

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	The Town of Havana	PERMIT NUMBER:	FLA100765		
ADDRESS:	711 N Main St	LIMIT:	FINAL	REPORT:	Monthly
	Havana, FL 32333	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Havana WWTF				
LOCATION:	110 E 14th Ave	DESCRIPTION:	Part II Reuse System - 179 acre Forested Pasture		
	Havana, FL 32333				
COUNTY:	GADSDEN	MONITORING PERIOD:	From: 10/01/2025 To: 10/31/2025		

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	1.3		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					0.77	1.0		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					9.65	11.6		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					2.24	4.0		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					6.0			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				1	1	1		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	Sample Measurement				6.9		7.2		0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site: EFF-03	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual	Sample Measurement				4.9				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-02	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Flow	Sample Measurement		0.1						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-01	Permit Requirement		0.4 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.120	0.098						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement	Report (3MonAvg)	Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						172.33		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	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						139.33		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 PARM Code 00180 P Mon. Site: CAL-01	Sample Measurement						29.92		0	1 Monthly	Calculated
	Permit Requirement						Report (Qtr 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 11/24/2025

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: The Town of Havana ADDRESS: 711 N Main St Havana, FL 32333 FACILITY: Havana WWTF LOCATION: 110 E 14th Ave Havana, FL 32333 COUNTY: GADSDEN	PERMIT NUMBER: FLA100765 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 10/01/2025 To: 10/31/2025
--	---

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		0						0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-4	Permit Requirement		Report (Mo Total)	dry tons						(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 11/24/2025