

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

**When Completed mail this report to:** Department of Environmental Protection, [DMR Mailing Address]

PERMITTEE NAME: [Permittee Name]  
 MAILING ADDRESS: [Permittee Mailing Address]

PERMIT NUMBER: [Permit File Number]

FACILITY: [Facility Name]  
 LOCATION: [Facility Address]

LIMIT: [Limit]  
 CLASS SIZE: [Class Size]  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: [County Name]  
 OFFICE: [Office Name]

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Received)	Sample Measurement							
PARM Code B0002 + Mon. Site No. RMP-	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Distributed & Marketed in FL)	Sample Measurement							
PARM Code B0004 + Mon. Site No. RMP-	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Distributed & Marketed outside FL)	Sample Measurement							
PARM Code B0005 + Mon. Site No. RMP-	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Land-Applied)	Sample Measurement							
PARM Code B0006 + Mon. Site No. RMP-	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Transferred)	Sample Measurement							
PARM Code B0007 + Mon. Site No. RMP-	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement							
PARM Code B0008 + Mon. Site No. RMP-	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Used as a Biofuel or for Bioenergy)	Sample Measurement							
PARM Code B0009 + Mon. Site No. RMP-	Permit Requirement	Report (Mo.Total)	dry tons				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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

ISSUANCE/REISSUANCE DATE: