KWRU-010244

DESCRIPTION OF WORK		PRICE

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR =
TIME DEPARTED	START-	X /HR =
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

Nationwide Plumbing Services

15661

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 03/02/12
DATE ORDERED / /
DATE COMPLETED / /
PHONE

NAME KWRU
STREET 6630 Front St
CITY STOCK ISLAND STATE ZIP

JOB # PO

DESCRIPTION OF WORK | SERVICE

Pump out 41500 Gallons

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

SUB TOTAL

TRIP CHARGE

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

James Wright
AUTHORIZED SIGNATURE

TOTAL AMOUNT DUE 1350 ea

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 3/2/12

Nationwide Plumbing Services

15661

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 12 / 2 / 12
DATE ORDERED / /
DATE ORDERED / /

NAME KWRU
STREET 6630 1st St
CITY Stock Island STATE ZIP
PHONE
JOB # P/O

KWRU 010245

DESCRIPTION OF WORK	SERVICE
Pool at 1500 Gallons	
Clean North CCC Front	

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

	PRICE

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM

5281

63-9138-2631

03/20/2017

PAY TO THE ORDER OF Nationwide

$ *1,350.00

One thousand three hundred fifty and 00/100********** DOLLARS

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈00005281⑈ [redacted]

KW RESORT UTILITIES CORP.

03/20/2017 **Nationwide** 5281

Date	Type	Reference	Original Amount	Balance Due	Payment
03/02/2017	Bill	15661	1,350.00	1,350.00	1,350.00
		Check Amount			1,350.00

1310000 BB&T Opera 1,350.00

KW RESORT UTILITIES CORP.

03/20/2017 **Nationwide** 5281

Date	Type	Reference	Original Amount	Balance Due	Payment
03/02/2017	Bill	15661	1,350.00	1,350.00	1,350.00
		Check Amount			1,350.00

1310000 BB&T Opera 1,350.00

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7110500 KB

Nationwide Plumbing Services

15910

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 5/25/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME FK Resort Facility
STREET Front St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	PRICE
Pump out 4,500 gallons	
OFF FK Resort Facility	
Key west	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS @ /HRS =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

SUB TOTAL

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

TRIP CHARGE

Ben Cart
AUTHORIZED SIGNATURE

TOTAL AMOUNT DUE 135.00

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR =
TIME DEPARTED	START	X /HR =
TRAVEL TIME	MILES	TRIP CHARGE $

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X Mark

DATE 5/25/17

KWRU 010247

Nationwide Plumbing Services

15910

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 5/25/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

KWRU010248

NAME E.K. Resort Facility
STREET Front St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	PRICE
Pump out 1,500 gallons	
E.K. Resort Facility	
Key West	
1,500 Gallons	
West Digester	
TOTAL OTHER CHARGES >	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START- TOTAL MILES	X /HR.=
TRAVEL TIME		TRIP CHARGE $

TERMS: DUE UPON COMPLETION

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 5/25/17

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.COM

7397

63-9138-2631

06/05/2017

PAY TO THE ORDER OF

Nationwide

$ **1,350.00

DOLLARS

One thousand three hundred fifty and 00/100**********

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈00007397⑈ [redacted]

KW RESORT UTILITIES CORP.

7397

06/05/2017 **Nationwide**

Date	Type	Reference	Original Amount	Balance Due	Payment
05/25/2017	Bill	15910	1,350.00	1,350.00	1,350.00
			Check Amount		1,350.00

1310000 BB&T Opera 1,350.00

KW RESORT UTILITIES CORP.

7397

06/05/2017 **Nationwide**

Date	Type	Reference	Original Amount	Balance Due	Payment
05/25/2017	Bill	15910	1,350.00	1,350.00	1,350.00
			Check Amount		1,350.00

1310000 BB&T Opera 1,350.00

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Nationwide Plumbing Services

16039

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 06/22/2017
DATE ORDERED
DATE ORDERED
PHONE

NAME Key West Resort Utilities
STREET 6500 Peninsula Circle
CITY Key West STATE FL ZIP 33040
JOB # P/O

DESCRIPTION OF WORK		PRICE
* Emergency call for transfer storm pump discharge line clogged and not pumping		
Pumping out four sumps from clarifier and tank in order to help restore service to plant operations		
Time on site 3:30pm - 4:30pm		

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.COM

7448
63-9138-2631

081064 / 12-04

PAY TO THE ORDER OF

07/03/2017

Nationwide

$ **1,350.00

One thousand three hundred fifty and 00/100********** DOLLARS

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈0000 7448⑈ ⑆[redacted]

KW RESORT UTILITIES CORP.

07/03/2017 **Nationwide** 7448

Date	Type	Reference		Original Amount	Balance Due	Payment
06/22/2017	Bill	16039		1,350.00	1,350.00	1,350.00
			Check Amount			1,350.00

1310000 BB&T Opera 1,350.00

KW RESORT UTILITIES CORP.

