DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	JEA	PERMIT NUMBER:	FL0174441
ADDRESS:	21 West Church Street T-8 Jacksonville, FL 32202	LIMIT:	FINAL REPORT: Monthly
		FACILITY TYPE:	DW GROUP: Domestic
		MONITORING GROUP:	D-001
FACILITY:	Blacks Ford WRF		
LOCATION:	1310 - 100 Roberts Road Southeast Of Fruit Cove Jacksonville, FL 32259	DESCRIPTION:	Discharge to Blacks Ford Wetlands
COUNTY:	ST. JOHNS	MONITORING PERIOD:	From: 07/01/2021 To: 07/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**NOD**						**0**	**1 Daily; 24 hours**	**Calculated**
PARM Code 50050 Y Add. Desc: to the Receiving Wetland Mon. Site: CAL-1	**Permit Requirement**		**3.5 (Annl Avg)**	**MGD**						**(1 Daily; 24 hours)**	**(Calculated)**
Flow	**Sample Measurement**		**NOD**						**0**	**1 Daily; 24 hours**	**Calculated**
PARM Code 50050 P Add. Desc: to the Receiving Wetland Mon. Site: CAL-1	**Permit Requirement**		**Report (Mo Avg)**	**MGD**						**(1 Daily; 24 hours)**	**(Calculated)**
Duration of Discharge	**Sample Measurement**		**NOD**						**0**	**1 Daily; 24 hours**	**Calculated**
PARM Code 81381 P Mon. Site: CAL-2	**Permit Requirement**		**Report (Mo Total)**	**day/mth**						**(1 Daily; 24 hours)**	**(Calculated)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**					**NOD**			**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 80082 Y Mon. Site: EFF-1	**Permit Requirement**					**5.0 (Annl Avg)**		**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**				**NOD**	**NOD**	**NOD**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 80082 1 Mon. Site: EFF-1	**Permit Requirement**				**10.0 (Maximum)**	**7.5 (Wkly Avg)**	**6.25 (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Solids, Total Suspended	**Sample Measurement**					**NOD**			**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00530 Y Mon. Site: EFF-1	**Permit Requirement**					**5.0 (Annl Avg)**		**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Solids, Total Suspended	**Sample Measurement**				**NOD**	**NOD**	**NOD**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00530 1 Mon. Site: EFF-1	**Permit Requirement**				**10.0 (Maximum)**	**7.25 (Wkly Avg)**	**6.25 (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
pH	**Sample Measurement**				**NOD**		**NOD**		**0**	**1 Continuous**	**Meter**
PARM Code 00400 1 Mon. Site: EFF-1	**Permit Requirement**				**6.0 (Minimum)**		**8.5 (Maximum)**	**s.u.**		**(1 Continuous)**	**(Meter)**
Ultraviolet Light Intensity	**Sample Measurement**				**NOD**				**0**	**1 Daily; 24 hours**	**Meter**
PARM Code 49607 1 Mon. Site: EFF-2	**Permit Requirement**				**Report (Minimum)**			**uW/sqcm**		**(1 Daily; 24 hours)**	**(Meter)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ultraviolet Light Dosage	**Sample Measurement**				**NOD**				**0**	**1 Daily; 24 hours**	**Meter**
PARM Code 61938 1 Mon. Site: EFF-2	**Permit Requirement**				**Report (Minimum)**			**mW-s/sqcm**		**(1 Daily; 24 hours)**	**(Calculated)**
Ultraviolet Light Transmittance	**Sample Measurement**				**NOD**				**0**	**1 Daily; 24 hours**	**Calculated**
PARM Code 51043 1 Mon. Site: EFF-2	**Permit Requirement**				**Report (Minimum)**			**percent**		**(1 Daily; 24 hours)**	**(Meter)**
Coliform, Fecal	**Sample Measurement**					**NOD**			**0**	**1 Weekly**	**Grab**
PARM Code 74055 Y Mon. Site: EFF-1	**Permit Requirement**					**200.0 (Annl Avg)**		**#/100mL**		**(1 Weekly)**	**(Grab)**
