

From: Florida DEP EzDMR <no-reply@dep.state.fl.us>
Sent: Monday, March 25, 2024 2:08 PM
To: Ernest Nolan <ernest.nolan@ch2m.com>
Subject: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2024::Feb::767108 - Report Submission

**FLORIDA DEPARTMENT OF
Environmental Protection**

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

DMR Report Submission

Dear Certifier Ernest Nolan,

Attached you will find a copy of your report submission.

The Report Submission Details are:

Facility Id: FLA010193
Report Frequency: MO
Report Part: A
Reporting Period: 02/01/2024 - 02/29/2024

Part B Attached: YES
Other Attachments : NO

If you have any questions, please contact the [DEP District Office](#) for Wastewater facilities or the [Notices Center](#) for NPDES Stormwater facilities.

Sincerely,
EzDMR Staff
EzDMRAdmin@dep.state.fl.us

Florida Department of Environmental Protection
Water Compliance Enforcement Program
2600 Blair Stone Road, MS 3550
Tallahassee, FL 32399-2400
850-245-8567

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
 ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536

FACILITY: Crestview WWTP
 LOCATION: 5101 Arena Rd
 Crestview, FL 32536

COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
 LIMIT: Monthly
 FACILITY TYPE: DW
 MONITORING GROUP: R-001

DESCRIPTION: Part II spray irrigation 270 acres

MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Flow | 0.7 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 Y Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | 1.53 (Annl Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | 0.7 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 P Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | 0.77 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 1 Add. Desc: Part IV RIBs Mon. Site: FLW-02 | 1.12 (Annl Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | 0.79 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 Q Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|---------------|--------|---------|-----------------------|-------------------------------------|
| | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFF-01 | Sample Measurement | | | 6.0 | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 20.0 (Annl Avg) | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site: EFF-01 | Sample Measurement | | | 5.8 | 5.1 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 60.0 (Maximum) | 30.0 (Mo Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFF-01 | Sample Measurement | | | 2.9 | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 20.0 (Annl Avg) | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended PARM Code 00530 I Mon. Site: EFF-01 | Sample Measurement | | | 3.8 | 3.4 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 60.0 (Maximum) | 30.0 (Mo Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Coliform, Fecal PARM Code 74055 Y Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | | 7 | | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | | 200.0 (Annl Avg) | | #100mL | | (1 Weekly) | (Grab) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|--------------------|---------------------|--------|---------|-----------------------|---|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | | | 3 | 1 | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | | | 800.0 (Maximum) | 200.0 (Mo Geom) | #100mL | | (1 Weekly) | (Grab) |
| pH PARM Code 00400 1 Mon. Site: EFF-01 | Sample Measurement | | | 7.2 | | 7.7 | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | s.u. | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: Basic Disinfection Mon. Site: EFA-01 | Sample Measurement | | | 0.5 | | | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 0.5 (Minimum) | | | mg/L | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon. Site: EFF-01 | Sample Measurement | | | | | 0.3 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | 12.0 (Maximum) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Total PARM Code 00600 1 Mon. Site: EFF-01 | Sample Measurement | | | | | 40.50 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | Report (Maximum) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Phosphorus, Total (as P) | | | 0.30 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| PARM Code 00665 1 Mon. Site: EFF-01 | | | Report (Maximum) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Flow | 1.47 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 R Add. Desc: Influent Mon. Site: FLW-01 | 2.75 (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | | | | | 0 | 1 Monthly | Recording Flow Meter with Totalizer |
| PARM Code 50050 S Add. Desc: WWTP Reuse Mon. Site: FLW-WWTP | | MGD | | | | (1 Monthly) | (Recording Flow Meter with Totalizer) |
| Percent Capacity, (TMADF / Permitted Capacity) x 100 | | | 52.7 | | 0 | 1 Monthly | Calculated |
| PARM Code 00180 P Mon. Site: CAL-01 | | | Report (Mo Avg) | | | (1 Monthly) | (Calculated) |
| BOD, Carbonaceous 5 day, 20C | | | 293 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01 | | | Report (Mo Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|---|-------|---|-----------------------|-------------------------------------|
| Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01 | Sample Measurement | | | 244 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | Report (Mo Avg) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| <p>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.</p> | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (850) 305-4638 SUBMITTED ON 03/25/2024 | | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
 ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536
 FACILITY: Crestview WWTP
 LOCATION: 5101 Arena Rd
 Crestview, FL 32536

PERMIT NUMBER: FLA010193
 LIMIT: FINAL REPORT: Monthly
 FACILITY TYPE: DW GROUP: Domestic
 MONITORING GROUP: R-003
 DESCRIPTION: Part III Reuse to General Reuse Area

COUNTY: OKALOOSA

MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024

| Parameter | Sample Measurement | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--------------------|-------|--------------------------|--------------------|------------------|---------|-----------------------|---------------------------------------|
| | | | | | | | | | | |
| Flow PARAM Code 50050 Y Add. Desc: Part III Reuse Mon. Site: FLW-03 | Sample Measurement | | MNR | | | | | 0 | MNR | MNR |
| | Permit Requirement | | 0.2 (Annl Avg) | MGD | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARAM Code 50050 1 Add. Desc: Part III Reuse Mon. Site: FLW-03 | Sample Measurement | | MNR | | | | | 0 | MNR | MNR |
| | Permit Requirement | | Report (Mo Avg) | MGD | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| BOD, Carbonaceous 5 day, 20C PARAM Code 80082 Y Mon. Site: EFF-03 | Sample Measurement | | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | | 20.0 (Annl Avg) | | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C PARAM Code 80082 1 Mon. Site: EFF-03 | Sample Measurement | | | | MNR | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|---------|---------|-----------------------|--------------|
| Solids, Total Suspended PARM Code 00530 B Add. Desc: High-Level Disinfection Mon. Site: EFB-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 5.0 (Maximum) | mg/L | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: High-Level Disinfection Mon. Site: EFF-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 25.0 (Maximum) | #/100mL | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal, % less than detection PARM Code 51005 1 Mon. Site: EFF-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 75.0 (MinTotMo) | percent | | (1 Daily; 24 hours) | (Calculated) |
| pH PARM Code 00400 1 Mon. Site: EFF-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 6.0 (Minimum) | s.u. | | (1 Continuous) | (Meter) |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: High-Level Disinfection Mon. Site: EFA-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 1.0 (Minimum) | mg/L | | (1 Continuous) | (Meter) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|-------|---------|-----------------------|-------------|
| Turbidity PARM Code 00070 B Mon. Site: EFB-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | Report (Maximum) | NTU | | (1 Continuous) | (Meter) |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan 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. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed TELEPHONE (850) 305-4638 SUBMITTED ON 03/25/2024 | | | | | | | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536

FACILITY: Crestview WWTP
LOCATION: 5101 Arena Rd
 Crestview, FL 32536

COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
LIMIT: Monthly
FACILITY TYPE: DW
GROUP: Domestic
MONITORING GROUP: RMP-Q

DESCRIPTION: Biosolids Quantity

MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------------|---------------------|----------|--------------------------|-------|---------|-----------------------|--------------|
| Biosolids Quantity (Land-Applied) | 38.15 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0006 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | 0 | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Transferred) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0007 + Mon. Site: RMP-3 | Report (Mo Total) | dry tons | | | 0 | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Landfilled) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0008 + Mon. Site: RMP-4 | Report (Mo Total) | dry tons | | | 0 | (1 Monthly) | (Calculated) |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Ernest Nolan

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Electronically Signed

TELEPHONE
 (850) 305-4638

SUBMITTED ON
 03/25/2024

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.

From: Florida DEP EzDMR <no-reply@dep.state.fl.us>
Sent: Saturday, February 24, 2024 1:56 PM
To: Ernest Nolan <ernest.nolan@ch2m.com>
Subject: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2024::Jan::760369 - Report Submission

**FLORIDA DEPARTMENT OF
Environmental Protection**

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

DMR Report Submission

Dear Certifier Ernest Nolan,

Attached you will find a copy of your report submission.

The Report Submission Details are:

Facility Id: FLA010193
Report Frequency: MO
Report Part: A
Reporting Period: 01/01/2024 - 01/31/2024

Part B Attached: YES
Other Attachments : NO

If you have any questions, please contact the DEP [District Office](#) for Wastewater facilities or the [Notices Center](#) for NPDES Stormwater facilities.

