LENA RD LF

MANATEE COUNTY GOVERNMENT
Public Works Department

44795

November 3, 1994

404/CO2025

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

EA SOLID WASTE
NOV 10 1994
RECEIVED

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 and 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) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0038881	006 1

MONITORING PERIOD

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

MINOR
(SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
STAGE II STORMWATER DISCHARGE
EFFLUENT
*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	AREA CODE 813	NUMBER 792-8811	YEAR 10	MO 31	DAY 94
TYPED OR PRINTED							

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

Facility Name/Location (if different)

NAME MANATEE COUNTY PUBLIC WKS DEPT

ADDRESS LALLER SERVICE 25010

BRADENTON FL 34205

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) PERMIT NUMBER: FL0038881

(17-19) DISCHARGE NUMBER: 006 1

MINOR

(SUBR TA)

F - FINAL

STAGE II S

EFFLUENT

*** NO DISCHARGE |_x| ***

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	08	01	TO	94	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 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	*******	*******	*******	**** ****		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 25010

BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL

LOCATION BRADENTON FL 34202

ATTN: RICHARD A. WILFORD, DIRECTOR

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0038881	006 1

MONITORING PERIOD

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

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	**** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 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	*******	*******	*******	**** ****		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	813 AREA CODE	792-8811 NUMBER	10 YEAR	31 MO	94 DAY
TYPED OR PRINTED						

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

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: FL0036881

(17-19) DISCHARGE NUMBER: 005 Q

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY Approval expires 10-31-94

EFFLUENT

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

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

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ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCTD
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	UG/L		QTRLY	CALCTD
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCTD
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	1.0 DAILY MX	MG/L		QTRLY	GRAB
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.03 DAILY MX	MG/L		QTRLY	GRAB
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.012 DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilities Operations
Mangger

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: AREA CODE 813 | NUMBER 792-8811

DATE: YEAR 94 | MO 10 | DAY 31

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 "NOD1=9".
K: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
L: REPORT % INCREASE ABOVE BACKGROUND TURBIDITY.

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 PERMIT NUMBER

(17-19) 006 Q DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY Approval Expires 10-31-94 PAGE II

EFFLUENT

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

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

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HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		01/MTH	GRAB
CHLORIDE (AS CL) 00940 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	10 DAILY MX	MG/L		01/MTH	GRAB
CHLORIDE (AS CL) 00940 5 0 0 UPSTREAM MONITORING	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		01/MTH	GRAB
ARSENIC, TOTAL RECOVERABLE 00978 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.05 DAILY MX	MG/L		01/MTH	GRAB
IRON TOTAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	1.0 DAILY MX	MG/L		01/MTH	GRAB
NICKEL TOTAL RECOVERABLE 01074 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		01/MTH	CALCT
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.07 DAILY MX	UG/L		01/MTH	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.)

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

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~~S: REPORT INCREASE ABOVE BACKGROUND TURBIDITY.~~

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

(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) PERMIT NUMBER: FL0038881
(17-19) DISCHARGE NUMBER: 006 Q

MINOR
(SUBR TA) F - FINAL
QUARTERLY
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*** NO DISCHARGE | X | ***

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94
PAGE II

MONITORING PERIOD

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OXYGEN DEMAND, CHEM (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00340 1 0 0 EFFLUENT GROSS VALUE	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)	SAMPLE MEASUREMENT	*******	*******			*******	*******	(19)			
00410 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	20.0 MINIMUM	*******	*******	MG/L		QTRLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	5.0 DAILY MX	MG/L		QTRLY	GRAB
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00680 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	813	792-8811	10	31	94
TYPED OR PRINTED			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 "NODI=9".
R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
S: REPORT % INCREASE ABOVE BACKGROUND TURBIDITY.