Coliform, Fecal	**Sample Measurement**				**NOD**	**NOD**	**NOD**		**0**	**1 Weekly**	**Grab**
PARM Code 74055 1 Mon. Site: EFF-1	**Permit Requirement**				**800.0 (Maximum)**	**400.0 (90th %)**	**200.0 (Mo Geomn)**	**#/100mL**		**(1 Weekly)**	**(Grab)**
E.coli	**Sample Measurement**					**NOD**	**NOD**		**0**	**1 Weekly**	**Grab**
PARM Code 51040 1 Mon. Site: EFF-1	**Permit Requirement**					**216.0 (Mo Geomn)**	**410.0 (90th %)**	**#/100mL**		**(1 Weekly)**	**(Grab)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFF-1	**Sample Measurement**					**NOD**			**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
	Permit Requirement					**3.0 (Annl Avg)**		**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Nitrogen, Total PARM Code 00600 1 Mon. Site: EFF-1	**Sample Measurement**				**NOD**	**NOD**	**NOD**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
	Permit Requirement				**6.0 (Maximum)**	**4.5 (Wkly Avg)**	**3.75 (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Nitrogen, Ammonia, Total (as N) PARM Code 00610 1 Add. Desc: Effluent Mon. Site: EFF-1	**Sample Measurement**					**NOD**	**NOD**		**0**	**1 Weekly**	**Grab**
	Permit Requirement					**Report (Mo Avg)**	**Report (Maximum)**	**mg/L**		**(1 Weekly)**	**(Grab)**
Nitrogen, Ammonia, Total (as N) PARM Code 00610 P Add. Desc: Limit Mon. Site: CAL-3	**Sample Measurement**					**NOD**	**NOD**		**0**	**1 Weekly**	**Calculated**
	Permit Requirement					**Report (Mo Avg)**	**Report (Maximum)**	**mg/L**		**(1 Weekly)**	**(Calculated)**
Nitrogen, Ammonia, Total (as N) PARM Code 00610 Q Add. Desc: Compliance =Eff-limit Mon. Site: CAL-3	**Sample Measurement**					**NOD**	**NOD**		**0**	**1 Weekly**	**Calculated**
	Permit Requirement					**Report (Mo Avg)**	**Report (Maximum)**	**mg/L**		**(1 Weekly)**	**(Calculated)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	**Sample Measurement**					**NOD**			**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00665 Y Mon. Site: EFF-1	**Permit Requirement**					**1.0 (Annl Avg)**		**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Phosphorus, Total (as P)	**Sample Measurement**				**NOD**	**NOD**	**NOD**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00665 1 Mon. Site: EFF-1	**Permit Requirement**				**2.0 (Maximum)**	**1.5 (Wkly Avg)**	**1.25 (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Nitrogen, Total	**Sample Measurement**		**NOD**						**0**	**1 Monthly**	**Calculated**
PARM Code 00600 P Mon. Site: CAL-6	**Permit Requirement**		**Report (Annl Tot)**	**lb/yr**						**(1 Monthly)**	**(Calculated)**
Nitrogen, Total	**Sample Measurement**		**NOD**						**0**	**1 Monthly**	**Calculated**
PARM Code 00600 Q Mon. Site: CAL-6	**Permit Requirement**		**Report (Mo Total)**	**lb/mth**						**(1 Monthly)**	**(Calculated)**
Phosphorus, Total (as P)	**Sample Measurement**		**NOD**						**0**	**1 Monthly**	**Calculated**
PARM Code 00665 P Mon. Site: CAL-6	**Permit Requirement**		**Report (Annl Tot)**	**lb/yr**						**(1 Monthly)**	**(Calculated)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	**Sample Measurement**		**NOD**						**0**	**1 Monthly**	**Calculated**
PARM Code 00665 Q Mon. Site: CAL-6	**Permit Requirement**		**Report (Mo Total)**	**lb/mth**						**(1 Monthly)**	**(Calculated)**
IC25 Statre 7day Chr Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 Semi-Annually; twice per year**	**24-hr Flow Proportioned Composite**