07/03/2017 **Nationwide** 7448

Date	Type	Reference		Original Amount	Balance Due	Payment
06/22/2017	Bill	16039		1,350.00	1,350.00	1,350.00
			Check Amount			1,350.00

1310000 BB&T Opera 1,350.00

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7110500 KB

INVOICE

MIKE HAACK EXCAVATING, INC.
PO Box 430725
Big Pine Key, FL 33043

Date	Invoice No.
01/09/17	147874

General Contractor
CGC1523491

Underground Utility & Excavation Contractor
CUC1225234

Plumbing Contractor
CFC1429107

(305) 872-8945

www.haackexcavating.com

Bill To:
KW Resort Utilities
6630 Front St.
Stock Island, FL. 33040

Due Date	Send Via
01/09/17	Email

Location	Date	Description	QTY	Rate	Amount
6630 Front St.	1/6/17	PUMP DIGESTER	8,300	0.29	2,407.00
Stock Island	1/6/17	Sludge Hauling	8,300	0.01	83.00
	1/7/17	PUMP DIGESTER	8,300	0.29	2,407.00
	1/7/17	Sludge Hauling	8,300	0.01	83.00

Invoices are payable upon receipt unless otherwise stated.
A 1.5% Finance Fee will be applied to any past due balance.
Customer/Agent shall be responsible for any expenses incurred in the collection of unpaid balances.
A 3.5% Transaction Fee will be added to Balance Due for Credit Card processing.

Total	$4,980.00
Payments	$0.00
Balance Due	$4,980.00

KWRU 010252

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Friday

Order Date: 1 / 4 /20 17

Service Date: 1 / 6 /20 17

Keys Environmental - Chris Johnson

Contact Name:	Phone / Email
KW Resort Utilities	Phone 305-522-3608

LOCATION (Name) (Address)
6630 Front St.
Stock Island

- ☐ GREASE
- ☐ SEPTIC
- ☐ LIFT STATION
- ☐ WWTP
- ☒ OTHER

Notes: Pump Digesters

Payment Info:

Driver	Truck:	Time:

Gallons 8,400 Gallons

Field Notes:

Customer Signature (if present)

TICKET # 5485

Mike HACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: 6 / 7 /20 17

Service Date: 6 / 7 /20 17

Contact Name: K.W. R.V.	Phone Email
LOCATION (Name) (Address) 6630 Front St. Stock Island	
☐ GREASE ☑ SEPTIC ☐ LIFT STATION ☐ WWTP ☒ OTHER	Notes: Pump Digesters
Payment Info:	
Driver	Truck: / Time:
Gallons 5,400	
Field Notes:	

Customer Signature (if present)

TICKET # 6287

Septage and FOG Single Load Liquid Waste Transporter Manifest

DERM_V1.00_02-17-2015

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 57-0755-12

Vehicle License Plate: 658-2N7

Vehicle Full Load Capacity: 3400 or 4900 Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Facility Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Digesters	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: Ka Resort Utilities Facility Address: 6630 Front St, Stuart Island	GDO:				3,400		3,400	1/6/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 3,400 Gallons

Section 4: Transporter Certification

Print Driver Name: Ed Jordick

Driver Signature:

Total Waste Unloaded: 3,400 Gallons

Date Waste Unloaded: 1-6-17

Time Waste Unloaded: 100 AM or PM

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SD WW

Ticket No.: 201783

Date Waste Unloaded: 1-6-17

DERM Decal No.: ST-7502

Vehicle Full Load Capacity: 3400 Gallons

Total Waste Unloaded: 3400 Gallons

Operator Name: Marcus

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5 is true and accurate.**

Mail Yellow Disposal Facility Ticket

KWRU 010255

Septage and FOG Single Load Liquid Waste Transporter Manifest

B0339

DERM_V1.00_02-17-2015

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-775-02

Vehicle License Plate: 911-775

Vehicle Full Load Capacity: 3400 or (4900) Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Digesters	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 6620 Front St, Stock Island	GDO:				4,900		4,900	1/6/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 4,900 Gallons

Section 4: Transporter Certification

Print Driver Name: Humberto Garcia

Driver Signature:

Total Waste Unloaded: 4900 Gallons

Date Waste Unloaded: 1.6.17

Time Waste Unloaded: 1:30 AM or PM

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SD WWTP

Ticket No.: 207812

Date Waste Unloaded: 1.6.17

DERM Decal No.: ST-775-02

Vehicle Full Load Capacity: 4900 Gallons

Total Waste Unloaded: 4900 Gallons

Operator Name: Miguel

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5** is true and accurate.

>>>>>>>Attach Disposal Facility Ticket<<<<<<<

KWRU 010256

Septage and FOG Single Load Liquid Waste Transporter Manifest

BD-710

DERM_V1.00_02-17-2015

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-925-12

Vehicle License Plate: L58-2NT

Vehicle Full Load Capacity: (3400) or 4900 Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Facility Address	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Liquids	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 6630 Indian St, Stock Island	GDO:			3400		3400	1/21/17
Facility Name: Facility Address:	GDO:						
Facility Name: Facility Address:	GDO:						
Facility Name: Facility Address:	GDO:						
Facility Name: Facility Address:	GDO:						

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 3400 **Gallons**

Section 4: Transporter Certification

Print Driver Name: Ed Jaedwick

Driver Signature:

Total Waste Unloaded: 3400 Gallons

Date Waste Unloaded: 1-21-17

Time Waste Unloaded: 1210 AM or (PM)

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDWWTP

Ticket No.: 240873

Date Waste Unloaded: 1-21-17

DERM Decal No.: ST-775-02

Vehicle Full Load Capacity: [redacted] 3400 Gallons

Total Waste Unloaded: 3400 Gallons

Operator Name: [illegible]

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5 is true and accurate.**

>>>>>>> Attach Disposal Facility Ticket <<<<<<<

KWRU 010257

Septage and FOG Single Load Liquid Waste Transporter Manifest 80537

DERM_V1.00_02-17-2015

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 SJ. 72-02

Vehicle License Plate: 911-97L

Vehicle Full Load Capacity: 3400 or (4900) Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Facility Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Sewage	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: Ku Resort Utilities Facility Address: 6630 Indian Creek, Stock Island	GDO:				4,900		4,900	1/7/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 4,900 Gallons

Section 4: Transporter Certification

Print Driver Name: Heriberto Garcia

Driver Signature:

Total Waste Unloaded: 4900 Gallons

Date Waste Unloaded: 1/16

Time Waste Unloaded: 12PM AM or (PM)

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDWW

Ticket No.: 2-17879

Date Waste Unloaded: 1/17

DERM Decal No.: SW-77502

Vehicle Full Load Capacity: 4900 Gallons

Total Waste Unloaded: 4900 Gallons

Operator Name: Marcos

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5 is true and accurate.**

>>>>>>> Attach Disposal Facility Ticket <<<<<<<

KWRU 010258

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM

5175

63-9138-2631

01/10/2017

PAY TO THE ORDER OF

Mike Haack Excavating, Inc.

$ **4,980.00

DOLLARS

Four thousand nine hundred eighty and 00/100**********

Mike Haack Excavating, Inc.
P.O. Box 430725
Big Pine, FL 33043

MEMO

⑈00005175⑈ [redacted]

KW RESORT UTILITIES CORP.

5175

01/10/2017 **Mike Haack Excavating, Inc.**

Date	Type	Reference	Original Amount	Balance Due	Payment
01/09/2017	Bill	147874	4,980.00	4,980.00	4,980.00
			Check Amount		4,980.00

1310000 BB&T Opera 4,980.00

KW RESORT UTILITIES CORP.

5175

01/10/2017 **Mike Haack Excavating, Inc.**

Date	Type	Reference	Original Amount	Balance Due	Payment
01/09/2017	Bill	147874	4,980.00	4,980.00	4,980.00
			Check Amount		4,980.00

1310000 BB&T Opera 4,980.00

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7110500 KB

INVOICE

MIKE HAACK EXCAVATING, INC.
PO Box 430725
Big Pine Key, FL 33043

Date	Invoice No.
01/16/17	147889

General Contractor
CGC1523491

Underground Utility & Excavation Contractor
CUC1225234

Plumbing Contractor
CFC1429107

(305) 872-8945

www.haackexcavating.com

Bill To:
KW Resort Utilities
6630 Front St.
Stock Island, FL. 33040

Due Date	Send Via
01/16/17	Email

Location	Date	Description	QTY	Rate	Amount
6630 Front St.	1/12/17	PUMP DIGESTER	3,400	0.29	986.00
Stock Island	1/12/17	Sludge Hauling	3,400	0.01	34.00
	1/13/17	PUMP DIGESTER	8,300	0.29	2,407.00
	1/13/17	Sludge Hauling	8,300	0.01	83.00
	1/14/17	PUMP DIGESTER	8,300	0.29	2,407.00
	1/14/17	Sludge Hauling	8,300	0.01	83.00

Invoices are payable upon receipt unless otherwise stated.
A 1.5% Finance Fee will be applied to any past due balance.
Customer/Agent shall be responsible for any expenses incurred in the collection of unpaid balances.
A 3.5% Transaction Fee will be added to Balance Due for Credit Card processing.

Total	$6,000.00
Payments	$0.00
Balance Due	$6,000.00

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1/12/2017

Chris Johnson 305-522-3608

Contact Name: KW Resort Utilities	Phone / Email
LOCATION (Name) (Address): 6630 Front st. Stock Island	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☑ OTHER	Notes: Pump Digester
Payment Info:	
Driver	Truck: / Time:
Gallons 3,400	
Field Notes:	

1.12.17
Customer Signature (if present)

TICKET # 5498

Septage and FOG Single Load Liquid Waste Transporter Manifest B0470

DERM_V1.00_02-17-2015

KWRU 010262

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-775-02

Vehicle License Plate: 658-PN7

Vehicle Full Load Capacity: (3400) or 4900 Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Facility Address	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Digester	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 6630 Front St, Stock Island	GDO:			3,400		3,400	1/12/17
Facility Name: Facility Address:	GDO:						
Facility Name: Facility Address:	GDO:						
Facility Name: Facility Address:	GDO:						
Facility Name: Facility Address:	GDO:						

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 3,400 Gallons

Section 4: Transporter Certification

Print Driver Name: Ed Jendrick

Driver Signature: [signature]

Total Waste Unloaded: 3400 Gallons

Date Waste Unloaded: 1-12-17

Time Waste Unloaded: 11:40 (AM) or PM

By signing Section 4, I certify that the information in Section 1, 2 & 3 above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDWWTF

Ticket No.: 248164

Date Waste Unloaded: 1-12-17

DERM Decal No.: ST-775-02

Vehicle Full Load Capacity: 3400 Gallons

Total Waste Unloaded: 3400 Gallons

Operator Name: Marcel

Operator Signature: [signature]

By signing Section 5, I certify that the information in Section 5 is true and accurate.

Attach Disposal Facility Ticket(s)

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1 / 13 /20 17

Contact Name: KW Resort Utilities	Phone Email
LOCATION (Name) (Address): 6610 30 Front St Key West	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☑ OTHER	Notes: Pump Digester
Payment Info:	
Driver	Truck: / Time:
Gallons 4,900	
Field Notes:	

Customer Signature (if present)

TICKET # 5500

Septage and FOG Single Load Liquid Waste Transporter Manifest

DERM_V1.00_02-17-2015

KWRU 010264

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-7502

Vehicle License Plate: 911-7TE

Vehicle Full Load Capacity: 3400 or 4900 Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other:	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 6631 Front St. Stock Island	GDO:				4,900		4,900	1/13/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 4,900 Gallons

Section 4: Transporter Certification

Print Driver Name: Heriberto Garcia

Driver Signature:

Total Waste Unloaded: 4900 Gallons

Date Waste Unloaded: 1-13-17

Time Waste Unloaded: 1115 AM or PM

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SD WP

Ticket No.: 248 393

Date Waste Unloaded: 1-13-17

DERM Decal No.: ST-7502

Vehicle Full Load Capacity: 4900 Gallons

Total Waste Unloaded: 4900 Gallons

Operator Name: MIKE

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5 is true and accurate.**

>>>>>> Attach Disposal Facility Ticket <<<<<<

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1 / 13 /20 17

Contact Name: KW Resort Utilities	Phone Email
LOCATION (Name) (Address) 6630 Front St Key West	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☑ OTHER	Notes: Pump Digester
Payment Info:	
Driver Ed	Truck: / Time:
Gallons 3,400	
Field Notes:	

151

Customer Signature (if present)

TICKET # 5512

Driver Lost original Ticket if you have the pink copy we leave with you when we pump. I could use a copy for my records if you don't mind.

Septage and FOG Single Load Liquid Waste Transporter Manifest 30470

DERM_V1.00_02-17-2015

KWRU 010266

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-995-02

Vehicle License Plate: 658-PN7

Vehicle Full Load Capacity: (3400) or 4900 Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Digester	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 6630 Front St, Stock Island	GDO:				3,400		3,400	1/13/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 3,400 Gallons

Section 4: Transporter Certification

Print Driver Name: Ed Jendrick

Driver Signature:

Total Waste Unloaded: 3400 Gallons

Date Waste Unloaded: 1-12-17

Time Waste Unloaded: 11:00 (AM or PM)

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDWWTF

Ticket No.: 248184

Date Waste Unloaded: 1-12-17

DERM Decal No.: ST-995-02

Vehicle Full Load Capacity: 3400 Gallons

Total Waste Unloaded: 3400 Gallons

Operator Name: Mason

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5 is true and accurate.**

Mike HACK Excavating Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ___/___/20___

Service Date: ___/___/20___

Contact Name:

LOCATION (Name) (Address)

Phone

Email

- ☐ GREASE
- ☐ SEPTIC
- ☐ LIFT STATION
- ☐ WWTP
- ☐ OTHER

Payment Info:

Notes:

Pump Master

3,400

Driver

Gallons

Truck:

Time:

Field Notes:

T# 5499

Customer Signature (if present)

KWRU 010267

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1 / 14 /20 17

Contact Name: KW Resort Utilities	Phone / Email
LOCATION (Name) (Address): 6630 Front St. Key West	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☑ OTHER	Notes: Pump Digester
Payment Info:	
Driver Eddie	Truck: / Time:
Gallons 4900	
Field Notes:	

1/14/2017
Customer Signature (if present)

TICKET # 5501

Septage and FOG Single Load Liquid Waste Transporter Manifest B05357

DERM_V1.00_02-17-2015

KWRU 010269

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-7054

Vehicle License Plate: 911-TTE

Vehicle Full Load Capacity: 3400 or 4900 Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: LIQUID	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 1630 Zoni St. Stock Island	GDO:				4900		4,900	1/14/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 4,900 Gallons

Section 4: Transporter Certification

Print Driver Name: Heriberto Garcia Driver Signature:

Total Waste Unloaded: 4900 Gallons Date Waste Unloaded: 1-14-17 Time Waste Unloaded: 1:30 AM or PM

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDWD Ticket No.: 2145353 Date Waste Unloaded: 1-14-17

DERM Decal No.: SF-775-01 Vehicle Full Load Capacity: 4900 Gallons Total Waste Unloaded: 4900 Gallons

Operator Name: Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5 is true and accurate.**

Attach Disposal Facility Ticket

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: 1 / 14 /20 17

Service Date: 1 / 16 /20 17 SAT.

Chris Johnson

Contact Name: KW Resort Utilities	Phone 305-522-3608 Email
LOCATION (Name) (Address): 6630 Front St. Stock Island	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☑ OTHER	Notes: Pump Digesters
Payment Info:	
Driver	Truck: Time:
Gallons ~~8,400~~ gallons 3,400	
Field Notes:	

X 1/14/17
Customer Signature (if present)

TICKET # 5486

Septage and FOG Single Load Liquid Waste Transporter Manifest B0470

DERM_V1.00_02-17-2015

KWRU 010271

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775

Vehicle License Plate:

Vehicle Full Load Capacity: 3400 or 4900 Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Facility Address / GDO	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other:	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: GDO:		3400				3400	3400
Facility Name: Facility Address: GDO:							
Facility Name: Facility Address: GDO:							
Facility Name: Facility Address: GDO:							
Facility Name: Facility Address: GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: Gallons

Section 4: Transporter Certification

Print Driver Name: [illegible]

Driver Signature:

Total Waste Unloaded: Gallons

Date Waste Unloaded:

Time Waste Unloaded: AM or PM

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the attached disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDWWTF

Ticket No.: 049355

Date Waste Unloaded: 1/9/17

DERM Decal No.: STORM

Vehicle Full Load Capacity: 3400 Gallons

Total Waste Unloaded: 3400 Gallons

Operator Name: OLIVIA

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5 is true and accurate.**

>>>>>>>>>>Attach Disposal Facility Ticket<<<<<<<<<<

5192

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

01/26/2017

PAY TO THE ORDER OF
Mike Haack Excavating, Inc.

$ **6,000.00

Six thousand and 00/100********** DOLLARS

Mike Haack Excavating, Inc.
P.O. Box 430725
Big Pine, FL 33043

MEMO

⑈00005192⑈ [redacted]

Details on back. Security Features Included

081064 / 12-04

KW RESORT UTILITIES CORP.

01/26/2017 **Mike Haack Excavating, Inc.** 5192

Date	Type	Reference	Original Amount	Balance Due	Payment
01/16/2017	Bill	147889	6,000.00	6,000.00	6,000.00
			Check Amount		6,000.00

1310000 BB&T Opera 6,000.00

KW RESORT UTILITIES CORP.

01/26/2017 **Mike Haack Excavating, Inc.** 5192

Date	Type	Reference	Original Amount	Balance Due	Payment
01/16/2017	Bill	147889	6,000.00	6,000.00	6,000.00
			Check Amount		6,000.00

1310000 BB&T Opera 6,000.00

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7/10500 KB

INVOICE

MIKE HAACK EXCAVATING, INC.
PO Box 430725
Big Pine Key, FL 33043

Date	Invoice No.
01/23/17	147908

General Contractor
CGC1523491

Underground Utility & Excavation Contractor
CUC1225234

Plumbing Contractor
CFC1429107

(305) 872-8945

www.haackexcavating.com

Bill To:
KW Resort Utilities
6630 Front St.
Stock Island, FL. 33040

Due Date	Send Via
01/23/17	Email

Location	Date	Description	QTY	Rate	Amount
6630 Front St.	1/16/17	PUMP DIGESTER	3,400	0.29	986.00
Stock Island	1/16/17	Sludge Hauling	3,400	0.01	34.00
	1/17/17	PUMP DIGESTER	13,200	0.29	3,828.00
	1/17/17	Sludge Hauling	13,200	0.01	132.00
	1/20/17	PUMP DIGESTER	8,300	0.29	2,407.00
	1/20/17	Sludge Hauling	8,300	0.01	83.00

Thank you?

Invoices are payable upon receipt unless otherwise stated.
A 1.5% Finance Fee will be applied to any past due balance.
Customer/Agent shall be responsible for any expenses incurred in the collection of unpaid balances.
A 3.5% Transaction Fee will be added to Balance Due for Credit Card processing.

Total	$7,470.00
Payments	$0.00
Balance Due	$7,470.00

KWRU 010273

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1 / 16 /20 17

Contact Name: KW Resort Utilities	Phone Email
LOCATION (Name) (Address): 6630 Front St. Stk Island	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☑ OTHER	Notes: Pump Digesters
Payment Info:	
Driver Ed	Truck: Time:
Gallons 3,400	
Field Notes: 3,400 g-l	

Customer Signature (if present)

TICKET # 5509

Septage and FOG Single Load Liquid Waste Transporter Manifest

DERM_V1.00_02-17-2015

KWRU 010275

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-775-02

Vehicle License Plate: 658-INT

Vehicle Full Load Capacity: (3400) or 4900 Gallons

Section 2: Origination of Waste

Facility Name / Facility Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Pump Truck	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 4630 Junior Sq. Dr. Island	GDO:				3400		3,400	1/14/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 3,400 Gallons

Section 4: Transporter Certification

Print Driver Name: Ed Jeddie

Driver Signature:

Total Waste Unloaded: 3,400 Gallons

Date Waste Unloaded:

Time Waste Unloaded: 1235 AM or PM

By signing Section 4, I certify that the information in Section 1, 2 & 3 above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDWF

Ticket No.: 248487

Date Waste Unloaded: 1/16/17

DERM Decal No.: SW-775-02

Vehicle Full Load Capacity: 3400 Gallons

Total Waste Unloaded: 3400 Gallons

Operator Name: Vincent

Operator Signature:

By signing Section 5, I certify that the information in Section 5 is true and accurate.