Sincerely,
EzDMR Staff
EzDMRAdmin@dep.state.fl.us

Florida Department of Environmental Protection
Water Compliance Enforcement Program
2600 Blair Stone Road, MS 3550
Tallahassee, FL 32399-2400
850-245-8567

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|--|---|
| PERMITTEE NAME: City of Crestview | PERMIT NUMBER: FLA010193 |
| ADDRESS: 198 N Wilson Ave Crestview, FL 32536 | LIMIT: FINAL REPORT: Monthly |
| FACILITY: Crestview WWTP | FACILITY TYPE: DW GROUP: Domestic |
| LOCATION: 5101 Arena Rd Crestview, FL 32536 | MONITORING GROUP: R-001 |
| COUNTY: OKALOOSA | DESCRIPTION: Part II spray irrigation 270 acres |
| MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024 | |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-----------------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| | | | | | | | |
| Flow PARM Code 50050 Y Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Sample Measurement | 0.7 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | 1.53 (Annl Avg) | MGD | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 P Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Sample Measurement | 0.7 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | Report (Mo Avg) | MGD | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 1 Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Sample Measurement | 0.75 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | 1.12 (Annl Avg) | MGD | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 Q Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Sample Measurement | 0.78 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | Report (Mo Avg) | MGD | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------|--------------------|---------------------|-------|---------------------------|--------------------------|---------|---------|-----------------------|-------------------------------------|
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 6.1 | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 20.0 (Annl Avg) | | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | 14.0 | 6.6 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 60.0 (Maximum) (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended | Sample Measurement | | | 2.8 | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 20.0 (Annl Avg) | | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended | Sample Measurement | | | 14.0 | 5.5 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 60.0 (Maximum) (Wkly Avg) | 30.0 (Mo Avg) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Coliform, Fecal | Sample Measurement | | | 7 | | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | | 200.0 (Annl Avg) | | #/100mL | | (1 Weekly) | (Grab) |

PARM Code 74055 Y
Add. Desc: Basic Disinfection
Mon. Site: EPP-01

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|-----------------|---------|-----------------------|-------------------------------------|
| Coliform, Fecal | Sample Measurement | | | 141 | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | | 800.0 (Maximum) | 200.0 (No Germ) | | (1 Weekly) | (Grab) |
| PARM Code 74055 1 Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | | 6.5 | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| pH | Permit Requirement | | | 6.0 (Minimum) | 8.5 (Maximum) | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| | Sample Measurement | | | 0.7 | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| Chlorine, Total Residual | Permit Requirement | | | 0.5 (Minimum) | | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| | Sample Measurement | | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| Nitrogen, Nitrate, Total (as N) | Permit Requirement | | | | 12.0 (Maximum) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| | Sample Measurement | | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| Nitrogen, Total | Permit Requirement | | | | 22.80 | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| | Sample Measurement | | | | | | | |
| PARM Code 00600 1 Mon. Site: EFF-01 | Permit Requirement | | | | | | | |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|------------------|--------------------------|---------|---------|-----------------------|---------------------------------------|
| Phosphorus, Total (as P) | Sample Measurement | | | 6.60 | mg/L | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | Report (Maximum) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| PARM Code 00665 I Mon. Site: EFF-01 | Sample Measurement | 1.46 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | 2.75 (Mo Avg) | Report (3MonAvg) | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | Sample Measurement | | MNR | | | 0 | 1 Monthly | Recording Flow Meter with Totalizer |
| | Permit Requirement | | Report (Mo Avg) | | | | (1 Monthly) | (Recording Flow Meter with Totalizer) |
| PARM Code 50050 S Add. Desc: WWTP Reuse Mon. Site: FLW-WWTP | Sample Measurement | | | 52.5 | percent | 0 | 1 Monthly | Calculated |
| | Permit Requirement | | | Report (Mo Avg) | | | (1 Monthly) | (Calculated) |
| Percent Capacity, (TMADF /Permitted Capacity) x 100 | Sample Measurement | | | | | | | |
| | Permit Requirement | | | | | | | |
| PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | 282 | mg/L | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | Report (Mo Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | | | | | |
| | Permit Requirement | | | | | | | |
| PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01 | Sample Measurement | | | | | | | |
| | Permit Requirement | | | | | | | |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------|--------------------------|-------|---------|-----------------------------|-------------------------------------|
| Solids, Total Suspended | | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01 | Sample Measurement | | 230 | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan | Permit Requirement | | Report (Mo Avg) | | | | |
| <p>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.</p> | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | | | | | TELEPHONE (850) 305-4638 | SUBMITTED ON 02/24/2024 |

| Parameter | Monitoring Site | Comments for Monitoring Group - R-001 |
|-----------|-----------------|---|
| 50050 R | FLW-01 | Influent numbers are based on effluent flowmeter and historical data. An outside contractor is working on the influent flowmeter. |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
 ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536
 FACILITY: Crestview WWTP
 LOCATION: 5101 Arena Rd
 Crestview, FL 32536
 COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
 LIMIT: FINAL
 FACILITY TYPE: DW
 MONITORING GROUP: R-003
 DESCRIPTION: Part III Reuse to General Reuse Area
 MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024

| Parameter | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|--------------------|--------------------------|--------------------|--------------------|------------------|---------|-----------------------|---------------------------------------|
| | | | Maximum | (Wtdy Avg) | (Mo Avg) | | | | |
| Flow PARM Code 50050 Y Add. Desc: Part III Reuse Mon. Site: FLW-03 | Sample Measurement | MNR | | | | | 0 | MNR | MNR |
| | Permit Requirement | 0.2 (Annl Avg) | MGD | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 1 Add. Desc: Part III Reuse Mon. Site: FLW-03 | Sample Measurement | MNR | | | | | 0 | MNR | MNR |
| | Permit Requirement | Report (Mo Avg) | MGD | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFF-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | 20.0 (Annl Avg) | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon. Site: EFF-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | 60.0 (Maximum) | 45.0 (Wtdy Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|--------------------|---------|-----------------------|--------------|
| Solids, Total Suspended PARM Code 00530 B Add. Desc: High-Level Disinfection Mon. Site: EFB-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 5.0 (Maximum) | mg/L | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: High-Level Disinfection Mon. Site: EFB-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 25.0 (Maximum) | #/100mL | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal, % less than detection PARM Code 51005 1 Mon. Site: EFB-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 75.0 (MinToMax) | percent | (1 Daily; 24 hours) | (Calculated) |
| pH PARM Code 00400 1 Mon. Site: EFB-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 6.0 (Minimum) | s.u. | (1 Continuous) | (Meter) |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: High-Level Disinfection Mon. Site: EFA-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 1.0 (Minimum) | mg/L | (1 Continuous) | (Meter) |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536
FACILITY: Crestview WWTP
LOCATION: 5101 Arena Rd
 Crestview, FL 32536
COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
LIMIT: FINAL REPORT: Monthly
FACILITY TYPE: DW GROUP: Domestic
MONITORING GROUP: RMP-Q
DESCRIPTION: Biosolids Quantity

MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------------|---------------------|-------------------|--------------------------|-------|---------|-----------------------|-------------|
| Biosolids Quantity (Land-Applied) | Sample Measurement | 44.21 | | | 0 | 1 Monthly | Calculated |
| | Permit Requirement | Report (Mo Total) | | | | | |
| PARM Code B0006 + Mon. Site: RMP-2 | Sample Measurement | 0 | | | 0 | 1 Monthly | Calculated |
| | Permit Requirement | Report (Mo Total) | | | | | |
| Biosolids Quantity (Transferred) | Sample Measurement | 0 | | | 0 | 1 Monthly | Calculated |
| | Permit Requirement | Report (Mo Total) | | | | | |
| PARM Code B0007 + Mon. Site: RMP-3 | Sample Measurement | 0 | | | 0 | 1 Monthly | Calculated |
| | Permit Requirement | Report (Mo Total) | | | | | |
| Biosolids Quantity (Landfilled) | Sample Measurement | 0 | | | 0 | 1 Monthly | Calculated |
| | Permit Requirement | Report (Mo Total) | | | | | |
| PARM Code B0008 + Mon. Site: RMP-4 | Sample Measurement | 0 | | | 0 | 1 Monthly | Calculated |
| | Permit Requirement | Report (Mo Total) | | | | | |

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Ernest Nolan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Electronically Signed
TELEPHONE: (850) 305-4638
SUBMITTED ON: 02/24/2024

Kennedy, Pamela

From: Nolan, Ernest
Sent: Monday, August 28, 2023 9:50 AM
To: Jurkovic, Milan; Kennedy, Pamela
Subject: FW: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2023::Jul::744595 - Report Submission
Attachments: FLA010193_MO_A.pdf

From: Florida DEP EzDMR <no-reply@dep.state.fl.us>
Sent: Sunday, August 27, 2023 2:12 PM
To: Ernest Nolan <ernest.nolan@ch2m.com>
Subject: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2023::Jul::744595 - Report Submission



**FLORIDA DEPARTMENT OF
Environmental Protection**

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

July 2023 DMR

DMR Report Submission

Dear Certifier Ernest Nolan,

Attached you will find a copy of your report submission.

The Report Submission Details are:

Facility Id: FLA010193
Report Frequency: MO
Report Part: A
Reporting Period: 07/01/2023 - 07/31/2023

Part B Attached: YES
Other Attachments : NO

If you have any questions, please contact the DEP District Office for Wastewater facilities or the Notices Center for NPDES Stormwater facilities.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|--|---|
| PERMITTEE NAME: City of Crestview | PERMIT NUMBER: FLA010193 |
| ADDRESS: 198 N Wilson Ave Crestview, FL 32536 | FINAL REPORT: Monthly |
| FACILITY: Crestview WWTP | FACILITY TYPE: DW |
| LOCATION: 5101 Arena Rd Crestview, FL 32536 | MONITORING GROUP: R-001 |
| COUNTY: OKALOOSA | DESCRIPTION: Part II spray irrigation 270 acres |
| MONITORING PERIOD: From: 07/01/2023 To: 07/31/2023 | |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-----------------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Flow PARM Code 50050 Y Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Sample Measurement | 0.9 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | 1.53 (Annl Avg) | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 P Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Sample Measurement | 0.8 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | Report (Mo Avg) | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 1 Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Sample Measurement | 0.63 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | 1.12 (Annl Avg) | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 Q Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Sample Measurement | 0.78 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | Report (Mo Avg) | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------|---------------------|-------|--------------------------------|---------------|---------|-----------------------|-------------------------------------|
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 5.9 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 20.0 (Annl Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 6.1 | 4.7 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 60.0 (Maximum) 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended | Sample Measurement | | 2.6 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 20.0 (Annl Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended | Sample Measurement | | 2.4 | 2.1 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 60.0 (Maximum) 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Coliform, Fecal | Sample Measurement | | 6 | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | 200.0 (Annl Avg) | | | (1 Weekly) | (Grab) |

PARM Code 74055 Y
Add. Desc: Basic Disinfection
Mon. Site: EFF-01

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|-----------------|---------|-----------------------|-------------------------------------|
| Coliform, Fecal | Sample Measurement | | 1 | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | 800.0 (Maximum) | 200.0 (Mo Geom) | | (1 Weekly) | (Grab) |
| PARM Code 74055 1 Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | 7.3 | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 6.0 (Minimum) | 8.5 (Maximum) | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| pH | Sample Measurement | | 0.8 | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 0.5 (Minimum) | | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| Chlorine, Total Residual | Sample Measurement | | | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | | |
| PARM Code 50060 A Add. Desc: Basic Disinfection Mon. Site: EFA-01 | Sample Measurement | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Nitrate, Total (as N) | Sample Measurement | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| PARM Code 00620 1 Mon. Site: EFF-01 | Sample Measurement | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Total | Sample Measurement | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| PARM Code 00600 1 Mon. Site: EFF-01 | Sample Measurement | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------|--------------------------|--|---------|--|---|
| Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01 | Sample Measurement | | | 231 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | Report (Mo Ave) | mg/L | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| <p>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.</p> | | | | | | | |
| <p>NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan</p> | | | | <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed</p> | | <p>TELEPHONE (850) 305-4638</p> | <p>SUBMITTED ON 08/27/2023</p> |

| Parameter | Monitoring Site | Comments for Monitoring Group - R-001 |
|-----------|-----------------|---|
| 50050 R | FLW-01 | Influent numbers are based on effluent flowmeter and historical data. An outside contractor is working on the influent flowmeter. |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|--|---|
| PERMITTEE NAME: City of Crestview | PERMIT NUMBER: FLA010193 |
| ADDRESS: 198 N Wilson Ave Crestview, FL 32536 | FINAL REPORT: Monthly |
| FACILITY: Crestview WWTP | FACILITY TYPE: DW |
| LOCATION: 5101 Arena Rd Crestview, FL 32536 | MONITORING GROUP: R-003 |
| COUNTY: OKALOOSA | DESCRIPTION: Part III Reuse to General Reuse Area |
| MONITORING PERIOD: From: 07/01/2023 To: 07/31/2023 | |

| Parameter | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|-----------------------|-------|--------------------------|--------------------|----------------------|------------------|---------|-----------------------|---------------------------------------|
| | | | Maximum | Weekly Avg | Mo Avg | | | | |
| Flow | MNR | | | | | | 0 | MNR | MNR |
| PARM Code 50050 Y Add. Desc: Part III Reuse Mon. Site: FLW-03 | 0.2 (Annl Avg) | MGD | | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | MNR | | | | | | 0 | MNR | MNR |
| PARM Code 50050 1 Add. Desc: Part III Reuse Mon. Site: FLW-03 | Report (Mo Avg) | MGD | | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| PARM Code 80082 Y Mon. Site: EFF-03 | Permit Requirement | | | 20.0 (Annl Avg) | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| PARM Code 80082 1 Mon. Site: EFF-03 | Permit Requirement | | | 60.0 (Maximum) | 45.0 (Weekly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|---------|---------|----------------------------|---------------|
| Solids, Total Suspended PARM Code 00530 B Add. Desc: High-Level Disinfection Mon. Site: EFP-03 | Sample Measurement | | | MNR | | 0 | MNR (1 Daily; 24 hours) | MNR (Grab) |
| | Permit Requirement | | | 5.0 (Maximum) | mg/L | | | |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: High-Level Disinfection Mon. Site: EFP-03 | Sample Measurement | | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | | 25.0 (Maximum) | #/100mL | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal, % less than detection PARM Code 51005 1 Mon. Site: EFP-03 | Sample Measurement | | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | | 75.0 (MinToMo) | percent | | (1 Daily; 24 hours) | (Calculated) |
| pH PARM Code 00400 1 Mon. Site: EFP-03 | Sample Measurement | | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | | 6.0 (Minimum) | s.u. | | (1 Continuous) | (Meter) |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: High-Level Disinfection Mon. Site: EFP-03 | Sample Measurement | | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | | 1.0 (Minimum) | mg/L | | (1 Continuous) | (Meter) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|---|-----------------------------|----------------------------|-------------|
| Turbidity | Sample Measurement | | | | 0 | MNR | MNR |
| PARM Code 00070 B Mon. Site: EFB-03 | Permit Requirement | | | | | (1 Continuous) | (Meter) |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan 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. | | | | | | | |
| | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (850) 305-4638 | SUBMITTED ON 08/27/2023 | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

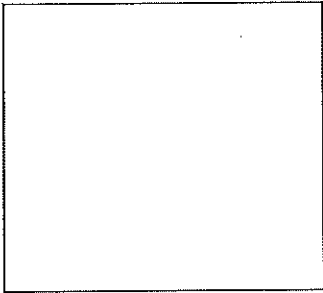
| | |
|-----------------------------------|--|
| PERMITTEE NAME: City of Crestview | PERMIT NUMBER: FLA010193 |
| ADDRESS: 198 N Wilson Ave | FINAL REPORT: Monthly |
| Crestview, FL 32536 | DW GROUP: Domestic |
| FACILITY: Crestview WWTP | MONITORING GROUP: RMP-Q |
| LOCATION: 5101 Arena Rd | DESCRIPTION: Biosolids Quantity |
| Crestview, FL 32536 | |
| COUNTY: OKALOOSA | MONITORING PERIOD: From: 07/01/2023 To: 07/31/2023 |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|--|---------|--------------------------|-------------------------|
| | | | | | | | |
| Biosolids Quantity (Land-Applied) | 28.73 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0006 + Mon. Site: RMP-2 | | | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Transferred) | 0.0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0007 + Mon. Site: RMP-3 | | | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Landfilled) | 0.0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0008 + Mon. Site: RMP-4 | | | | | | (1 Monthly) | (Calculated) |
| <p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan</p> <p>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.</p> | | | | | | | |
| | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (850) 305-4638 | SUBMITTED ON 08/27/2023 |

Kennedy, Pamela

From: Nolan, Ernest
Sent: Monday, September 25, 2023 12:43 PM
To: Kennedy, Pamela
Cc: Jurkovic, Milan
Subject: FW: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2023::Aug::748457 - Report Submission
Attachments: FLA010193_MO_A.pdf

From: Florida DEP EzDMR <no-reply@dep.state.fl.us>
Sent: Sunday, September 24, 2023 2:30 PM
To: Ernest Nolan <ernest.nolan@ch2m.com>
Subject: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2023::Aug::748457 - Report Submission



**FLORIDA DEPARTMENT OF
Environmental Protection**

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

DMR Report Submission

Dear Certifier Ernest Nolan,

Attached you will find a copy of your report submission.

The Report Submission Details are:

Facility Id: FLA010193
Report Frequency: MO
Report Part: A
Reporting Period: 08/01/2023 - 08/31/2023

Part B Attached: YES
Other Attachments : NO

if you have any questions, please contact the DEP District Office for Wastewater facilities or the Notices Center for NPDES Stormwater facilities.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|---|
| PERMITTEE NAME: City of Crestview ADDRESS: 198 N Wilson Ave Crestview, FL 32536 FACILITY: Crestview WWTP LOCATION: 5101 Arena Rd Crestview, FL 32536 COUNTY: OKALOOSA | PERMIT NUMBER: FLA010193 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Part II spray irrigation 270 acres MONITORING PERIOD: From: 08/01/2023 To: 08/31/2023 |
|---|---|

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Flow PARM Code 50050 Y Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Sample Measurement | 0.8 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| Permit Requirement | 1.53 (Annl Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 P Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Sample Measurement | 0.7 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| Permit Requirement | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 I Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Sample Measurement | 0.66 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| Permit Requirement | 1.12 (Annl Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 Q Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Sample Measurement | 0.77 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| Permit Requirement | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------|---------------------|-------|--------------------------------|---------------|---------|-----------------------|-------------------------------------|
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 6.0 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 20.0 (Annl Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 9.7 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 60.0 (Maximum) 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended | Sample Measurement | | 2.5 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 20.0 (Annl Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended | Sample Measurement | | 2.6 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 60.0 (Maximum) 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Coliform, Fecal | Sample Measurement | | 6 | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | 200.0 (Annl Avg) | | | (1 Weekly) | (Grab) |

PARM Code 74055 Y
Add. Desc: Basic Disinfection
Mon. Site: EFP-01

PARM Code 00530 1
Mon. Site: EFP-01

PARM Code 00530 Y
Mon. Site: EFP-01

PARM Code 80082 1
Mon. Site: EFP-01

PARM Code 80082 Y
Mon. Site: EFP-01

PARM Code 74055 Y
Add. Desc: Basic Disinfection
Mon. Site: EFP-01

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|------------------|---------|-----------------------|-------------------------------------|
| Coliform, Fecal PARM Code 74055 1 Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | 1 | 1 | 0 | 1 Weekly | Grab |
| | Permit Requirement | | 800.0 (Maximum) | 200.0 (Mo Geom) | | (1 Weekly) | (Grab) |
| pH PARM Code 00400 1 Mon. Site: EFF-01 | Sample Measurement | | 7.4 | 7.9 | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 6.0 (Minimum) | 8.5 (Maximum) | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: Basic Disinfection Mon. Site: EPA-01 | Sample Measurement | | 0.6 | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 0.5 (Minimum) | | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon. Site: EFF-01 | Sample Measurement | | | 0.5 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 12.0 (Maximum) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Total PARM Code 00600 1 Mon. Site: EFF-01 | Sample Measurement | | | 2.60 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | Report (Maximum) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|--|---------|-----------------------|-------------------------------------|
| Solids, Total Suspended | | | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01 | Permit Requirement | | | Report (Mo Avg) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| <p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p>Ernest Nolan</p> | | | | | <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p> <p>Electronically Signed</p> | | | |
| <p>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.</p> | | | | | <p>TELEPHONE</p> <p>(850) 305-4638</p> | | | |
| | | | | | <p>SUBMITTED ON</p> <p>09/24/2023</p> | | | |

| Parameter | Monitoring Site | Comments for Monitoring Group - R-001 |
|-----------|-----------------|---|
| 50050 R | FLW-01 | Influent numbers are based on effluent flowmeter and historical data. An outside contractor is working on the influent flowmeter. |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | | | |
|--|---|-------------------|--------------------------------------|
| PERMITTEE NAME: | City of Crestview | PERMIT NUMBER: | FLA010193 |
| ADDRESS: | 198 N Wilson Ave Crestview, FL 32536 | LIMIT: | FINAL REPORT: Monthly |
| FACILITY: | Crestview WWTP | FACILITY TYPE: | DW GROUP: Domestic |
| LOCATION: | 5101 Arena Rd Crestview, FL 32536 | MONITORING GROUP: | R-003 |
| COUNTY: | OKALOOSA | DESCRIPTION: | Part III Reuse to General Reuse Area |
| MONITORING PERIOD: From: 08/01/2023 To: 08/31/2023 | | | |

| Parameter | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------|--------------------------|-----|--|-------|---------|-----------------------|---------------------------------------|
| | | | | | | | | | |
| Flow | Sample Measurement | | MNR | | | | 0 | MNR | MNR |
| | Permit Requirement | | 0.2 (Annl Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| PARM Code 50050 1 Add. Desc: Part III Reuse Mon. Site: FL W-03 | Sample Measurement | | MNR | | | | 0 | MNR | MNR |
| | Permit Requirement | | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| | Sample Measurement | | | | | | 0 | MNR | MNR |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | MNR | | | | 0 | MNR | MNR |
| | Permit Requirement | | 20.0 (Annl Avg) | | | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| PARM Code 80082 1 Mon. Site: EFF-03 | Sample Measurement | | MNR | | | | 0 | MNR | MNR |
| | Permit Requirement | | 60.0 (Maximum) | | | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|---------------------|---------|-----------------------|--------------|
| Solids, Total Suspended PARM Code 00530 B Add. Desc: High-Level Disinfection Mon. Site: EFFB-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 5.0 (Maximum) | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: High-Level Disinfection Mon. Site: EFF-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 25.0 (Maximum) | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal, % less than detection PARM Code 51005 1 Mon. Site: EFF-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 75.0 (Min To Mo) | | (1 Daily; 24 hours) | (Calculated) |
| pH PARM Code 00400 1 Mon. Site: EFF-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 6.0 (Minimum) | | (1 Continuous) | (Meter) |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: High-Level Disinfection Mon. Site: BFA-03 | Sample Measurement | | | | 0 | MNR | MNR |
| | Permit Requirement | | | 1.0 (Minimum) | | (1 Continuous) | (Meter) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|-------|--------------------------|---|-----------------------------|----------------------------|-------------|
| Turbidity | Sample Measurement | | | | 0 | MNR | MNR |
| PARM Code 00070 B Mon. Site: EFB-03 | Permit Requirement | | | | | (1 Continuous) | (Meter) |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan | 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. | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (850) 305-4638 | SUBMITTED ON 09/24/2023 | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|-----------------------------------|--|
| PERMITTEE NAME: City of Crestview | PERMIT NUMBER: FLA010193 |
| ADDRESS: 198 N Wilson Ave | FINAL REPORT: Monthly |
| Crestview, FL 32536 | LIMIT: DW |
| FACILITY: Crestview WWTP | FACILITY TYPE: Domestic |
| LOCATION: 5101 Arena Rd | MONITORING GROUP: RMP-Q |
| Crestview, FL 32536 | DESCRIPTION: Biosolids Quantity |
| COUNTY: OKALOOSA | MONITORING PERIOD: From: 08/01/2023 To: 08/31/2023 |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------------|---------------------|----------|--------------------------|-------|---------|-----------------------|--------------|
| Biosolids Quantity (Land-Applied) | 34.35 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0006 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Transferred) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0007 + Mon. Site: RMP-3 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Landfilled) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0008 + Mon. Site: RMP-4 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |

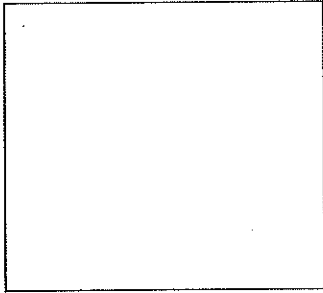
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE 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.

| | | | |
|--|---|-----------------------------|----------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (850) 305-4638 | SUBMITTED ON 09/24/2023 |
|--|---|-----------------------------|----------------------------|

Kennedy, Pamela

From: Nolan, Ernest
Sent: Monday, October 23, 2023 10:40 AM
To: Kennedy, Pamela
Cc: Jurkovic, Milan
Subject: FW: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2023::Sep::750764 - Report Submission
Attachments: FLA010193_MO_A.pdf

From: Florida DEP EzDMR <no-reply@dep.state.fl.us>
Sent: Sunday, October 22, 2023 3:09 PM
To: Ernest Nolan <ernest.nolan@ch2m.com>
Subject: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2023::Sep::750764 - Report Submission



**FLORIDA DEPARTMENT OF
Environmental Protection**

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

DMR Report Submission

Dear Certifier Ernest Nolan,

Attached you will find a copy of your report submission.