PARM Code TRP3B P Add. Desc: Routine Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Semi-Annually; twice per year)**	**(24-hr Flow Proportioned Composite)**
IC25 Statre 7day Chr Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TRP3B Q Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
IC25 Statre 7day Chr Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TRP3B R Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
IC25 Statre 7Day Chr Pimephales	**Sample Measurement**				**MNR**				**0**	**1 Semi-Annually; twice per year**	**24-hr Flow Proportioned Composite**
PARM Code TRP6C P Add. Desc: Routine Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Semi-Annually; twice per year)**	**(24-hr Flow Proportioned Composite)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
IC25 Statre 7Day Chr Pimephales	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TRP6C Q Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
IC25 Statre 7Day Chr Pimephales	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TRP6C R Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
Flow	**Sample Measurement**		**MNR**						**0**	**1 Daily; 24 hours**	**Meter**
PARM Code 50050 1 Add. Desc: Dewatering GW Mon. Site: EFF-1	**Permit Requirement**		**Report (Daily Mx)**	**MGD**						**(1 Daily; 24 hours)**	**(Meter)**
Stream Stage	**Sample Measurement**		**NOD**						**0**	**1 Continuous**	**Meter**
PARM Code 34782 P Mon. Site: WEP-1	**Permit Requirement**		**Report (Maximum)**	**ft**						**(1 Continuous)**	**(Meter)**
Temperature (C), Water	**Sample Measurement**						**NOD**		**0**	**1 Monthly**	**Meter**
PARM Code 00010 P Mon. Site: WEP-1	**Permit Requirement**						**Report (Maximum)**	**Deg C**		**(1 Monthly)**	**(Meter)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Oxygen, Dissolved (DO)	**Sample Measurement**				**NOD**				**0**	**1 Monthly**	**Meter**
PARM Code 00300 P Mon. Site: WEP-1	**Permit Requirement**				**Report (Minimum)**			**mg/L**		**(1 Monthly)**	**(Meter)**
Specific Conductance	**Sample Measurement**						**NOD**		**0**	**1 Monthly**	**Meter**
PARM Code 00095 P Mon. Site: WEP-1	**Permit Requirement**						**Report (Maximum)**	**umhos/cm**		**(1 Monthly)**	**(Meter)**
pH	**Sample Measurement**						**NOD**		**0**	**1 Monthly**	**Meter**
PARM Code 00400 P Mon. Site: WEP-1	**Permit Requirement**						**Report (Maximum)**	**s.u.**		**(1 Monthly)**	**(Meter)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**						**NOD**		**0**	**1 Monthly**	**Grab**
PARM Code 80082 P Mon. Site: WEP-1	**Permit Requirement**						**Report (Maximum)**	**mg/L**		**(1 Monthly)**	**(Grab)**
Solids, Total Suspended	**Sample Measurement**						**NOD**		**0**	**1 Monthly**	**Grab**
PARM Code 00530 P Mon. Site: WEP-1	**Permit Requirement**						**Report (Maximum)**	**mg/L**		**(1 Monthly)**	**(Grab)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Ammonia, Total (as N)	**Sample Measurement**					**NOD**			**0**	**1 Monthly**	**Grab**
PARM Code 00610 Y Mon. Site: WEP-1	**Permit Requirement**					**Report (Annl Avg)**		**mg/L**		**(1 Monthly)**	**(Grab)**
Nitrogen, Ammonia, Total (as N)	**Sample Measurement**					**NOD**	**NOD**		**0**	**1 Monthly**	**Grab**
PARM Code 00610 R Mon. Site: WEP-1	**Permit Requirement**					**Report (Mo Avg)**	**Report (Maximum)**	**mg/L**		**(1 Monthly)**	**(Grab)**
Nitrogen, Ammonia, Total unionized (as N)	**Sample Measurement**					**NOD**			**0**	**1 Monthly**	**Calculated**
PARM Code 00612 Y Add. Desc: WEP-1 site Mon. Site: CAL-3	**Permit Requirement**					**0.02 (Annl Avg)**		**mg/L**		**(1 Monthly)**	**(Calculated)**
Nitrogen, Ammonia, Total unionized (as N)	**Sample Measurement**					**NOD**	**NOD**		**0**	**1 Monthly**	**Calculated**
PARM Code 00612 P Add. Desc: WEP-1 site Mon. Site: CAL-3	**Permit Requirement**					**Report (Mo Avg)**	**Report (Maximum)**	**mg/L**		**(1 Monthly)**	**(Calculated)**
Nitrogen, Kjeldahl, Total (as N)	**Sample Measurement**						**NOD**		**0**	**1 Monthly**	**Grab**
PARM Code 00625 P Mon. Site: WEP-1	**Permit Requirement**						**Report (Maximum)**	**mg/L**		**(1 Monthly)**	**(Grab)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrite plus Nitrate, Total 1 det. (as N)	**Sample Measurement**						**NOD**		**0**	**1 Monthly**	**Grab**
PARM Code 00630 P Mon. Site: WEP-1	**Permit Requirement**						**Report (Maximum)**	**mg/L**		**(1 Monthly)**	**(Grab)**
Nitrogen, Total	**Sample Measurement**					**NOD**			**0**	**1 Monthly**	**Grab**
PARM Code 00600 R Mon. Site: WEP-1	**Permit Requirement**					**3.0 (Annl Avg)**		**mg/L**		**(1 Monthly)**	**(Grab)**
Nitrogen, Total	**Sample Measurement**					**NOD**	**NOD**		**0**	**1 Monthly**	**Grab**
PARM Code 00600 S Mon. Site: WEP-1	**Permit Requirement**					**Report (Mo Avg)**	**Report (Maximum)**	**mg/L**		**(1 Monthly)**	**(Grab)**
Phosphorus, Total (as P)	**Sample Measurement**					**NOD**			**0**	**1 Monthly**	**Grab**
PARM Code 00665 R Mon. Site: WEP-1	**Permit Requirement**					**Report (Annl Avg)**		**mg/L**		**(1 Monthly)**	**(Grab)**
Phosphorus, Total (as P)	**Sample Measurement**					**NOD**	**NOD**		**0**	**1 Monthly**	**Grab**
PARM Code 00665 S Mon. Site: WEP-1	**Permit Requirement**					**Report (Mo Avg)**	**Report (Maximum)**	**mg/L**		**(1 Monthly)**	**(Grab)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**5.282**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 50050 J Mon. Site: PPI-1	**Permit Requirement**		**6.0 (Annl Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
Flow	**Sample Measurement**	**5.175**	**5.319**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 50050 Q Mon. Site: PPI-1	**Permit Requirement**	**Report (3MonAvg)**	**Report (Mo Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
Percent Capacity, (TMADF/Permitted Capacity) x 100	**Sample Measurement**						**86.242**		**0**	**1 Monthly**	**Calculated**
PARM Code 00180 P Mon. Site: CAL-5	**Permit Requirement**						**Report (Mo Avg)**	**percent**		**(1 Monthly)**	**(Calculated)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**						**221**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	**Permit Requirement**						**Report (Maximum)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Solids, Total Suspended	**Sample Measurement**						**188**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	**Permit Requirement**						**Report (Maximum)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	SUBMITTED ON
Miranda Federico	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Electronically Signed	(904) 583-6587	08/26/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	JEA	PERMIT NUMBER:	FL0174441		
ADDRESS:	21 West Church Street T-8 Jacksonville, FL 32202	LIMIT:	FINAL	REPORT:	Monthly
		FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	D-002		
FACILITY:	Blacks Ford WRF				