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1/16/20 17

Contact Name:	Phone / Email
Lower Keys	

LOCATION (Name) (Address)

62nd Street
Ocean Drive

- ☐ GREASE
- ☐ SEPTIC
- ☐ LIFT STATION
- ☐ WWTP
- ☐ OTHER

Notes: pump pigeons

Payment Info:

Driver	Truck:	Time:

Gallons

Field Notes:

3900 gal

TICKET # 5509

Customer Signature (if present)

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ___/___/20___

Service Date: 1/17/2017

Contact Name: KW Resort Utilities	Phone Email
LOCATION (Name) (Address): 6630 Front St Stock Island	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☑ OTHER	Notes: Pump Digesters
Payment Info:	
Driver	Truck: Time:
Gallons 4,980	
Field Notes:	

Customer Signature (if present)

TICKET # 5511

Manifest # 248547

Septage and FOG Single Load Liquid Waste Transporter Manifest

D0539

DERM_V1.00_02-17-2015

KWRU 010278

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-775-02

Vehicle License Plate: 911-7TE

Vehicle Full Load Capacity: 3400 or (4900) Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Digesters	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 6630 Front St Stock Island	GDO:				4,900		4,900	1/17/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 4,900 Gallons

Section 4: Transporter Certification

Print Driver Name: Heriberto Garcia

Driver Signature: Heriberto Garcia

Total Waste Unloaded: Gallons

Date Waste Unloaded:

Time Waste Unloaded: 6:25 AM or PM

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDBF

Ticket No.: 2485417

Date Waste Unloaded: 1-17-17

DERM Decal No.: ST-77502

Vehicle Full Load Capacity: 4900 Gallons

Total Waste Unloaded: 4900 Gallons

Operator Name: E LeBlanc

Operator Signature: E LeBlanc

By signing **Section 5**, I certify that the information in **Section 5 is true and accurate.**

>>>>>>>Attach Disposal Facility Ticket<<<<<<<

Mike HACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: _____/_____/20_____

Service Date: _____/_____/20_____

Contact Name:	Phone Email
LOCATION (Name) (Address)	

- ☐ GREASE
- ☐ SEPTIC
- ☐ LIFT STATION
- ☐ WWTP
- ☐ OTHER

Notes:

Payment Info:

Driver	Truck:	Time:
Gallons		

Field Notes:

TICKET # 5511

Customer Signature (if present)

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1 / 17 /20 17

Contact Name: KW Resort Utilities	Phone / Email
LOCATION (Name) (Address): 6630 Front St, Stock Island	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☒ OTHER	Notes: Pump Digesters
Payment Info:	
Driver Eddie	Truck: / Time:
Gallons 4,900	
Field Notes:	

Customer Signature (if present)

TICKET # 5514

Septage and FOG Single Load Liquid Waste Transporter Manifest Bn 539

DERM_V1.00_02-17-2015

KWRU 010281

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-775-02

Vehicle License Plate: 911-77E

Vehicle Full Load Capacity: 3400 or (4900) Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Address	GDO:	Fats, Oil & Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Disaster	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 463c Front St, Stock Island	GDO:				4,900		4,900	4/19/19
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 4,900 Gallons

Section 4: Transporter Certification

Print Driver Name: Heriberto Garcia

Driver Signature:

Total Waste Unloaded: 4900 Gallons

Date Waste Unloaded: 4-12-19

Time Waste Unloaded: 11:20 (AM or PM)

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the attached disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDWF

Ticket No.: 248500

Date Waste Unloaded: 4-12-19

DERM Decal No.: ST-775-02

Vehicle Full Load Capacity: 4900 Gallons

Total Waste Unloaded: 4900 Gallons

Operator Name: Jhonny

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5** is true and accurate.

>>>>>> Attach Disposal Facility Ticket <<<<<<

Mike HACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1/17/20 13

Contact Name:	Phone / Email
Ke West Cottages	

LOCATION (Name) (Address)
West Island

- ☐ GREASE
- ☐ SEPTIC
- ☐ LIFT STATION
- ☐ WWTP
- ☐ OTHER

Notes: Pump Pigging

Payment Info:

Driver Eddie	Truck:	Time:

Gallons 1,500

Field Notes:

Customer Signature (if present)

TICKET # 5514

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1 / 17 /20 17

Contact Name: KW Resort Utilities	Phone Email
LOCATION (Name) (Address): 6630 Front St. Sk. Island	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☑ OTHER	Notes: Pump Digesters
Payment Info:	
Driver ED	Truck: Time:
Gallons 3400	
Field Notes:	

Customer Signature (if present)

TICKET # 5510

Septage and FOG Single Load Liquid Waste Transporter Manifest 10470

DERM_V1.00_02-17-2015

KWRU 010284

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-775-02

Vehicle License Plate: 65RFNT

Vehicle Full Load Capacity: (3400) or 4900 Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Digester	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: Pinecrest Utilities Facility Address: 6630 Jan Fisher St. Fish	GDO:				3400		3400	1/13/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 3,400 Gallons

Section 4: Transporter Certification

Print Driver Name: Ed Jendrick

Driver Signature:

Total Waste Unloaded: 3400 Gallons

Date Waste Unloaded: 1-12-17

Time Waste Unloaded: 11:30 AM or PM

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the attached disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SPWD

Ticket No.: 0-18-301

Date Waste Unloaded: 1/12/17

DERM Decal No.: ST-775-02

Vehicle Full Load Capacity: 3400 Gallons

Total Waste Unloaded: 3400 Gallons

Operator Name: Oliver

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5** is true and accurate.