The Report Submission Details are:

Facility Id: FLA010193
Report Frequency: MO
Report Part: A
Reporting Period: 09/01/2023 - 09/30/2023

Part B Attached: YES
Other Attachments : NO

If you have any questions, please contact the DEP District Office for Wastewater facilities or the Notices Center for NPDES Stormwater facilities.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
 ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536

FACILITY: Crestview WWTP
 LOCATION: 5101 Arena Rd
 Crestview, FL 32536

COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
 LIMIT: FINAL REPORT: Monthly
 FACILITY TYPE: DW GROUP: Domestic
 MONITORING GROUP: R-001

DESCRIPTION: Part II spray irrigation 270 acres

MONITORING PERIOD: From: 09/01/2023 To: 09/30/2023

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | Quantity or Loading | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------|--------------------------|-------|---------------------|-------|---------|-----------------------|---------------------------------------|
| Flow | 0.8 | | | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARAM Code 50050 Y Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | 1.53 (Annl Avg) | MGD | | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | 0.7 | | | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARAM Code 50050 P Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Report (Mo Avg) | MGD | | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | 0.68 | | | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARAM Code 50050 I Add. Desc: Part IV RIBs Mon. Site: FLW-02 | 1.12 (Annl Avg) | MGD | | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | 0.78 | | | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARAM Code 50050 Q Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Report (Mo Avg) | MGD | | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|------------------|---------------|-------|------------|-------------------------------------|-------------|
| | | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFF-01 | Sample Measurement | | | 6.1 | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite | |
| | Permit Requirement | | | 20.0 (Annl Avg) | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon. Site: EFF-01 | Sample Measurement | | | 7.6 | 7.6 | 5.8 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite | |
| | Permit Requirement | | | 60.0 (Maximum) | 45.0 (Wldly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) | |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFF-01 | Sample Measurement | | | 2.5 | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite | |
| | Permit Requirement | | | 20.0 (Annl Avg) | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) | |
| Solids, Total Suspended PARM Code 00530 1 Mon. Site: EFF-01 | Sample Measurement | | | 2.0 | 2.0 | 2.0 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite | |
| | Permit Requirement | | | 60.0 (Maximum) | 45.0 (Wldly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) | |
| Coliform, Fecal PARM Code 74055 Y Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | | 6 | | | 0 | 1 Weekly | Grab | |
| | Permit Requirement | | | 200.0 (Annl Avg) | | | | (1 Weekly) | (Grab) | |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|--------------------|---------------------|---------|-----------------------|-------------------------------------|
| | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | | | 6 | 12 | 0 | 1 Weekly | Grab |
| | Permit Requirement | | | | 800.0 (Maximum) | 200.0 (Mo Geom) | | (1 Weekly) | (Grab) |
| pH | Sample Measurement | | | 7.4 | | 7.9 | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 6.0 (Minimum) | | 8.5 (Maximum) | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| Chlorine, Total Residual | Sample Measurement | | | 0.6 | | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 0.5 (Minimum) | | | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Nitrate, Total (as N) | Sample Measurement | | | | | 0.3 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | 12.0 (Maximum) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Total | Sample Measurement | | | | | 9.60 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | | Report (Maximum) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|------------------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Phosphorus, Total (as P) | | | 0.61 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| PARM Code 00665 1 Mon. Site: EFF-01 | | | Report (Maximum) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Flow | 1.49 | 1.53 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 R Add. Desc: Influent Mon. Site: FLW-01 | 2.75 (Mo Avg) | Report (3MonAvg) | | MGD | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | | MNR | | | 0 | 1 Monthly | Recording Flow Meter with Totalizer |
| PARM Code 50050 S Add. Desc: WWTP Reuse Mon. Site: FLW-WWTP | | Report (Mo Avg) | | MGD | | (1 Monthly) | (Recording Flow Meter with Totalizer) |
| Percent Capacity, (TMADF / Permitted Capacity) x 100 | | | 55.5 | | 0 | 1 Monthly | Calculated |
| PARM Code 00180 P Mon. Site: CAL-01 | | | Report (Mo Avg) | | | (1 Monthly) | (Calculated) |
| BOD, Carbonaceous 5 day, 20C | | | 255 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01 | | | Report (Mo Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Sample Measurement | Permit Requirement | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|--------------------|---------------------|-------|--|-------|---------|-----------------------|-------------------------------------|
| Solids, Total Suspended | | | | | 211 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01 | | | | | Report (Mo Avg) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| <p>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.</p> | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | |
| Ernest Nolan | | | | | Electronically Signed | | | | |
| | | | | | TELEPHONE (850) 305-4638 | | | | |
| | | | | | SUBMITTED ON 10/22/2023 | | | | |

| Parameter | Monitoring Site | Comments for Monitoring Group - R-001 |
|-----------|-----------------|--|
| 50050 R | FLW-01 | Influent numbers are based on effluent flowmeter and historical data. An outside contractor is working on the influent flowmeter |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
 ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536

FACILITY: Crestview WWTP
 LOCATION: 5101 Arena Rd
 Crestview, FL 32536

COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
 LIMIT: Monthly
 FACILITY TYPE: DW
 MONITORING GROUP: R-003

DESCRIPTION: Part III Reuse to General Reuse Area

MONITORING PERIOD: From: 09/01/2023 To: 09/30/2023

| Parameter | Sample Measurement | Quantity or Loading | | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|--------------------|-------|--------------------------|--------------------|------------------|---------|-----------------------|---------------------------------------|
| | | | | | | | | | | |
| Flow PARAM Code 50050 Y Add. Desc: Part III Reuse Mon. Site: FLW-03 | Permit Requirement | | MNR | MGD | | | | 0 | MNR | MNR |
| Flow PARAM Code 50050 1 Add. Desc: Part III Reuse Mon. Site: FLW-03 | Sample Measurement | | 0.2 (Annl Avg) | MGD | | | | 0 | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| BOD, Carbonaceous 5 day, 20C PARAM Code 80082 Y Mon. Site: EFF-03 | Permit Requirement | | Report (Mo Avg) | MGD | | | | 0 | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| BOD, Carbonaceous 5 day, 20C PARAM Code 80082 1 Mon. Site: EFF-03 | Sample Measurement | | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | | 20.0 (Annl Avg) | | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| | Sample Measurement | | | | MNR | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|-------------------|---------|---------|-----------------------|--------------|
| | | | | | | | | | |
| Solids, Total Suspended PARM Code 00530 B Add. Desc: High-Level Disinfection Mon. Site: EFB-03 | Sample Measurement | | | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | | | 5.0 (Maximum) | mg/L | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: High-Level Disinfection Mon. Site: EFF-03 | Sample Measurement | | | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | | | 25.0 (Maximum) | #/100mL | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal, % less than detection PARM Code 51005 1 Mon. Site: EFF-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | 75.0 (Min.TotMo) | | percent | | (1 Daily; 24 hours) | (Calculated) |
| pH PARM Code 00400 1 Mon. Site: EFF-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | 6.0 (Minimum) | 8.5 (Maximum) | s.n. | | (1 Continuous) | (Meter) |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: High-Level Disinfection Mon. Site: EFA-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | 1.0 (Minimum) | | mg/L | | (1 Continuous) | (Meter) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------|--------------------------|---|---------|-----------------------------|----------------------------|
| Turbidity PARM Code 00070 B Mon. Site: EFB-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | Report (Maximum) | | | (1 Continuous) | (Meter) |
| <p>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.</p> | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (850) 305-4638 | SUBMITTED ON 10/22/2003 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
 ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536

FACILITY: Crestview WWTP
 LOCATION: 5101 Arena Rd
 Crestview, FL 32536

PERMIT NUMBER: FLA010193
 LIMIT: Monthly
 FACILITY TYPE: DW GROUP: Domestic
 MONITORING GROUP: RMP-Q
 DESCRIPTION: Biosolids Quantity

MONITORING PERIOD: From: 09/01/2023 To: 09/30/2023

COUNTY: OKALOOSA

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------------|---------------------|----------|--------------------------|-------|---------|-----------------------|--------------|
| | | | | | | | |
| Biosolids Quantity (Land-Applied) | 34.18 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0006 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Transferred) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0007 + Mon. Site: RMP-3 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Landfilled) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0008 + Mon. Site: RMP-4 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Ernest Nolan

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Electronically Signed

TELEPHONE
 (850) 305-4638

SUBMITTED ON
 10/22/2023

From: Florida DEP EzDMR <no-reply@dep.state.fl.us>
Sent: Sunday, November 26, 2023 2:33 PM
To: Ernest Nolan <ernest.nolan@ch2m.com>
Subject: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2023::Oct::753210 - Report Submission

**FLORIDA DEPARTMENT OF
Environmental Protection**

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

DMR Report Submission

Dear Certifier Ernest Nolan,

Attached you will find a copy of your report submission.