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 PERMIT NUMBER
(17-19) 006 Q DISCHARGE NUMBER

MINOR
(SUBR TA)
F - FINAL
QUARTERLY
EFFLUENT

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-94
STAGE II

*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 S 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	29 DAILY MX	NTU		QTRLY	GRAB
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	REPORT DAILY MX	NTU		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(11)			
00095 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	1275 DAILY MX	UMHO/ CM		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******		(23)	*******	*******	*******				
00095 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	50 PER- DAILY MX	CENT	*******	*******	*******	**** ****		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******		*******	(11)			
00095 2 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT SINGSAMP	*******	UMHO/ CM		SEE PERMIT	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******			*******	*******	(19)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	5.0 DAILY MN	*******	*******	MG/L		QTRLY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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	813 AREA CODE	792-8811 NUMBER	10 YEAR	31 MO	94 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 "NOD1=9".
R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
S: USE 5 IF ABOVE BACKGROUND TURBIDITY.

ADDRESS LALLER SERVICE 25010
BRADENTON FL 34206

FACILITY LENA ROAD LANDFILL
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 STORMWATER DISCHARGE Approval expires 10-31-94
EFFLUENT
*** NO DISCHARGE [X] ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	09	01	TO	94	09	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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAM TYI (69-
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 VALUE	SAMPLE MEASUREMENT	*******		(03)	*******	*******	*******				
	PERMIT REQUIREMENT	*******	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTINUOUS	CONT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	813	792-8811	10	31	9
TYPED OR PRINTED		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*)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT

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 PERMIT NUMBER

(17-19) 005 1 DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE II S Approval Expires 10-31-94

EFFLUENT

*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this fo

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	08	01	TO	94	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	S
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3D P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CR
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3E Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CR
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CR
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******		(03)	*******	*******	*******				
	PERMIT REQUIREMENT	*******	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTINUOUS	CL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
Daniel T. Gray Utilities Operations Manager	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)		813	792-8811	10	31
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

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) PERMIT NUMBER: FL0038881

(17-19) DISCHARGE NUMBER: 005 1

MONITORING PERIOD

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

MINOR

(SUBTA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE II Approval Expires 01-31-94

EFFLUENT

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
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	*******	******	******	***** *****		CONTINUOUS	CONTI
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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.)*		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	005 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	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 10-31-96 PAGE II
EFFLUENT
*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCT
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	UG/L		QTRLY	CALCT
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCT
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	1.0 DAILY MX	MG/L		QTRLY	GRAB
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.03 DAILY MX	MG/L		QTRLY	GRAB
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.012 DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	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".
R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONENT. IGNORE PRINTED UNIT.
~~S: REPORT INCREASE ABOVE BACKGROUND TURBIDITY.~~

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 PERMIT NUMBER
(17-19) 005 Q DISCHARGE NUMBER

MONITORING PERIOD

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

MINOR
(SUBR TA) F - FINAL
QUARTERLY
EFFLUENT
*** NO DISCHARGE [X] ***

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-96 STAGE II

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
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	******	******	**** ****	******	******	10 DAILY MX	MG/L		QTRLY	GRAB
CHLORIDE (AS CL) 00940 5 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	CALCT
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		TELEPHONE			DATE		
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	AREA CODE 813	NUMBER 792-8811	YEAR 10	MO 31	DAY 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".
K: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
~~% INCREASE ABOVE BACKGROUND TURBIDITY.~~

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) PERMIT NUMBER: FL0038881
(17-19) DISCHARGE NUMBER: 005 Q

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

MONITORING PERIOD

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
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 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******			*******		(12)			
	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) 00680 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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	AREA CODE 813	NUMBER 792-8811	YEAR 10	MO 31	D 94

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.
S: REPORT % REMOVAL BASED ON BACKGROUND TURBIDITY.