Attach Disposal Facility Ticket

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: ____/____/20____

Contact Name:	Phone Email
LOCATION (Name) (Address)	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☐ OTHER	Notes:
Payment Info:	
Driver / Truck: / Time:	
Gallons	
Field Notes: 3400 Gals.	

Customer Signature (if present)

TICKET # 5510

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Friday

Order Date: ____/____/20____

Service Date: 1/20/2017

Contact Name:	Phone / Email
KW Resort Utilities	

LOCATION (Name) (Address)
6630 Front St.
Stock Island

☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☒ OTHER	Notes: Pump Digesters

Payment Info:

Driver: Ed	Truck:	Time:

Gallons: 3,400

Field Notes:

Customer Signature (if present)

TICKET # 5515

Septage and FOG Single Load Liquid Waste Transporter Manifest

DERM_V1.00_02-17-2015

KWRU 010287

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-775-02

Vehicle License Plate: 65X-PWT

Vehicle Full Load Capacity: 3400 or 4900 Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Address	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Septage	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: Lucaya Utilities Facility Address: 6634 Front St., Stock Island GDO:				3,400		3,400	1/20/17
Facility Name: Facility Address: GDO:							
Facility Name: Facility Address: GDO:							
Facility Name: Facility Address: GDO:							
Facility Name: Facility Address: GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 3,400 Gallons

Section 4: Transporter Certification

Print Driver Name: Ed Jendriak

Driver Signature:

Total Waste Unloaded: 3400 Gallons

Date Waste Unloaded: 1-20-17

Time Waste Unloaded: 11:00 AM or PM

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the attached disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SD DP

Ticket No.: 0435739

Date Waste Unloaded: 1-20-17

DERM Decal No.: ST-775-02

Vehicle Full Load Capacity: 3400 Gallons

Total Waste Unloaded: 3400 Gallons

Operator Name: Marcus

Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5** is true and accurate.

>>>>>> Attach Disposal Facility Ticket <<<<<<

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Friday

Order Date: ____/____/20____

Service Date: 1 / 20 /20 17

Contact Name: KW Resort Utilities	Phone / Email
LOCATION (Name) (Address): 6630 Front St. Stock Island	
☐ GREASE ☐ SEPTIC ☐ LIFT STATION ☐ WWTP ☒ OTHER	Notes: Pump Digester
Payment Info:	
Driver Eddie	Truck: / Time:
Gallons 4,900	
Field Notes:	

Customer Signature (if present)

TICKET # 5518

Septage and FOG Single Load Liquid Waste Transporter Manifest

60539

DERM_V1.00_02-17-2015

KWRU 010289

Section 1: Liquid Waste Transporter Information

Company Name: MIKE HAACK EXCAVATING, INC.

DERM Decal No.: LW-000-775 ST-775-02

Vehicle License Plate: 911-7TE

Vehicle Full Load Capacity: 3400 or (4900) Gallons

Section 2: Origination of Waste

Section 3: Waste Type, Gallons & Date Pumped

Facility Name / Address	GDO:	Fats, Oil & Grease Grease Trap/Grease Interceptor (Gallons)	Residential Septic Tank	Portable Toilet/Chemical Toilet	Other: Liquids	Other:	Sub-Total Waste (Gallons)	Date Pumped
Facility Name: KW Resort Utilities Facility Address: 6630 2nd St, Stock Island	GDO:				4,900		4,900	1/20/17
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							
Facility Name: Facility Address:	GDO:							

Attach Additional Sheets if more than 5 sites Pumped this Load

Total Waste this Load: 4,900 Gallons

Section 4: Transporter Certification

Print Driver Name: Heriberto Garcia

Driver Signature:

Total Waste Unloaded: Gallons Date Waste Unloaded:

Time Waste Unloaded: 6:10 AM or PM

By signing **Section 4**, I certify that the information in **Section 1, 2 & 3** above is true and accurate, and that only the facilities listed in the "Origination of Waste" section is contained in this service vehicle/hauler truck tank. I also certify that the atatched disposal ticket corresponds with this manifest. I understand that the discharge of any waste other than grease waste, septic tank waste, or portable toilet waste from customers in the Miami-Dade County jurisdiction must be approved before the waste is transported to the South District Wastewater Treatment Facility. I am aware that falsification of this manifest may result in prosecution.

Section 5: Disposal Facility Certification

Disposal Location: SDDF Ticket No.: 248785 Date Waste Unloaded: 1-20-17

DERM Decal No.: SE-7502 Vehicle Full Load Capacity: 4900 Gallons Total Waste Unloaded: 4900 Gallons

Operator Name: E LaPlant Operator Signature:

By signing **Section 5**, I certify that the information in **Section 5** is true and accurate.