LOCATION:	1310 - 100 Roberts Road Southeast Of Fruit Cove Jacksonville, FL 32259	DESCRIPTION:	Apricot Act Discharge to Blacks Ford Swamp		
COUNTY:	ST. JOHNS	MONITORING PERIOD:	From: 07/01/2021 To: 07/31/2021		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**0.953**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 50050 Y Mon. Site: CAL-1	**Permit Requirement**		**1.8 (Annl Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
Flow	**Sample Measurement**		**0.879**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 50050 P Mon. Site: CAL-1	**Permit Requirement**		**Report (Mo Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
Flow, Total Volume	**Sample Measurement**	**27.25**	**347.86**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 82220 P Mon. Site: CAL-3	**Permit Requirement**	**Report (Mo Total)**	**675.0 (Annl Tot)**	**Mgal/mth**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**					**1.802**			**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 80082 Y Mon. Site: EFF-1	**Permit Requirement**					**5.0 (Annl Avg)**		**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**				**4.7**	**4.7**	**3.667**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 80082 1 Mon. Site: EFF-1	**Permit Requirement**				**10.0 (Maximum)**	**7.5 (Wkly Avg)**	**6.25 (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Solids, Total Suspended	**Sample Measurement**						**0.5**		**0**	**1 Weekly**	**Grab**
PARM Code 00530 1 Mon. Site: EFF-1	**Permit Requirement**						**5.0 (Maximum)**	**mg/L**		**(1 Weekly)**	**(Grab)**
Coliform, Fecal	**Sample Measurement**						**294**		**1**	**1 Weekly**	**Grab**
PARM Code 74055 1 Mon. Site: EFF-1	**Permit Requirement**						**25.0 (Maximum)**	**#/100mL**		**(1 Weekly)**	**(Grab)**
Coliform, Fecal, % less than detection	**Sample Measurement**						**95**		**0**	**1 Weekly**	**Calculated**
PARM Code 51005 P Mon. Site: CAL-1	**Permit Requirement**						**75.0 (MinTotMo)**	**percent**		**(1 Weekly)**	**(Calculated)**
E.coli	**Sample Measurement**					**0.5**	**1**		**0**	**1 Weekly**	**Calculated**
PARM Code 51040 1 Mon. Site: EFF-1	**Permit Requirement**					**126.0 (Mo Geomn)**	**410.0 (90th %)**	**#/100mL**		**(1 Weekly)**	**(Calculated)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	**Sample Measurement**				**6.8**		**8.3**		**0**	**1 Continuous**	**Meter**
PARM Code 00400 1 Mon. Site: EFF-1	**Permit Requirement**				**6.5 (Minimum)**		**8.5 (Maximum)**	**s.u.**		**(1 Continuous)**	**(Meter)**
Ultraviolet Light Dosage	**Sample Measurement**				**106**				**0**	**1 Continuous**	**Calculated**
PARM Code 61938 1 Add. Desc: For Disinfection Mon. Site: EFF-2	**Permit Requirement**				**100.0 (Minimum)**			**mW-s/sqcm**		**(1 Continuous)**	**(Calculated)**
Ultraviolet Light Intensity	**Sample Measurement**						**0.8**		**0**	**1 Daily; 24 hours**	**Meter**
PARM Code 49607 1 Add. Desc: For Dechlorination Mon. Site: EFF-2	**Permit Requirement**						**0.01 (Maximum)**	**uW/sqcm**		**(1 Daily; 24 hours)**	**(Meter)**
Ultraviolet Light Transmittance	**Sample Measurement**						**55**		**0**	**1 Daily; 24 hours**	**Meter**
PARM Code 51043 1 Add. Desc: For Dechlorination Mon. Site: EFF-2	**Permit Requirement**						**55.0 (Maximum)**	**percent**		**(1 Daily; 24 hours)**	**(Meter)**