The Report Submission Details are:

Facility Id: FLA010193
Report Frequency: MO
Report Part: A
Reporting Period: 10/01/2023 - 10/31/2023

Part B Attached: YES

Other Attachments : NO

If you have any questions, please contact the [DEP District Office](#) for Wastewater facilities or the [Notices Center](#) for NPDES Stormwater facilities.

Sincerely,
EzDMR Staff
EzDMRAdmin@dep.state.fl.us

Florida Department of Environmental Protection
Water Compliance Enforcement Program
2600 Blair Stone Road, MS 3550
Tallahassee, FL 32399-2400
850-245-8567

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
 ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536

FACILITY: Crestview WWTP
 LOCATION: 5101 Arena Rd
 Crestview, FL 32536

COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
 LIMIT: FINAL REPORT: Monthly
 FACILITY TYPE: DW GROUP: Domestic
 MONITORING GROUP: R-001

DESCRIPTION: Part II spray irrigation 270 acres

MONITORING PERIOD: From: 10/01/2023 To: 10/31/2023

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Flow | 0.8 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 Y Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | 1.53 (Annl Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | 0.7 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 P Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | 0.70 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 1 Add. Desc: Part IV RIBs Mon. Site: FLW-02 | 1.12 (Annl Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | 0.78 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 Q Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|----------------|---------------|---------|-----------------------|-------------------------------------|
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFF-01 | Sample Measurement | | | 6.0 | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 20.0 (Annl Avg) | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site: EFF-01 | Sample Measurement | | | 8.1 | 8.1 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 45.0 (Wkly Avg) | 60.0 (Maximum) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFF-01 | Sample Measurement | | | 2.5 | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 20.0 (Annl Avg) | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended PARM Code 00530 I Mon. Site: EFF-01 | Sample Measurement | | | 12.0 | 12.0 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 45.0 (Wkly Avg) | 60.0 (Maximum) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Coliform, Fecal PARM Code 74055 Y Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | | 4 | | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | | 200.0 (Annl Avg) | | | | (1 Weekly) | (Grab) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|---------------------|---------|---------|-----------------------|-------------------------------------|
| | | | | 1 | 2 | | | | |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | | | | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | | 800.0 (Maximum) | 200.0 (Mo Geom) | #/100mL | | (1 Weekly) | (Grab) |
| pH PARM Code 00400 1 Mon. Site: EFF-01 | Sample Measurement | | | 7.2 | 7.7 | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 6.0 (Minimum) | 8.5 (Maximum) | s.u. | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: Basic Disinfection Mon. Site: EFA-01 | Sample Measurement | | | 0.6 | | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 0.5 (Minimum) | | mg/L | | (1 Continuous) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon. Site: EFF-01 | Sample Measurement | | | | 0.33 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | 12.0 (Maximum) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Nitrogen, Total PARM Code 00600 1 Mon. Site: EFF-01 | Sample Measurement | | | | 12.10 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | Report (Maximum) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Phosphorus, Total (as P) PARM Code 00665 1 Mon. Site: EFF-01 | Sample Measurement | | | 0.40 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | Report (Maximum) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Flow PARM Code 50050 R Add. Desc: Influent Mon. Site: FLW-01 | Sample Measurement | 1.50 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | 2.75 (Mo Avg) | MGD | Report (3MonAvg) | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 S Add. Desc: WWTP Reuse Mon. Site: FLW-WWTP | Sample Measurement | | | | | 0 | 1 Monthly | Recording Flow Meter with Totalizer |
| | Permit Requirement | | MGD | Report (Mo Avg) | | | (1 Monthly) | (Recording Flow Meter with Totalizer) |
| Percent Capacity, (TMADF / Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | 54.54 | | 0 | 1 Monthly | Calculated |
| | Permit Requirement | | | Report (Mo Avg) | | | (1 Monthly) | (Calculated) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01 | Sample Measurement | | | 344.4 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | Report (Mo Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---------------------|-------|--------------------------|--|---------|---------------------------------|-------------------------------------|
| Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01 | Sample Measurement | | 242.0 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | Report (Mo Avg) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| <p>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.</p> | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (850) 305-4638 | |
| SUBMITTED ON 11/26/2023 | | | | | | | |

| | | |
|-----------|-----------------|---|
| Parameter | Monitoring Site | Comments for Monitoring Group - R-001 |
| 50050 R | FLW-01 | Influent numbers are based on effluent flowmeter and historical data. An outside contractor is working on the influent flowmeter. |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536
FACILITY: Crestview WWTP
LOCATION: 5101 Arena Rd
 Crestview, FL 32536
COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
LIMIT: FINAL REPORT: Monthly
FACILITY TYPE: DW GROUP: Domestic
MONITORING GROUP: R-003
DESCRIPTION: Part III Reuse to General Reuse Area

MONITORING PERIOD: From: 10/01/2023 To: 10/31/2023

| Parameter | Sample Measurement | Quantity or Loading | | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|-------|-------|---------|-----------------------|---------------------------------------|
| | | Quantity or Loading | Units | Quality or Concentration | Units | | | | |
| Flow PARM Code 50050 Y Add. Desc: Part III Reuse Mon. Site: FLW-03 | Sample Measurement | MNR | | | | | 0 | MNR | MNR |
| | Permit Requirement | 0.2 (Annl Avg) | MGD | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 I Add. Desc: Part III Reuse Mon. Site: FLW-03 | Sample Measurement | MNR | | | | | 0 | MNR | MNR |
| | Permit Requirement | Report (Mo Avg) | MGD | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFF-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | 20.0 (Annl Avg) | | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site: EFF-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | 60.0 (Maximum) | | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|-------------------|---------|-------|---------------------|-----------------------|-------------|
| | | | | | | | | | | |
| Solids, Total Suspended PARM Code 00530 B Add. Desc: High-Level Disinfection Mon. Site: EFB-03 | Sample Measurement | | | | MNR | | 0 | MNR | MNR | |
| | Permit Requirement | | | | 5.0 (Maximum) | mg/L | | (1 Daily; 24 hours) | (Grab) | |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: High-Level Disinfection Mon. Site: EFB-03 | Sample Measurement | | | | MNR | | 0 | MNR | MNR | |
| | Permit Requirement | | | | 25.0 (Maximum) | #/100mL | | (1 Daily; 24 hours) | (Grab) | |
| Coliform, Fecal, % less than detection PARM Code 51005 1 Mon. Site: EFB-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR | |
| | Permit Requirement | | | 75.0 (MinTotMo) | | percent | | (1 Daily; 24 hours) | (Calculated) | |
| pH PARM Code 00400 1 Mon. Site: EFB-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR | |
| | Permit Requirement | | | 6.0 (Minimum) | | s.u. | | (1 Continuous) | (Meter) | |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: High-Level Disinfection Mon. Site: EFA-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR | |
| | Permit Requirement | | | 1.0 (Minimum) | | mg/L | | (1 Continuous) | (Meter) | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536

FACILITY: Crestview WWTP
LOCATION: 5101 Arena Rd
 Crestview, FL 32536

COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
LIMIT: Monthly
FACILITY TYPE: DW
GROUP: Domestic
MONITORING GROUP: RMP-Q

DESCRIPTION: Biosolids Quantity

MONITORING PERIOD: From: 10/01/2023 To: 10/31/2023

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|----------|--------------------------|-------|---------|-----------------------|--------------|
| | | | | | | | |
| Biosolids Quantity (Land-Applied) PARM Code B0006 + Mon. Site: RMP-2 | 29.75 | | | | 0 | 1 Monthly | Calculated |
| | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Transferred) PARM Code B0007 + Mon. Site: RMP-3 | 0.0 | | | | 0 | 1 Monthly | Calculated |
| | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Landfilled) PARM Code B0008 + Mon. Site: RMP-4 | 0.0 | | | | 0 | 1 Monthly | Calculated |
| | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Ernest Nolan

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Electronically Signed

TELEPHONE
 (850) 305-4638

SUBMITTED ON
 11/26/2023

From: Florida DEP EzDMR <no-reply@dep.state.fl.us>
Sent: Saturday, December 23, 2023 2:46 PM
To: Ernest Nolan <ernest.nolan@ch2m.com>
Subject: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2023::Nov::756639 - Report Submission

**FLORIDA DEPARTMENT OF
Environmental Protection**

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

DMR Report Submission

Dear Certifier Ernest Nolan,

Attached you will find a copy of your report submission.

