

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Town of Havana ADDRESS: 711 N Main St Havana, FL 32333				PERMIT NUMBER: FLA100765 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001						
FACILITY: Havana WWTF LOCATION: 110 E 14th Ave Havana, FL 32333				DESCRIPTION: Part II Reuse System - 179 acre Forested Pasture						
COUNTY: GADSDEN				MONITORING PERIOD: From: 11/01/2025 To: 11/30/2025						
Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.6			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFF-03	Permit Requirement				20.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2	2		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
PARM Code 80082 1 Mon. Site: EFF-03	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended	Sample Measurement				3.8			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
PARM Code 00530 Y Mon. Site: EFF-03	Permit Requirement				20.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended	Sample Measurement			2	2	2		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
PARM Code 00530 1 Mon. Site: EFF-03	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Kjeldahl, Total (as N) PARM Code 00625 1 Mon. Site: EFF-03	Sample Measurement				1.69	2.51			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				Report (Mo Avg)	Report (Maximum)	mg/L			(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrite plus Nitrate, Total 1 det. (as N) PARM Code 00630 1 Mon. Site: EFF-03	Sample Measurement				11.77	11.8			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				Report (Mo Avg)	Report (Maximum)	mg/L			(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 1 Mon. Site: EFF-03	Sample Measurement				2.58	3.64			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				Report (Mo Avg)	Report (Maximum)	mg/L			(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFF-03	Sample Measurement				6.2				0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement				200.0 (Annl Avg)		#/100mL			(1 Bi-weekly; every 2 weeks)	(Grab)
Coliform, Fecal PARM Code 74055 1 Mon. Site: EFF-03	Sample Measurement				16	14.5	4		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement				800.0 (Maximum)	400.0 (90th %)	Report (Mo Geomn)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 1 Mon. Site: EFF-03	Sample Measurement				6.9		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-02	Sample Measurement				1.0				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.1						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.4 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	.099	.092						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (3MonAvg)	Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement						260.5		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-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					222.0			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					Report (Mo Avg)	mg/L			(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement					24.67			0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-01	Permit Requirement					Report (Qrtr Avg)	percent			(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Denvil Presnal	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) 627-2089	SUBMITTED ON 12/22/2025		

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PERMITTEE NAME: The Town of Havana ADDRESS: 711 N Main St Havana, FL 32333					PERMIT NUMBER: FLA100765 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q						
FACILITY: Havana WWTF LOCATION: 110 E 14th Ave Havana, FL 32333					DESCRIPTION: Biosolids Quantity						
COUNTY: GADSDEN					MONITORING PERIOD: From: 11/01/2025 To: 11/30/2025						
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0						0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-3	Permit Requirement		Report (Mo Total)	dry tons						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement		1.02						0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-4	Permit Requirement		Report (Mo Total)	dry tons						(1 Monthly)	(Calculated)
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