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) PERMIT NUMBER: FL0038661
(17-19) DISCHARGE NUMBER: 005 Q

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

MINOR
(SUBR TA)
F - FINAL
QUARTERLY
EFFLUENT
*** NO DISCHARGE |x| ***

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-94

STAGE II

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 S 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	29 DAILY MX	NTU		QTRLY	GRAB
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	REPORT DAILY MX	NTU		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(11)			
00095 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	1275 DAILY MX	UMHO/ CM		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******		(23)	*******	*******	*******				
00095 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	50 PER- DAILY MX CENT		*******	*******	*******	**** ****		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******		*******	(11)			
00095 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT SINGSAMP	*******	UMHO/ CM		SEE PERMIT	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******			*******	*******	(19)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	5.0 DAILY MN	*******	*******	MG/L		QTRLY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	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: AREA CODE 813 | NUMBER 792-8811

DATE: YEAR 10 | MO 31 | DAY 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 "NOUSE".
R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. [illegible]

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 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 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	004 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MINOR
(SUBR TA)
F - FINAL
STAGE III
EFFLUENT
*** NO DISCHARGE [X] ***

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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	AREA CODE 813	NUMBER 792-8811	YEAR 10	MO 31	DAY 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) FL0038881 PERMIT NUMBER

(17-19) 004 1 DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	08	01	TO	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 III Approval expires 10-31-94
EFFLUENT
*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-7
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3D P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3D Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK
LC50 STATRE 96HR ACU PIMEPHALES TAN0C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK
LC50 STATRE 96HR ACU PIMEPHALES TAN0C 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 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 33USC § 1319 (Penalties under these statutes may include fines up to $10,000 and maximum imprisonment of between 6 months and 5 years).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 813 | NUMBER 792-8811

DATE: YEAR 10 | MO 31 | D 94

ATTACH EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT

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

NAME MANATEE COUNTY PUBL WKS DEPT

ADDRESS CALLER SERVICE 250 10

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 PERMIT NUMBER

(17-19) 004 1 DISCHARGE NUMBER

MINOR
(SUBR TA)
F - FINAL
STAGE III
EFFLUENT

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

MONITORING PERIOD

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

DISCHARGE

*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-7
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 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 TAN0C 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	*******	*******	*******	********		CONTINUOUS	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: AREA CODE 813 | NUMBER 792-8811

DATE: YEAR 10 | MO 31 | DA 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 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	004 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	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 STAGE III Approval expires 10-31-94
EFFLUENT
*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCTD
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	REPORT DAILY MX	UG/L		QTRLY	CALCTD
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCTD
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.0 DAILY MX	MG/L		QTRLY	GRAB
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.03 DAILY MX	MG/L		QTRLY	GRAB
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(26)			
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	0.012 DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilites Operations Manager	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	813	792-8811	10	31	94
TYPED OR PRINTED		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 "NOD1=9".
R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
S: REPORT INCREASE ABOVE BACKGROUND TURBIDITY.

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. MILFORD, DIRECTOR

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

(2-16) FL0038881 PERMIT NUMBER
(17-19) 004 Q DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	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 III
EFFLUENT
*** NO DISCHARGE |X| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-7
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	******	******	**** ****	******	******	10 DAILY MX	MG/L		QTRLY	GRAB
CHLORIDE (AS CL) 00940 5 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	CALC
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 a maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 813 NUMBER 792-8811

DATE: YEAR 10 MO 31 DA 94

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

P & Q: USE P IF BACKGROUND ≤ 349, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NOD1=".
R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
~~S: USE P IF BACKGROUND ≤ 349, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NOD1=".~~

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS CALLEB SERVICE #5010
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) 004 Q DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	01	01	TO	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
EFFLUENT
*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
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 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******			*******		(12)			
	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) 00680 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	813 AREA CODE	792-8811 NUMBER	10 YEAR	31 MO	94 DAY
TYPED OR PRINTED						

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.
S: REPORT % INCREASE ABOVE BACKGROUND TURBIDITY.

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 — PERMIT NUMBER

(17-19) 004 Q — DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

QUARTERLY Approval expires 10-31-94

EFFLUENT

*** NO DISCHARGE | X | ***

MONITORING PERIOD

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 S 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	29 DAILY MX	NTU		QTRLY	GRAB
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	NTU		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(11)			
00095 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1275 DAILY MX	UMHO/CM		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******		(23)	*******	*******	*******				
00095 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	50 PER-CENT DAILY MX		*******	*******	*******	*****		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******		*******	(11)			
00095 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	*****	*******	REPORT SINGSAMP	*******	UMHO/CM		SEE PERMIT	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******			*******	*******	(19)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	5.0 DAILY MN	*******	*******	MG/L		QTRLY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Daniel T. Gray
Utilites 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: AREA CODE 813 | NUMBER 792-8811

DATE: YEAR 10 | MO 31 | DA 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.

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 PERMIT NUMBER

(17-19) 003 1 DISCHARGE NUMBER

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE I ST Approval Expires 10-31-94 RGE

EFFLUENT

*** NO DISCHARGE | x | ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	09	01	TO	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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	******	******	**** ****	100 MINIMUM	******	******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 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	******	******	******	**** ****		CONTINUOUS	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: AREA CODE 813 NUMBER 792-8811

DATE: YEAR 10 MO 31 DAY 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 CALLEB 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) PERMIT NUMBER: FL0038681
(17-19) DISCHARGE NUMBER: 003 1

MINOR
(SUBR TA)
F - FINAL
STAGE I STORMWATER DISCHARGE
EFFLUENT
*** NO DISCHARGE | X | ***

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-94

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	08	01	TO	94	08	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR RE
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GR REQ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******		(03)	*******	*******	*******				
	PERMIT REQUIREMENT	*******	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	AREA CODE: 813	NUMBER: 792-8811	YEAR: 10	MO: 31	DAY: 94
TYPED OR PRINTED						

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)

Form Approved.
OMB No. 2040-0004
(Approval Expires) 10-31-94

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
FL0038881	003 1

MINOR
(SUBR TA)
F - FINAL
STAGE I STORMWATER DISCHARGE
EFFLUENT
*** NO DISCHARGE [X] ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	94	07	31
	(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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	****** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GK R
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	****** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	****** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GK R
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	****** ****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	GK R
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******		(03)	*******	*******	*******				
	PERMIT REQUIREMENT	*******	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	CONT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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.)*		AREA CODE	NUMBER	YEAR	MO	DA
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 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) PERMIT NUMBER: FL0038881
(17-19) DISCHARGE NUMBER: 005 Q

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

MINOR
(SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
QUARTERLY Approval expires 10-31-94 E I
EFFLUENT
*** NO DISCHARGE |_x| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCT
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	UG/L		QTRLY	CALCT
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCTL
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	1.0 DAILY MX	MG/L		QTRLY	GRAB
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.03 DAILY MX	MG/L		QTRLY	GRAB
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	0.012 DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	AREA CODE 813	NUMBER 792-8811	YEAR 10	MO 31	DAY 94
TYPED OR PRINTED						

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

P & N: USE F IF BACKGROUND <0.49, OTHERWISE Q. FOR ANY LINE NOT USING, ENTER "-0.01-9".
N: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
[illegible] ADDED ABOVE BACKGROUND TURBIDITY.

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) FL0038881 — PERMIT NUMBER
(17-19) 003 Q — DISCHARGE NUMBER

MINOR
(SUBR TA)
F - FINAL
QUARTERLY
EFFLUENT

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-94

PAGE 1 OF

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
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	*******	*******	**** ****	*******	*******	10 DAILY MX	MG/L		QTRLY	GRAB
CHLORIDE (AS CL) 00940 5 0 0 UPSTREAM MONITORING	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
ARSENIC, TOTAL RECOVERABLE 01002 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	CALCT
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		TELEPHONE		DATE		
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	AREA CODE 813	NUMBER 792-8811	YEAR 10	MO 31	DAY 94

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.
REPORT INCREASE ABOVE BACKGROUND TURBIDITY.

