DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	The Chemours Company FC LLC	PERMIT NUMBER:	FL0A00014		
ADDRESS:	PO Box 753	LIMIT:	FINAL	REPORT:	Monthly
	Starke, FL 32091	FACILITY TYPE:	IW	GROUP:	Industrial
		MONITORING GROUP:	D-001		
FACILITY:	Trail Ridge South				
LOCATION:	5222 Treat Road	DESCRIPTION:	After final treatment, discharge to surface waters		
	Starke, FL 32091				
COUNTY:	CLAY	MONITORING PERIOD:	From: 03/01/2025 To: 03/31/2025		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	**Sample Measurement**		**NOD**						**0**	**NOD**	**NOD**
PARM Code 50050 Y Add. Desc: Total Surface Water Discharge Mon. Site: CAL-1	**Permit Requirement**		**0.13 (Annl Avg)**	**MGD**						**(1 Per discharge)**	**(Calculated)**
Flow	**Sample Measurement**		**NOD**						**0**	**NOD**	**NOD**
PARM Code 50050 P Add. Desc: Total Surface Water Discharge Mon. Site: CAL-1	**Permit Requirement**		**2.95 (Daily Mx)**	**MGD**						**(1 Per discharge)**	**(Calculated)**
pH	**Sample Measurement**				**NOD**		**NOD**		**0**	**NOD**	**NOD**
PARM Code 00400 1 Add. Desc: Effluent Mon. Site: EFF-1	**Permit Requirement**				**Report (Daily Mn)**		**Report (Daily Mx)**	**s.u.**		**(1 Weekly)**	**(Grab)**
pH	**Sample Measurement**				**NOD**		**NOD**		**0**	**NOD**	**NOD**
PARM Code 00400 5 Add. Desc: Background Mon. Site: SWB-1	**Permit Requirement**				**Report (Daily Mn)**		**Report (Daily Mx)**	**s.u.**		**(1 Weekly)**	**(Grab)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	**Sample Measurement**				**NOD**		**NOD**		**0**	**NOD**	**NOD**
PARM Code 00400 P Add. Desc: Compliance Mon. Site: CAL-1	**Permit Requirement**				**Report (Daily Mn)**		**Report (Daily Mx)**	**s.u.**		**(1 Weekly)**	**(Calculated)**
Iron, Total Recoverable	**Sample Measurement**					**NOD**	**NOD**		**0**	**NOD**	**NOD**
PARM Code 00980 1 Mon. Site: EFF-1	**Permit Requirement**					**20.0 (Mo Avg)**	**30.0 (Daily Mx)**	**mg/L**		**(1 Weekly)**	**(Grab)**
Turbidity	**Sample Measurement**						**NOD**		**0**	**NOD**	**NOD**
PARM Code 00070 1 Add. Desc: effluent Mon. Site: EFF-1	**Permit Requirement**						**Report (Maximum)**	**NTU**		**(1 Weekly)**	**(Meter)**
Turbidity	**Sample Measurement**						**NOD**		**0**	**NOD**	**NOD**
PARM Code 00070 5 Add. Desc: background Mon. Site: SWB-1	**Permit Requirement**						**Report (Maximum)**	**NTU**		**(1 Weekly)**	**(Meter)**
Turbidity	**Sample Measurement**						**NOD**		**0**	**NOD**	**NOD**
PARM Code 00070 P Add. Desc: calculated limit Mon. Site: SWB-1	**Permit Requirement**						**Report (Maximum)**	**NTU**		**(1 Weekly)**	**(Calculated)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Turbidity	**Sample Measurement**						**NOD**		**0**	**NOD**	**NOD**
PARM Code 00070 Q Add. Desc: effluent minus calculated limit Mon. Site: SWB-1	**Permit Requirement**						**0.0 (Maximum)**	**NTU**		**(1 Weekly)**	**(Calculated)**
Iron, Total Recoverable	**Sample Measurement**						**NOD**		**0**	**NOD**	**NOD**
PARM Code 00980 P Mon. Site: EFF-1	**Permit Requirement**						**1.0 (Maximum)**	**mg/L**		**(1 Weekly)**	**(Grab)**
IC25 Statre 7day Chr Ceriodaphnia	**Sample Measurement**				**NOD**				**0**	**NOD**	**NOD**
PARM Code TRP3B P Add. Desc: Routine Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Quarterly)**	**(24-hr Flow Proportioned Composite)**
IC25 Statre 7day Chr Ceriodaphnia	**Sample Measurement**				**NOD**				**0**	**NOD**	**NOD**
PARM Code TRP3B Q Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
IC25 Statre 7day Chr Ceriodaphnia	**Sample Measurement**				**NOD**				**0**	**NOD**	**NOD**
PARM Code TRP3B R Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
IC25 Statre 7Day Chr Pimephales	**Sample Measurement**				**NOD**				**0**	**NOD**	**NOD**
PARM Code TRP6C P Add. Desc: Routine Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 Quarterly)**	**(24-hr Flow Proportioned Composite)**
IC25 Statre 7Day Chr Pimephales	**Sample Measurement**				**NOD**				**0**	**NOD**	**NOD**
PARM Code TRP6C Q Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**
IC25 Statre 7Day Chr Pimephales	**Sample Measurement**				**NOD**				**0**	**NOD**	**NOD**
PARM Code TRP6C R Add. Desc: Additional Mon. Site: EFF-1	**Permit Requirement**				**100.0 (Minimum)**			**percent**		**(1 See permit)**	**(Documents)**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	SUBMITTED ON
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