The Report Submission Details are:

Facility Id: FLA010193
Report Frequency: MO
Report Part: A
Reporting Period: 11/01/2023 - 11/30/2023

Part B Attached: YES
Other Attachments : NO

If you have any questions, please contact the [DEP District Office](#) for Wastewater facilities or the [Notices Center](#) for NPDES Stormwater facilities.

Sincerely,
EzDMR Staff
EzDMRAdmin@dep.state.fl.us

Florida Department of Environmental Protection
Water Compliance Enforcement Program
2600 Blair Stone Road, MS 3550
Tallahassee, FL 32399-2400
850-245-8567

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536
FACILITY: Crestview WWTP
LOCATION: 5101 Arena Rd
 Crestview, FL 32536
COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
LIMIT: FINAL REPORT: Monthly
FACILITY TYPE: DW GROUP: Domestic
MONITORING GROUP: R-001
DESCRIPTION: Part II spray irrigation 270 acres

MONITORING PERIOD: From: 11/01/2023 To: 11/30/2023

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Flow | Sample Measurement | 0.8 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 Y Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Permit Requirement | 1.53 (Annl Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | Sample Measurement | 0.7 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 P Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Permit Requirement | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | Sample Measurement | 0.72 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 1 Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Permit Requirement | 1.12 (Annl Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow | Sample Measurement | 0.78 | | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| PARM Code 50050 Q Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Permit Requirement | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|------------------|---------------|---------|-----------------------|-------------------------------------|
| | | | | | | | | | |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFF-01 | Sample Measurement | | | | 6.0 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | 20.0 (Annl Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon. Site: EFF-01 | Sample Measurement | | | 7.7 | 7.7 | 5.9 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFF-01 | Sample Measurement | | | | 2.5 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | | 20.0 (Annl Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended PARM Code 00530 I Mon. Site: EFF-01 | Sample Measurement | | | 4.1 | 4.1 | 5.9 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Coliform, Fecal PARM Code 74055 Y Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | | | 4 | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | | | 200.0 (Annl Avg) | | | (1 Weekly) | (Grab) |

| Parameter | Sample Measurement | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--------------------|---------------------|-------|--------------------------|---------------------|--|-------|----------------|-------------------------------------|-------------|
| | | | | | | | | | | |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: Basic Disinfection Mon. Site: EFF-01 | Sample Measurement | | | 9 | 2 | | 0 | 1 Weekly | Grab | |
| | Permit Requirement | | | 800.0 (Maximum) | 200.0 (Mo Geom) | | | (1 Weekly) | (Grab) | |
| pH PARM Code 00400 1 Mon. Site: EFF-01 | Sample Measurement | | | 7.4 | 7.7 | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite | |
| | Permit Requirement | | | 6.0 (Minimum) | 8.5 (Maximum) | | | (1 Continuous) | (16-hr Flow Proportioned Composite) | |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: Basic Disinfection Mon. Site: EFA-01 | Sample Measurement | | | 0.5 | | | 0 | 1 Continuous | 16-hr Flow Proportioned Composite | |
| | Permit Requirement | | | 0.5 (Minimum) | | | | (1 Continuous) | (16-hr Flow Proportioned Composite) | |
| Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon. Site: EFF-01 | Sample Measurement | | | | 0.2 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite | |
| | Permit Requirement | | | | 12.0 (Maximum) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) | |
| Nitrogen, Total PARM Code 00600 1 Mon. Site: EFF-01 | Sample Measurement | | | | 20.2 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite | |
| | Permit Requirement | | | | Report (Maximum) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) | |

| Parameter | | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|-------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Phosphorus, Total (as P) PARM Code 00665 1 Mon. Site: EFF-01 | Sample Measurement | | | 0.36 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | Report (Maximum) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Flow PARM Code 50050 R Add. Desc: Influent Mon. Site: FLW-01 | Sample Measurement | 1.45 | | 1.48 | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | 2.75 (Mo Avg) | MGD | Report (3MonAvg) | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 S Add. Desc: WWTP Reuse Mon. Site: FLW-WWTP | Sample Measurement | | | MNR | | 0 | 1 Monthly | Recording Flow Meter with Totalizer |
| | Permit Requirement | | MGD | Report (Mo Avg) | | | (1 Monthly) | (Recording Flow Meter with Totalizer) |
| Percent Capacity, (TMADF / Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-01 | Sample Measurement | | | 53.82 | | 0 | 1 Monthly | Calculated |
| | Permit Requirement | | | Report (Mo Avg) | | | (1 Monthly) | (Calculated) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01 | Sample Measurement | | | 317 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | | Report (Mo Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|-------|---------|-----------------------|-------------------------------------|
| Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01 | Sample Measurement | | 225 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | Report (Mo Avg) | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan 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. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed TELEPHONE (850) 305-4638 SUBMITTED ON 12/23/2023 | | | | | | | |

| Parameter | Monitoring Site | Comments for Monitoring Group - R-001 |
|-----------|-----------------|---|
| 50050 R | FLW-01 | Influent numbers are based on effluent flowmeter and historical data. An outside contractor is working on the influent flowmeter. |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
 ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536

FACILITY: Crestview WWTP
 LOCATION: 5101 Arena Rd
 Crestview, FL 32536

COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
 LIMIT: MONTHLY
 FACILITY TYPE: DW
 MONITORING GROUP: R-003

REPORT: Monthly
 GROUP: Domestic

DESCRIPTION: Part III Reuse to General Reuse Area

MONITORING PERIOD: From: 11/01/2023 To: 11/30/2023

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|------------------|---------|-----------------------|---------------------------------------|
| | | | | | | | |
| Flow PARM Code 50050 Y Add. Desc: Part III Reuse Mon. Site: FLW-03 | MNR | | | | 0 | MNR | MNR |
| | 0.2 (Ann'l Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 1 Add. Desc: Part III Reuse Mon. Site: FLW-03 | MNR | | | | 0 | MNR | MNR |
| | Report (Mo Avg) | MGD | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFF-03 | | | MNR | | 0 | MNR | MNR |
| | | | 20.0 (Ann'l Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon. Site: EFF-03 | MNR | | MNR | | 0 | MNR | MNR |
| | 60.0 (Maximum) | | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|---------|---------|-----------------------|--------------|
| Solids, Total Suspended PARM Code 00530 B Add. Desc: High-Level Disinfection Mon. Site: EFB-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 5.0 (Maximum) | mg/L | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal PARM Code 74055 1 Add. Desc: High-Level Disinfection Mon. Site: EFF-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 25.0 (Maximum) | #100mL | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal, % less than detection PARM Code 51005 1 Mon. Site: EFF-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 75.0 (Min.TotMo) | percent | | (1 Daily; 24 hours) | (Calculated) |
| pH PARM Code 00400 1 Mon. Site: EFF-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 6.0 (Minimum) | s.u. | | (1 Continuous) | (Meter) |
| Chlorine, Total Residual PARM Code 50060 A Add. Desc: High-Level Disinfection Mon. Site: EFA-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | 1.0 (Minimum) | mg/L | | (1 Continuous) | (Meter) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-------|--------------------------|---|---------|-----------------------------|-------------|
| Turbidity PARM Code 00070 B Mon. Site: EFB-03 | Sample Measurement | | MNR | | 0 | MNR | MNR |
| | Permit Requirement | | Report (Maximum) | NTU | | (1 Continuous) | (Meter) |
| 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. | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | TELEPHONE (850) 305-4638 | |
| | | | | | | SUBMITTED ON 12/23/2023 | |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536

FACILITY: Crestview WWTP
LOCATION: 5101 Arena Rd
 Crestview, FL 32536

COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
LIMIT: Monthly
FACILITY TYPE: DW
GROUP: Domestic
MONITORING GROUP: RMP-Q

DESCRIPTION: Biosolids Quantity

MONITORING PERIOD: From: 11/01/2023 To: 11/30/2023

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------------|---------------------|----------|--------------------------|-------|---------|-----------------------|--------------|
| Biosolids Quantity (Land-Applied) | 36.90 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0006 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Transferred) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0007 + Mon. Site: RMP-3 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Landfilled) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0008 + Mon. Site: RMP-4 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |

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.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
SIGNATURE: Ernest Nolan
TELEPHONE: (850) 305-4638
DATE: 12/23/2023

From: Florida DEP EzDMR <no-reply@dep.state.fl.us>
Sent: Monday, January 22, 2024 2:29 PM
To: Ernest Nolan <ernest.nolan@ch2m.com>
Subject: [EXTERNAL] FDEP EzDMR - FLA010193_MO_A::2023::Dec::759015 - Report Submission

**FLORIDA DEPARTMENT OF
Environmental Protection**

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

DMR Report Submission

Dear Certifier Ernest Nolan,

Attached you will find a copy of your report submission.