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 PERMIT NUMBER
(17-19) 003 Q DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	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 10-31-96 E I
EFFLUENT
*** NO DISCHARGE [X] ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMI TYP (69-7
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 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******			*******		(12)			
	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) 00680 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: AREA CODE 813, NUMBER 792-8811
DATE: YEAR 10, MO 31, DA 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 "NOD1=Y".
R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
~~S: REPORT & INCREASE ABOVE BACKGROUND TURBIDITY.~~

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

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: FL0038801
(17-19) DISCHARGE NUMBER: 003 Q

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

MINOR
(SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
QUARTERLY 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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 5 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	29 DAILY MX	NTU		1/TRLY	GRAB
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	REPORT DAILY MX	NTU		1/TRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(11)			
00095 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	1275 DAILY MX	UMHO/ CM		1/TRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******		(23)	*******	*******	*******				
00095 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	50 DAILY MX	PER-CENT	*******	*******	*******	*** ****		1/TRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******		*******	(11)			
00095 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT SINGSAMP	*******	UMHO/ CM		SEE PERMIT	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******			*******	*******	(19)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	5.0 DAILY MN	*******	*******	MG/L		1/TRLY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	REPORT DAILY MX	MG/L		1/TRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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	813 AREA CODE	792-8811 NUMBER	10 YEAR	31 MO	94 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.
L: REPORT INCREASE ABOVE BACKGROUND TURBIDITY.

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 PERMIT NUMBER
(17-19) 002 1 DISCHARGE NUMBER

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

MINOR
(SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
STAGE I STA Approval Expires 10-31-94 RGE
EFFLUENT
*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	***** *****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 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	*******	*******	*******	***** *****		CONTINUOUS	CONTIN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Daniel T. Gray
Utilites 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: AREA CODE 813 | NUMBER 792-8811

DATE: YEAR 10 | MO 31 | DAY 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 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) PERMIT NUMBER: FL0038881
(17-19) DISCHARGE NUMBER: 002 1

MINOR
(SUBR TA)
F - FINAL
STAGE I STORMWATER DISCHARGE
EFFLUENT
*** NO DISCHARGE | X | ***

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-94

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	94	08	01	TO	94	08	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMP TYP (69-7
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	*******	*******	*******	**** ****		CONTINUOUS	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: AREA CODE 813 | NUMBER 792-8811

DATE: YEAR 10 | MO 31 | DA 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 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 — PERMIT NUMBER
(17-19) 002 1 — DISCHARGE NUMBER

MONITORING PERIOD

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

MINOR
(SUBR TA) Form Approved.
F - FINAL OMB No. 2040-0004
STAGE I STU Approval expires 10-31-94 RGE
EFFLUENT
*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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.)		813		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 CALLE 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	002 W
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	01	01	TO	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 I
EFFLUENT
*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	CALC
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	UG/L		QTRLY	CALC
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	CALC
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		QTRLY	GRAB
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.03 DAILY MX	MG/L		QTRLY	GRAB
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		QTRLY	GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.012 DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
Daniel T. Gray Utilities Operations Manager	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	813	792-8811	10	31	94
TYPED OR PRINTED		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.
~~SS: REPORT INCREASE ABOVE BACKGROUND TURBIDITY.~~

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 PERMIT NUMBER
(17-19) 002 Q DISCHARGE NUMBER

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

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
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	*******	*******	**** ****	*******	*******	10 DAILY MX	MG/L		QTRLY	GRAB
CHLORIDE (AS CL) 00940 5 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	CALCT
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		TELEPHONE		DATE		
Daniel T. Gray Utilites Operations Manager	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	813	792-8811	10	31	94
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

P & Q: USE F IF BACKGROUND <849, OTHERWISE Q. FOR ANY LINE NOT USED, ENTER "NOD I=9".
K: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
[illegible] ABOVE BACKGROUND TURBIDITY.

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) FL0058681 PERMIT NUMBER
(17-19) 002 Q DISCHARGE NUMBER

MONITORING PERIOD

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

MINOR
(SUBR TA)
F - FINAL
QUARTERLY
EFFLUENT
*** NO DISCHARGE | X | ***

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-96

STAGE I

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00340 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*******	*******			*******		(12)			
00400 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		QTRLY	GRAB
EFFLUENT GROSS VALUE											
ALKALINITY, TOTAL (AS CACO3)	SAMPLE MEASUREMENT	*******	*******			*******	*******	(19)			
00410 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	20.0 MINIMUM	*******	*******	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00530 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00556 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	5.0 DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00625 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											
CARBON, TOT ORGANIC (TOC)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00680 1 0 0	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	AREA CODE 813	NUMBER 792-8811	YEAR 10	MO 31	DAY 94
TYPED OR PRINTED						

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

P & N: USE 0 IF BACKGROUND <0.49, OTHERWISE 0. FOR ANY LINE NOT USED, ENTER "NODI=9".
K: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
[illegible] AVG. ACCEPTABLE BACKGROUND FOR UTILITY.

