

Exhibit B
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed submit this report to: <http://www.fldepportal.com/go/>

PERMITTEE NAME: Pinellas County Utilities
 MAILING ADDRESS: 14 South Ft. Harrison Avenue
 Clearwater, Florida 33756-

PERMIT NUMBER: FL0040436-025-DW1/MR

LIMIT: **INTERIM (2nd Amendment)**
 CLASS SIZE: MA
 MONITORING GROUP NUMBER: D-001
 MONITORING GROUP DESCRIPTION: D-001, with Influent

REPORT FREQUENCY: Monthly
 PROGRAM: Domestic

FACILITY: South Cross Bayou AWRF
 LOCATION: 7401 54th Ave. N.
 St Petersburg, FL 33709-1374

RE-SUBMITTED DMR:
 NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: _____ To: _____

COUNTY: Pinellas
 OFFICE: Southwest District

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement									
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement		20 (An.Avg.)	MGD					Continuous	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement		Report (Mo.Avg.)	MGD					Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement				5.0 (An.Avg.)		mg/L		Monthly	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Max.Wk.Avg.)	mg/L		Monthly	24-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 P Mon. Site No. EFA-01	Permit Requirement					10.0 (Max.)	mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement				5.0 (An.Avg.)		mg/L		Monthly	24-hr FPC

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 gather and evaluate 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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: South Cross Bayou AWRF

MONITORING GROUP D-001
 NUMBER:
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0040436-025-DW1/MR
INTERIM

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement				6.25 (Mo.Avg.)	7.5 (Max.Wk.Avg.)	mg/L		Monthly	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 P Mon. Site No. EFA-01	Permit Requirement					10.0 (Max.)	mg/L		Daily; 24 hours	24-hr FPC
Nitrogen, Total	Sample Measurement									
PARM Code 00600 Y Mon. Site No. EFA-01	Permit Requirement				3.0 (An.Avg.)		mg/L		Monthly	24-hr FPC
Nitrogen, Total	Sample Measurement									
PARM Code 00600 A Mon. Site No. EFA-01	Permit Requirement				3.75 (Mo.Avg.)	4.5 (Max.Wk.Avg.)	mg/L		Monthly	24-hr FPC
Nitrogen, Total	Sample Measurement									
PARM Code 00600 P Mon. Site No. EFA-01	Permit Requirement					6.0 (Max.)	mg/L		Daily; 24 hours	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 Y Mon. Site No. EFA-01	Permit Requirement				1.0 (An.Avg.)		mg/L		Monthly	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 A Mon. Site No. EFA-01	Permit Requirement				1.25 (Mo.Avg.)	1.5 (Max.Wk.Avg.)	mg/L		Monthly	24-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 P Mon. Site No. EFA-01	Permit Requirement					2.0 (Max.)	mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 B Mon. Site No. EFB-01	Permit Requirement					5.0 (Max.)	mg/L		Daily; 24 hours	Grab
pH	Sample Measurement									
PARM Code 00400 1 Mon. Site No. EFD-01	Permit Requirement				6.5 (Min.)	8.5 (Max.)	s.u.		Continuous	Meter

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: South Cross Bayou AWRP

MONITORING GROUP D-001
 NUMBER:
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0040436-025-DW1/MR
INTERIM

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement							
PARM Code 51005 A Mon. Site No. EFA-01	Permit Requirement			75 (Min.Mo.Total)	percent		Monthly	Calculated
Coliform, Fecal, % less than detection	Sample Measurement							
PARM Code 51005 P Mon. Site No. EFA-02	Permit Requirement			75 (Min.Mo.Total)	percent		Monthly	Calculated
Coliform, Fecal, % less than detection	Sample Measurement							
PARM Code 51005 Q Mon. Site No. EFA-03	Permit Requirement			75 (Min.Mo.Total)	percent		Monthly	Calculated
Coliform, Fecal	Sample Measurement							
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement				25 (Max.)	#/100mL	Daily; 24 hours	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 P Mon. Site No. EFA-02	Permit Requirement				25 (Max.)	#/100mL	Daily; 24 hours	Grab
Coliform, Fecal	Sample Measurement							
PARM Code 74055 Q Mon. Site No. EFA-03	Permit Requirement				25 (Max.)	#/100mL	Daily; 24 hours	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement							
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement			1.0 (Min.)	mg/L		Continuous	Meter
Chlorine, Total Residual (For Dechlorination)	Sample Measurement							
PARM Code 50060 I Mon. Site No. EFD-01	Permit Requirement				0.01 (Max.)	mg/L	Continuous	Meter
Enterococci	Sample Measurement							
PARM Code 31639 A Mon. Site No. EFA-01	Permit Requirement				Report (Max.)	#/100mL	Weekly	Grab
Enterococci	Sample Measurement							
PARM Code 31639 P Mon. Site No. EFA-01	Permit Requirement				35 (Mo.Geo.Mn.)	130 (90th %)	Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: South Cross Bayou AWRF

MONITORING GROUP D-001
 NUMBER:
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0040436-025-DW1/MR
INTERIM