The Report Submission Details are:

Facility Id: FLA010193
Report Frequency: MO
Report Part: A
Reporting Period: 12/01/2023 - 12/31/2023

Part B Attached: YES
Other Attachments : NO

If you have any questions, please contact the DEP [District Office](#) for Wastewater facilities or the [Notices Center](#) for NPDES Stormwater facilities.

Sincerely,
EzDMR Staff
EzDMRAdmin@dep.state.fl.us

Florida Department of Environmental Protection
Water Compliance Enforcement Program
2600 Blair Stone Road, MS 3550
Tallahassee, FL 32399-2400
850-245-8567

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|-----------------------------------|--|
| PERMITTEE NAME: City of Crestview | PERMIT NUMBER: FLA010193 |
| ADDRESS: 198 N Wilson Ave | FINAL REPORT: Monthly |
| Crestview, FL 32536 | FACILITY TYPE: DW GROUP: Domestic |
| FACILITY: Crestview WWTP | MONITORING GROUP: R-001 |
| LOCATION: 5101 Arena Rd | DESCRIPTION: Part II spray irrigation 270 acres |
| Crestview, FL 32536 | |
| COUNTY: OKALOOSA | MONITORING PERIOD: From: 12/01/2023 To: 12/31/2023 |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-----------------|--------------------------|-------|---------|-----------------------|---------------------------------------|
| Flow PARM Code 50050 Y Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Sample Measurement | 0.8 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | 1.53 (Annl Avg) | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 P Add. Desc: Part II Sprayfield Mon. Site: CAL-02 | Sample Measurement | 0.7 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | Report (Mo Avg) | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 1 Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Sample Measurement | 0.73 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | 1.12 (Annl Avg) | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 Q Add. Desc: Part IV RIBs Mon. Site: FLW-02 | Sample Measurement | 0.77 | | | 0 | 1 Continuous | Recording Flow Meter with Totalizer |
| | Permit Requirement | Report (Mo Avg) | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------|---------------------|-------|--------------------------------|---------------|---------|-----------------------|-------------------------------------|
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 5.9 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 20.0 (Annl Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C | Sample Measurement | | 5.4 | 4.7 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 60.0 (Maximum) 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended | Sample Measurement | | 2.6 | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 20.0 (Annl Avg) | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Solids, Total Suspended | Sample Measurement | | 3.3 | 2.6 | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| | Permit Requirement | | 60.0 (Maximum) 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Coliform, Fecal | Sample Measurement | | 5 | | 0 | 1 Weekly | Grab |
| | Permit Requirement | | 200.0 (Annl Avg) | | | (1 Weekly) | (Grab) |

PARM Code 74055 Y
Add. Desc: Basic Disinfection
Mon. Site: EFF-01

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|--|-------|--------------------------|-----------------------------|---------|----------------------------|-------------------------------------|
| Solids, Total Suspended | | | | | 0 | 1 Weekly | 16-hr Flow Proportioned Composite |
| PARM Code 00530 G | Sample Measurement | | 247 | mg/L | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| Add. Desc: Influent | Permit Requirement | | Report (Mo Ave) | | | | |
| Mon. Site: INF-01 | <p>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.</p> | | | | | | |
| NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | | | TELEPHONE (850) 305-4638 | | SUBMITTED ON 01/22/2024 | |

| Parameter | Monitoring Site | Comments for Monitoring Group - R-001 |
|-----------|-----------------|---|
| 50050 R | FLW-01 | Influent numbers are based on effluent flowmeter and historical data. An outside contractor is working on the influent flowmeter. |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: City of Crestview
ADDRESS: 198 N Wilson Ave
 Crestview, FL 32536
FACILITY: Crestview WWTP
LOCATION: 5101 Arena Rd
 Crestview, FL 32536
COUNTY: OKALOOSA

PERMIT NUMBER: FLA010193
LIMIT: FINAL REPORT: Monthly
FACILITY TYPE: DW GROUP: Domestic
MONITORING GROUP: R-003
DESCRIPTION: Part III Reuse to General Reuse Area

MONITORING PERIOD: From: 12/01/2023 To: 12/31/2023

| Parameter | Quantity or Loading | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|---|---------------------|-----------------|--------------------------|--------------------------|--------------------------|---------------|---------|-----------------------|---------------------------------------|
| | | | Quality or Concentration | Quality or Concentration | Quality or Concentration | | | | |
| Flow PARM Code 50050 Y Add. Desc: Part III Reuse Mon. Site: FLW-03 | Sample Measurement | MNR | | | | | 0 | MNR | MNR |
| | Permit Requirement | 0.2 (Annl Avg) | MGD | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| Flow PARM Code 50050 1 Add. Desc: Part III Reuse Mon. Site: FLW-03 | Sample Measurement | MNR | | | | | 0 | MNR | (Recording Flow Meter with Totalizer) |
| | Permit Requirement | Report (Mo Avg) | MGD | | | | | (1 Continuous) | (Recording Flow Meter with Totalizer) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFF-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | 20.0 (Annl Avg) | | | | (1 Weekly) | (16-hr Flow Proportioned Composite) |
| BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon. Site: EFF-03 | Sample Measurement | | | MNR | | | 0 | MNR | MNR |
| | Permit Requirement | | | 60.0 (Maximum) | 45.0 (Wkly Avg) | 30.0 (Mo Avg) | | (1 Weekly) | (16-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 | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | 5.0 (Maximum) | | (1 Daily; 24 hours) | (Grab) |
| PARM Code 00530 B Add. Desc: High-Level Disinfection Mon. Site: EFP-03 | Sample Measurement | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | 25.0 (Maximum) | | (1 Daily; 24 hours) | (Grab) |
| Coliform, Fecal | Sample Measurement | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | | | | |
| PARM Code 74055 1 Add. Desc: High-Level Disinfection Mon. Site: EFP-03 | Sample Measurement | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | 75.0 (Min To Max) | | (1 Daily; 24 hours) | (Calculated) |
| Coliform, Fecal, % less than detection | Sample Measurement | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | | | | |
| PARM Code 51005 1 Mon. Site: EFP-03 | Sample Measurement | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | 6.0 (Minimum) | | (1 Continuous) | (Meter) |
| pH | Sample Measurement | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | 8.5 (Maximum) | | (1 Continuous) | (Meter) |
| PARM Code 00400 1 Mon. Site: EFP-03 | Sample Measurement | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | 1.0 (Minimum) | | (1 Continuous) | (Meter) |
| Chlorine, Total Residual | Sample Measurement | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | | | | |
| PARM Code 50060 A Add. Desc: High-Level Disinfection Mon. Site: EFA-03 | Sample Measurement | | | MNRR | 0 | MNRR | MNRR |
| | Permit Requirement | | | | | | |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|-------|--|------------------|-----------|-----------------------|-------------|
| Turbidity | | | | | 0 | MNR | MNR |
| PARM Code 00070 B | | | | | | (1 Continuous) | (Meter) |
| Mon. Site: EPB-03 | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 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. | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | TELEPHONE | SUBMITTED ON | |
| Ernest Nolan | Sample Measurement | | | MNR | | | |
| | Permit Requirement | | | Report (Maximum) | NTU | | |
| | | | | | | (850) 305-4638 | 01/22/2024 |

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

| | |
|---|--|
| PERMITTEE NAME: City of Crestview ADDRESS: 198 N Wilson Ave Crestview, FL 32536 | PERMIT NUMBER: FLA010193 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q |
| FACILITY: Crestview WWTP LOCATION: 5101 Arena Rd Crestview, FL 32536 | DESCRIPTION: Biosolids Quantity |
| COUNTY: OKALOOSA | MONITORING PERIOD: From: 12/01/2023 To: 12/31/2023 |

| Parameter | Quantity or Loading | Units | Quality or Concentration | Units | No. Ex. | Frequency of Analysis | Sample Type |
|------------------------------------|---------------------|----------|--------------------------|-------|---------|-----------------------|--------------|
| | | | | | | | |
| Biosolids Quantity (Land-Applied) | 42.15 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0006 + Mon. Site: RMP-2 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Transferred) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0007 + Mon. Site: RMP-3 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |
| Biosolids Quantity (Landfilled) | 0 | | | | 0 | 1 Monthly | Calculated |
| PARM Code B0008 + Mon. Site: RMP-4 | Report (Mo Total) | dry tons | | | | (1 Monthly) | (Calculated) |

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.

| | | | |
|--|---|-----------------------------|----------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ernest Nolan | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed | TELEPHONE (850) 305-4638 | SUBMITTED ON 01/22/2024 |
|--|---|-----------------------------|----------------------------|