLORIDE (AS CL) 00940 S 0 0 UPSTREAM MONITORING	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY GR
ARSENIC, TOTAL RECOVERABLE 00978 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.05 DAILY MX	MG/L		DIRLY GR
IRON TOTAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	MG/L		DIRLY GR
NICKEL TOTAL RECOVERABLE 01074 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		DIRLY CA
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(23)		
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.07 DAILY MX	UG/L		DIRLY GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

813 792-8811 10 31

AREA CODE NUMBER YEAR MO

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

P & Q: USE P IF BACKGROUND < 849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NDDI=9".

R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.

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(REPLACES EPA FORM T-46 WHICH MAY NOT BE USED.)

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PAGE 3

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: MANATEE COUNTY PUBLIC WKS DEPT
 ADDRESS: CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY: LENA ROAD LANDFILL
 LOCATION: BRADENTON FL 34202
 ATTN: RICHARD A. WILFORD, DIRECTOR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(12-16)
 FLO038881

PERMIT NUMBER

(17-19)
 001 G

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 94 MO 07 DAY 01 TO YEAR 94 MO 09 DAY 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY MONITORING PERIODS 10-31-94

EFFLUENT

*** NO DISCHARGE IX ***

NOTE: Read instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	S
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MAX	MG/L		DAILY	
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	8.5 MAXIMUM	SU		DAILY	
ALKALINITY, TOTAL (AS CaCO3) 00410 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****	*****	(19)			
	PERMIT REQUIREMENT	*****	*****	***	20.0 MINIMUM	*****	*****	MG/L		DAILY	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MAX	MG/L		DAILY	
OIL AND GREASE FREON EXTR-GRAV METH 00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5.0 DAILY MAX	MG/L		DAILY	
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MAX	MG/L		DAILY	
CARBON, TOT ORGANIC (TOC) 00680 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MAX	MG/L		DAILY	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
 Utilities Operations
 Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

813 792-8811 10 31
 AREA CODE NUMBER YEAR MO

D A T

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

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NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLER SERVICE 25010
BRADENTON FL 34206

FACILITY ENA ROAD LANDFILL
LOCATION BRADENTON FL 34202
ATTN: RICHARD A. WILFORD, DIRECTOR

DISCHARGE MONITORING REPORT (DMR)
(2-16) FL0056831
PERMIT NUMBER
(17-19) 001 Q
DISCHARGE NUMBER

MINOR
(SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
QUARTERLY MONITORING 10-31-94
EFFLUENT
*** NO DISCHARGE IX ***
NOTE: Read instructions before completing this form

MONITORING PERIOD								
FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY			
94	07	01	94	09	30			
(20-21)			(22-23)			(26-27)		

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)							
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS									
TURBIDITY	SAMPLE MEASUREMENT	*****	*****		*****	*****		(43)									
00070 S O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	29 DAILY MX	NTU		DIRLY S							
TURBIDITY	SAMPLE MEASUREMENT	*****	*****		*****	*****		(43)									
00070 S O O UPSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	REPORT DAILY MX	NTU		DIRLY S							
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(11)									
00095 P O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	1275 DAILY MX	UMHO/ CM		DIRLY S							
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*****		(23)	*****	*****	*****										
00095 Q O O SEE COMMENTS BELOW	PERMIT REQUIREMENT	*****	50 PER- DAILY MX CENT		*****	*****	*****	*** ****		DIRLY S							
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*****	*****		*****		*****	(11)									
00095 S O O UPSTREAM MONITORING	PERMIT REQUIREMENT	*****	*****	*** ****	*****	REPORT SINGSAMP	*****	UMHO/ CM		SEE PERMIT							
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****			*****	*****	(19)									
00300 1 O O EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*** ****	5.0 DAILY MN	*****	*****	MG/L		DIRLY S							
00300 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)									
00310 1 O O EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	REPORT DAILY MX	MG/L		DIRLY S							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)						TELEPHONE		DATE							
Daniel T. Gray Utilities Operations M Manager																	
TYPED OR PRINTED								813 792-8811		10 31							
						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO						

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SAFETY INCREASE ABOVE BACKGROUND TURBIDITY.

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PAGE 10