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	002 Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

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

MINOR
(SUBR TA)
F - FINAL
QUARTERLY
EFFLUENT
*** NO DISCHARGE | X | ***

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-96

PAGE 1

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 S 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	29 DAILY MX	NTU		QTRLY	GRAB
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)			
00070 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	NTU		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(11)			
00095 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	1275 DAILY MX	UMHO/ CM		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******		(23)	*******	*******	*******				
00095 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	50 DAILY MX	PER-CENT	*******	*******	*******	**** ****		QTRLY	GRAB
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******		*******	(11)			
00095 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT SINGSAMP	*******	UMHO/ CM		SEE PERMIT	GRAB
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******			*******	*******	(19)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	5.0 DAILY MN	*******	*******	MG/L		QTRLY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Daniel T. Gray Utilities Operations Manager	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	813	792-8811	10	31	94
TYPED OR PRINTED		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 "NODI=9".
R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
~~S: REPORT INCREASE ABOVE BACKGROUND TURBIDITY.~~

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 PERMIT NUMBER

(17-19) 001 1 DISCHARGE NUMBER

MONITORING PERIOD

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

MINOR

(SUBR TA) Form Approved.

F - FINAL OMB No. 2040-0004

STAGE I STANDARD (Approval Expires 10-31-94)

EFFLUENT

*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU CERIODAPHNIA TAN3B Q 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C P 0 1 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******			*******	*******	(23)			
	PERMIT REQUIREMENT	*******	*******	*****	100 MINIMUM	*******	*******	PER-CENT		SEE PERMIT	CK REQ
LC50 STATRE 96HR ACU PIMEPHALES TAN6C Q 0 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	*******	*******	*******	*****		CONTINUOUS	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: AREA CODE 813 NUMBER 792-8811

DATE: YEAR 10 MO 31 DAY 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 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 PERMIT NUMBER

(17-19) 001 1 DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	08	01	TO	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 I STA Approval Expires 10-31-94 RGE
EFFLUENT
*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
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)	*******	*******	*******			CONTIN UOUS	CONTI
	PERMIT REQUIREMENT	*******	REPORT DAILY MX	MGD	*******	*******	*******	*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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	813 AREA CODE	792-8811 NUMBER	10 YEAR	31 MO	94 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)

(2-16) FL0038881 PERMIT NUMBER
(17-19) 001 1 DISCHARGE NUMBER

MINOR
(SUBR TA)
F - FINAL
STAGE I STORMWATER DISCHARGE
EFFLUENT
*** NO DISCHARGE | X | ***

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-94

NOTE: Read instructions before completing this form.

MONITORING PERIOD

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
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	*******	*******	*******	**** ****		CONTINUOUS	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: AREA CODE 813 | NUMBER 792-8811

DATE: YEAR 10 | MO 31 | DA 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 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 Q DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	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 I
EFFLUENT
*** NO DISCHARGE [X] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCTD
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	UG/L		QTRLY	CALCTD
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	CALCTD
CHROMIUM TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	L.D DAILY MX	MG/L		QTRLY	GRAB
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.03 DAILY MX	MG/L		QTRLY	GRAB
SOLIDS, TOTAL DISSOLVED (TDS) 70296 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GRAB
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.012 DAILY MX	UG/L		QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Utilities Operations Manager Daniel T. Gray	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	813	792-8811	10	31	94
TYPED OR PRINTED		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 "NODT=9".
R: REPORT & INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
S: REPORT INCREASE ABOVE BACKGROUND TURBIDITY.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME MANATEE COUNTY PUBLIC WKS DEPT
ADDRESS LAKER 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) PERMIT NUMBER: FL0038831
(17-19) DISCHARGE NUMBER: 001 G