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Enterococci	Sample Measurement									
PARM Code 31639 Q Mon. Site No. EFA-02	Permit Requirement					Report (Max.)	#/100mL		Weekly	Grab
Enterococci	Sample Measurement									
PARM Code 31639 R Mon. Site No. EFA-02	Permit Requirement				35 (Mo.Geo.Mn.)	130 (90th %)	#/100mL		Monthly	Calculated
Enterococci	Sample Measurement									
PARM Code 31639 S Mon. Site No. EFA-03	Permit Requirement					Report (Max.)	#/100mL		Weekly	Grab
Enterococci	Sample Measurement									
PARM Code 31639 T Mon. Site No. EFA-03	Permit Requirement				35 (Mo.Geo.Mn.)	130 (90th %)	#/100mL		Monthly	Calculated
Oxygen, Dissolved (DO)	Sample Measurement									
PARM Code 00300 1 Mon. Site No. EFD-01	Permit Requirement				5.0 (Min.)		mg/L		Daily; 24 hours	Grab
Chlorodibromomethane	Sample Measurement									
PARM Code 34306 Y Mon. Site No. EFD-01	Permit Requirement				80.0 (An.Avg.)		ug/L		Monthly	Grab
Chlorodibromomethane	Sample Measurement									
PARM Code 34306 1 Mon. Site No. EFD-01	Permit Requirement					Report (Max.)	ug/L		Monthly	Grab
Dichlorobromomethane	Sample Measurement									
PARM Code 32101 Y Mon. Site No. EFD-01	Permit Requirement				50.0 (An.Avg.)		ug/L		Monthly	Grab
Dichlorobromomethane	Sample Measurement									
PARM Code 32101 1 Mon. Site No. EFD-01	Permit Requirement					Report (Max.)	ug/L		Monthly	Grab
7-DAY CHRONIC STATRE Americamysis (Mysidopsis) bahia (Routine)	Sample Measurement									
PARM Code TRP3E P Mon. Site No. EFD-02	Permit Requirement				100 (Min.)		percent		Quarterly	24-hr FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: South Cross Bayou AWRF

MONITORING GROUP D-001
 NUMBER:
 MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FL0040436-025-DW1/MR
INTERIM

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
7-DAY CHRONIC STATRE Americamysis (Mysidopsis) bahia (Additional)	Sample Measurement							
PARM Code TRP3E Q Mon. Site No. EFD-02	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Americamysis (Mysidopsis) bahia (Additional)	Sample Measurement							
PARM Code TRP3E R Mon. Site No. EFD-02	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Menidia beryllina (Routine)	Sample Measurement							
PARM Code TRP6B P Mon. Site No. EFD-02	Permit Requirement			100 (Min.)	percent		Quarterly	24-hr FPC
7-DAY CHRONIC STATRE Menidia beryllina (Additional)	Sample Measurement							
PARM Code TRP6B Q Mon. Site No. EFD-02	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
7-DAY CHRONIC STATRE Menidia beryllina (Additional)	Sample Measurement							
PARM Code TRP6B R Mon. Site No. EFD-02	Permit Requirement			100 (Min.)	percent		As needed	As required by the permit
Flow Rate	Sample Measurement							
PARM Code 00050 1 Mon. Site No. FLW-04	Permit Requirement	Report (Day.Max.)	MGD				Continuous	Meter
Ultraviolet Light Dosage	Sample Measurement							
PARM Code 61938 J Mon. Site No. PPI-01	Permit Requirement			100 (Min.)	mW-s/sqcm		Continuous	Meter
Ultraviolet Light Dosage	Sample Measurement							
PARM Code 61938 P Mon. Site No. PPI-02	Permit Requirement			100 (Min.)	mW-s/sqcm		Continuous	Meter
Ultraviolet Light Transmittance	Sample Measurement							
PARM Code 51043 J Mon. Site No. EFB-01	Permit Requirement			51 (Min.)	percent		Continuous	Meter

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: South Cross Bayou AWRF

MONITORING GROUP D-001

PERMIT NUMBER: FL0040436-025-DW1/MR

NUMBER:

INTERIM

MONITORING PERIOD

From: _____

To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Ultraviolet Light Intensity	Sample Measurement										
PARM Code 49607 J Mon. Site No. PPI-01	Permit Requirement				Report (Min.)			mW/sqcm		Continuous	Meter
Ultraviolet Light Intensity	Sample Measurement										
PARM Code 49607 P Mon. Site No. PPI-02	Permit Requirement				Report (Min.)			mW/sqcm		Continuous	Meter
Turbidity	Sample Measurement										
PARM Code 00070 B Mon. Site No. EFB-01	Permit Requirement				Report (Min.)			NTU		Continuous	Meter
Flow	Sample Measurement										
PARM Code 50050 P Mon. Site No. FLW-03	Permit Requirement		33 (An.Avg.)	MGD						Continuous	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 Q Mon. Site No. FLW-03	Permit Requirement		Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 G Mon. Site No. FLW-03	Permit Requirement					Report (Mo.Avg.)		percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement										
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement					Report (Max.)		mg/L		Daily; 24 hours	24-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement										
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement					Report (Max.)		mg/L		Daily; 24 hours	24-hr FPC