Nitrogen, Total	**Sample Measurement**					**1.794**			**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00600 Y Mon. Site: EFF-1	**Permit Requirement**					**3.0 (Annl Avg)**		**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total	**Sample Measurement**				**1.97**	**1.97**	**1.85**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00600 1 Mon. Site: EFF-1	**Permit Requirement**				**6.0 (Maximum)**	**4.5 (Wkly Avg)**	**3.75 (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Phosphorus, Total (as P)	**Sample Measurement**					**0.511**			**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00665 Y Mon. Site: EFF-1	**Permit Requirement**					**1.0 (Annl Avg)**		**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Phosphorus, Total (as P)	**Sample Measurement**				**1.23**	**1.23**	**0.99**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00665 1 Mon. Site: EFF-1	**Permit Requirement**				**2.0 (Maximum)**	**1.5 (Wkly Avg)**	**1.25 (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
LC50 Statre 96hr Acu Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 Semi-Annually; twice per year**	**Grab**
PARM Code TAN3B P Add. Desc: Routine Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Semi-Annually; twice per year)**	**(Grab)**
LC50 Statre 96hr Acu Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TAN3B Q Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
LC50 Statre 96hr Acu Ceriodaphnia	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TAN3B R Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
LC50 Statre 96hr Acucyprinella Leedsi	**Sample Measurement**				**MNR**				**0**	**1 Semi-Annually; twice per year**	**Grab**
PARM Code TAN6H P Add. Desc: Routine Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Semi-Annually; twice per year)**	**(Grab)**
LC50 Statre 96hr Acucyprinella Leedsi	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TAN6H Q Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
LC50 Statre 96hr Acucyprinella Leedsi	**Sample Measurement**				**MNR**				**0**	**1 See permit**	**Documents**
PARM Code TAN6H R Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	SUBMITTED ON
Miranda Federico	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Electronically Signed	(904) 583-6587	08/26/2021

Parameter	Monitoring Site	Comments for Monitoring Group - D-002
49607 1	EFF-2	Should be minimum and limit report only
51043 1	EFF-2	Should be minimum

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	JEA	PERMIT NUMBER:	FL0174441
ADDRESS:	21 West Church Street T-8 Jacksonville, FL 32202	LIMIT: FACILITY TYPE: MONITORING GROUP:	FINAL REPORT: Monthly DW GROUP: Domestic D-SUM
FACILITY:	Blacks Ford WRF		
LOCATION:	1310 - 100 Roberts Road Southeast Of Fruit Cove Jacksonville, FL 32259	DESCRIPTION:	Total Nutrient Loads
COUNTY:	ST. JOHNS	MONITORING PERIOD:	From: 07/01/2021 To: 07/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total	**Sample Measurement**		**5420.8**						**0**	**1 Monthly**	**Calculated**
PARM Code 00600 P Mon. Site: CAL-SUM	**Permit Requirement**		**26467.0 (Annl Tot)**	**lb/yr**						**(1 Monthly)**	**(Calculated)**
Nitrogen, Total	**Sample Measurement**		**420.44**						**0**	**1 Monthly**	**Calculated**
PARM Code 00600 Q Mon. Site: CAL-SUM	**Permit Requirement**		**Report (Mo Total)**	**lb/mth**						**(1 Monthly)**	**(Calculated)**
Phosphorus, Total (as P)	**Sample Measurement**		**1317.7**						**0**	**1 Monthly**	**Calculated**
PARM Code 00665 P Mon. Site: CAL-SUM	**Permit Requirement**		**8823.0 (Annl Tot)**	**lb/yr**						**(1 Monthly)**	**(Calculated)**