MINOR
(SUBR TA) F - FINAL
QUARTERLY
EFFLUENT

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	07	01	TO	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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SA. T (6
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GR.
CHLORIDE (AS CL) 00940 R 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	10 DAILY MX	MG/L		QTRLY	GR.
CHLORIDE (AS CL) 00940 5 0 0 UPSTREAM MONITORING	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GR.
ARSENIC, TOTAL RECOVERABLE 00978 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.05 DAILY MX	MG/L		QTRLY	GR.
IRON TOTAL RECOVERABLE 00980 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	1.0 DAILY MX	MG/L		QTRLY	GR.
NICKEL TOTAL RECOVERABLE 01074 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	GR.
SILVER TOTAL RECOVERABLE 01079 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(28)			
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	0.07 DAILY MX	UG/L		QTRLY	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: AREA CODE 813 | NUMBER 792-8811
DATE: YEAR 10 | MO 31

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 "NOD1=9".
R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
S: REPORT % INCREASE ABOVE BACKGROUND TURBIDITY.

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	001 G
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR TA)
F - FINAL
QUARTERLY
EFFLUENT
*** NO DISCHARGE | X | ***

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-94

MONITORING PERIOD

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

NOTE: Read instructions before completing this fc

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	S
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD) 00340 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	SI
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******			*******		(12)			
	PERMIT REQUIREMENT	*******	*******	*** ****	6.0 MINIMUM	*******	8.5 MAXIMUM	SU		QTRLY	SI
ALKALINITY, TOTAL (AS CACO3) 00410 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******			*******	*******	(19)			
	PERMIT REQUIREMENT	*******	*******	*** ****	20.0 MINIMUM	*******	*******	MG/L		QTRLY	SI
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	SI
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	SI
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	SI
CARBON, TOT ORGANIC (TOC) 00680 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)			
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	REPORT DAILY MX	MG/L		QTRLY	SI

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DAT	
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	AREA CODE 813	NUMBER 792-8811	YEAR 10	MO 31

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

P & N: USE P IF BACKGROUND <649, OTHERWISE N. FOR ANY LINE NOT USED, ENTER "NODI=9".
R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
S001: INCREASE ABOVE BACKGROUND TURBIDITY.

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) FL0036831 PERMIT NUMBER

(17-19) 001 Q DISCHARGE NUMBER

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

NOTE: Read instructions before completing this f

MONITORING PERIOD

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

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)		
00070 5 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	*******	*******	29 DAILY MX	NTU		STRLY SI
TURBIDITY	SAMPLE MEASUREMENT	*******	*******		*******	*******		(43)		
00070 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	******	*******	*******	REPORT DAILY MX	NTU		STRLY SI
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******	*******		(11)		
00095 P 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	*******	******	*******	*******	1275 DAILY MX	UMHO/ CM		STRLY SI
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******		(23)	*******	*******	*******			
00095 Q 0 0 SEE COMMENTS BELOW	PERMIT REQUIREMENT	*******	50 DAILY MX	PER-CENT	*******	*******	*******	******		STRLY SI
SPECIFIC CONDUCTANCE	SAMPLE MEASUREMENT	*******	*******		*******		*******	(11)		
00095 5 0 0 UPSTREAM MONITORING	PERMIT REQUIREMENT	*******	*******	******	*******	REPORT SINGSAMP	*******	UMHO/ CM		SEE PERMIT
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*******	*******			*******	*******	(19)		
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	5.0 DAILY MN	*******	*******	MG/L		STRLY SI
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*******	*******		*******	*******		(19)		
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	******	*******	*******	REPORT DAILY MX	MG/L		STRLY SI

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
Daniel T. Gray Utilities Operations M Manager	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	AREA CODE 813	NUMBER 792-8811	YEAR 10	MO 31
TYPED OR PRINTED					

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 "NOD1=9".
R: REPORT % INCREASE ABOVE BACKGROUND CHLORIDE CONTENT. IGNORE PRINTED UNIT.
~~S: REPORT INCREASE ABOVE BACKGROUND TURBIDITY.~~