Phosphorus, Total (as P)	**Sample Measurement**		**224.99**						**0**	**1 Monthly**	**Calculated**
PARM Code 00665 Q Mon. Site: CAL-SUM	**Permit Requirement**		**Report (Mo Total)**	**lb/mth**						**(1 Monthly)**	**(Calculated)**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	SUBMITTED ON
Miranda Federico	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Electronically Signed	(904) 583-6587	08/26/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	JEA	PERMIT NUMBER:	FL0174441
ADDRESS:	21 West Church Street T-8 Jacksonville, FL 32202	LIMIT:	FINAL REPORT: Monthly
		FACILITY TYPE:	DW GROUP: Domestic
		MONITORING GROUP:	R-001
FACILITY:	Blacks Ford WRF		
LOCATION:	1310 - 100 Roberts Road Southeast Of Fruit Cove Jacksonville, FL 32259	DESCRIPTION:	Land Application
COUNTY:	ST. JOHNS	MONITORING PERIOD:	From: 07/01/2021 To: 07/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**4.259**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 50050 Y Add. Desc: to Type III Reuse Mon. Site: EFF-2	**Permit Requirement**		**6.0 (Annl Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
Flow	**Sample Measurement**		**4.44**						**0**	**1 Continuous**	**Recording Flow Meter with Totalizer**
PARM Code 50050 1 Add. Desc: to Type III Reuse Mon. Site: EFF-2	**Permit Requirement**		**Report (Mo Avg)**	**MGD**						**(1 Continuous)**	**(Recording Flow Meter with Totalizer)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**					**1.977**			**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 80082 Y Mon. Site: EFF-2	**Permit Requirement**					**20.0 (Annl Avg)**		**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
BOD, Carbonaceous 5 day, 20C	**Sample Measurement**				**4.7**	**4.6**	**3.9**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 80082 1 Mon. Site: EFF-2	**Permit Requirement**				**60.0 (Maximum)**	**45.0 (Wkly Avg)**	**30.0 (Mo Avg)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	**Sample Measurement**						**0.5**		**0**	**1 Daily; 24 hours**	**Grab**
PARM Code 00530 B Mon. Site: EFB-1	**Permit Requirement**						**5.0 (Maximum)**	**mg/L**		**(1 Daily; 24 hours)**	**(Grab)**
Turbidity	**Sample Measurement**						**MNR**		**0**	**1 Continuous**	**Meter**
PARM Code 00070 B Mon. Site: EFB-1	**Permit Requirement**						**Report (Maximum)**	**NTU**		**(1 Continuous)**	**(Meter)**
Solids, Total Suspended	**Sample Measurement**						**1.91**		**0**	**1 Continuous**	**Meter**
PARM Code 00530 1 Add. Desc: Meter Mon. Site: EFF-1	**Permit Requirement**						**Report (Maximum)**	**mg/L**		**(1 Continuous)**	**(Meter)**
Coliform, Fecal	**Sample Measurement**						**294**		**1**	**5 Days/Week**	**Grab**
PARM Code 74055 1 Mon. Site: EFF-2	**Permit Requirement**						**25.0 (Maximum)**	**#/100mL**		**(5 Days/Week)**	**(Grab)**
Coliform, Fecal, % less than detection	**Sample Measurement**				**96.774**				**0**	**1 Monthly**	**Calculated**
PARM Code 51005 P Mon. Site: CAL-4	**Permit Requirement**				**75.0 (MinTotMo)**			**percent**		**(1 Monthly)**	**(Calculated)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	**Sample Measurement**				**6.8**		**8.3**		**0**	**1 Continuous**	**Meter**
PARM Code 00400 1 Mon. Site: EFF-2	**Permit Requirement**				**6.0 (Minimum)**		**8.5 (Maximum)**	**s.u.**		**(1 Continuous)**	**(Meter)**
Nitrogen, Total	**Sample Measurement**					**1.875**	**1.97**		**0**	**1 Weekly**	**24-hr Flow Proportioned Composite**
PARM Code 00600 A Mon. Site: EFA-2	**Permit Requirement**					**5.0 (Mo Avg)**	**10.0 (Maximum)**	**mg/L**		**(1 Weekly)**	**(24-hr Flow Proportioned Composite)**
Ultraviolet Light Intensity	**Sample Measurement**				**0.1**				**0**	**1 Continuous**	**Meter**
PARM Code 49607 1 Mon. Site: EFF-2	**Permit Requirement**				**Report (Minimum)**			**uW/sqcm**		**(1 Continuous)**	**(Meter)**
Ultraviolet Light Transmittance	**Sample Measurement**				**55**				**0**	**1 Continuous**	**Meter**
PARM Code 51043 1 Mon. Site: EFF-2	**Permit Requirement**				**55.0 (Minimum)**			**percent**		**(1 Continuous)**	**(Meter)**
Ultraviolet Light Dosage	**Sample Measurement**				**106**				**0**	**1 Continuous**	**Meter**
PARM Code 61938 1 Mon. Site: EFF-2	**Permit Requirement**				**100.0 (Minimum)**			**mW-s/sqcm**		**(1 Continuous)**	**(Meter)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**0.047**						**0**	**1 Daily, when discharging**	**Recording Flow Meter with Totalizer**
PARM Code 50050 P Add. Desc: GW Supplemental Mon. Site: FLW-3	**Permit Requirement**		**Report (Annl Avg)**	**MGD**						**(1 Daily, when discharging)**	**(Recording Flow Meter with Totalizer)**
Flow	**Sample Measurement**		**5.32**						**0**	**1 Daily, when discharging**	**Recording Flow Meter with Totalizer**
PARM Code 50050 Q Add. Desc: GW Supplemental Mon. Site: FLW-3	**Permit Requirement**		**Report (Mo Avg)**	**MGD**						**(1 Daily, when discharging)**	**(Recording Flow Meter with Totalizer)**
Solids, Total Suspended	**Sample Measurement**						**ANC**		**0**	**1 Weekly**	**Grab**
PARM Code 00530 A Mon. Site: EFA-3	**Permit Requirement**						**Report (Maximum)**	**mg/L**		**(1 Weekly)**	**(Grab)**
Coliform, Fecal	**Sample Measurement**						**ANC**		**0**	**1 Weekly**	**Grab**
PARM Code 74055 A Mon. Site: EFA-3	**Permit Requirement**						**25.0 (Maximum)**	**#/100mL**		**(1 Weekly)**	**(Grab)**
Coliform, Fecal, % less than detection	**Sample Measurement**				**ANC**				**0**	**1 Monthly**	**Calculated**
PARM Code 51005 Q Mon. Site: CAL-4	**Permit Requirement**				**75.0 (MinTotMo)**			**percent**		**(1 Monthly)**	**(Calculated)**

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Miranda Federico		Electronically Signed	(904) 583-6587	08/26/2021

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	JEA	PERMIT NUMBER:	FL0174441
ADDRESS:	21 West Church Street T-8 Jacksonville, FL 32202	LIMIT: FACILITY TYPE: MONITORING GROUP:	FINAL REPORT: Monthly DW GROUP: Domestic RMP-Q
FACILITY:	Blacks Ford WRF		
LOCATION:	1310 - 100 Roberts Road Southeast Of Fruit Cove Jacksonville, FL 32259	DESCRIPTION:	Biosolids Quantity
COUNTY:	ST. JOHNS	MONITORING PERIOD:	From: 07/01/2021 To: 07/31/2021

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	**Sample Measurement**		**0**						**0**	**1 Monthly**	**Calculated**
PARM Code B0007 + Mon. Site: RMP-1	**Permit Requirement**		**Report (Mo Total)**	**dry tons**						**(1 Monthly)**	**(Calculated)**
Biosolids Quantity (Landfilled)	**Sample Measurement**		**152.72**						**0**	**1 Monthly**	**Calculated**
PARM Code B0008 + Mon. Site: RMP-2	**Permit Requirement**		**Report (Mo Total)**	**dry tons**						**(1 Monthly)**	**(Calculated)**
Biosolids Quantity (Land-Applied)	**Sample Measurement**		**0**						**0**	**1 Monthly**	**Calculated**
PARM Code B0006 + Mon. Site: RMP-3	**Permit Requirement**		**Report (Mo Total)**	**dry tons**						**(1 Monthly)**	**(Calculated)**

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