Attach Disposal Facility Ticket

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1/21/20 12

Contact Name:	Phone / Email
LOCATION (Name) (Address)	

- ☐ GREASE
- ☐ SEPTIC
- ☐ LIFT STATION
- ☐ WWTP
- ☐ OTHER

Notes:

Payment Info:

Driver	Truck:	Time:
Gallons		

Field Notes:

TICKET # 5515

Customer Signature (if present)

Mike HAACK Excavating, Inc

Ph. (305) 872-8945
Fax (305) 872-2927

157 Industrial Rd
P.O. Box 430725
Big Pine Key, FL 33043

PUMPING SERVICE TICKET

Order Date: ____/____/20____

Service Date: 1/20/22

Contact Name:	Phone / Email
[illegible]	

LOCATION (Name) (Address)

[illegible]

- ☐ GREASE
- ☐ SEPTIC
- ☐ LIFT STATION
- ☐ WWTP
- ☐ OTHER

Notes: [illegible]

Payment Info:

Driver	Truck:	Time:
[illegible]		

Gallons [illegible]

Field Notes:

[signature]

Customer Signature (if present)

TICKET # 5518

5206

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

02/07/2017

PAY TO THE ORDER OF Mike Haack Excavating, Inc.

$ 7,470.00

Seven thousand four hundred seventy and 00/100********** DOLLARS

Mike Haack Excavating, Inc.
P.O. Box 430725
Big Pine, FL 33043

MEMO

⑈00005206⑈ [redacted]

KW RESORT UTILITIES CORP.

02/07/2017 **Mike Haack Excavating, Inc.** 5206

Date	Type	Reference	Original Amount	Balance Due	Payment
01/23/2017	Bill	147908	7,470.00	7,470.00	7,470.00
			Check Amount		7,470.00

1310000 BB&T Opera 7,470.00

KW RESORT UTILITIES CORP.

02/07/2017 **Mike Haack Excavating, Inc.** 5206

Date	Type	Reference	Original Amount	Balance Due	Payment
01/23/2017	Bill	147908	7,470.00	7,470.00	7,470.00
			Check Amount		7,470.00

1310000 BB&T Opera 7,470.00

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WASTE MANAGEMENT

INVOICE

Customer: KEY WEST RESORT UTILITIES CORP
Online WM ezPay ID: 00015-08501-62002
Invoice Date: 07/01/2016
Invoice Number: 9140528-1098-5
Account Number: 980-0012202-1098-1
Due Date: 07/30/2016

Waste Management Inc. of Florida
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Total Current Charges	Total Amount Due
2,739.34	2,739.34

Please pay total amount due. Thank you for your business.

Account Summary

Description	
Previous Balance	5,662.58
Total Credits and Adjustments	0.00
Total Payments Received	5,662.58-
Total Current Charges	2,739.34
Total Amount Due	2,739.34
Total Amount Past Due	0.00

Service Period: JUNE 2016

Description	Amount
Roll-Off	2,739.34
Total Current Charges	2,739.34

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5.00, or such late charge allowed under applicable law, regulation or contract. Additionally, if your service is suspended for non-payment, you may be charged a resume charge to restart your service. For each returned check, a charge will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

OK PAY MAS 7-18-16

Use your iPhone or Android mobile device to manage your account, pay your bill, and schedule a roll-off pickup, similar to wm.com. More at wm.com/GoMobile.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
2,739.34	0.00	0.00	0.00	0.00	2,739.34

WASTE MANAGEMENT

Waste Management Inc. of Florida
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Payment Coupon

Please detach and send with checks only (no cash).
Please send all other correspondence to your local site.

Your Account Number
980-0012202-1098-1

To pay this bill online and switch to paperless billing, go to wm.com/paperless

Invoice Date	Your Invoice Number
07/01/2016	9140528-1098-5

		Amount Paid
Total Amount Due	2,739.34	
If Payment Received After 07/30/2016	2,807.82	

10989800012202091405280000027393400000273934 1

0001698 01 AT 0.396 **AUTO T9 0 4687 33045-212525 -C01-P01699-I 10290027

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

Waste Management Inc. of Florida
PO BOX 105453
ATLANTA, GA 30348-5453

0001698-000001-0001915

00015085016200 2

From everyday collection to environmental protection, Think Green.® Think Waste Management.

KWRU 010293

Printed on recycled paper.

FOR CHANGE OF ADDRESS OR ANY SERVICE ISSUES CONTACT NUMBER ON PAGE 1

Service Location: 980-12202 Key West Resort Utilities (Spw): 6630 Front St: Stock Island Fl 33040-6050

Date	Ticket	Description	Quantity	U/M	Rate	Amount
06/03/16	265181	Bring to yard	1.00			0.00
		Ticket Total				**0.00**
06/08/16	271713	20 Yd special waste	1.00			1,598.81
		Haul + disp				
		Disposal per ton sp waste	9.05			515.85
		Ticket Total				**2,114.66**
06/30/16	308533	Bring to yard	1.00			0.00
		Ticket Total				**0.00**
07/01/16		Fuel/environmental charge				524.68
07/01/16		Regulatory cost recovery chrg				95.00
07/01/16		Administrative charge				5.00
		Total Current Charges				**2,739.34**

Payments Received Detail

Payment - thank you	5,662.58-
Total Payments Received	**5,662.58-**

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

You agree, in order for us to service our account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages, facsimile messages or e-mails, using any e-mail address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

MEDLEY LANDFILL

9350 N.W. 89th Avenue
Medley, Florida 33178

Truck: Trailer:
Check ID:
Transaction Type:100 - Rck Rate
Payment: - Charge

Payment Type:
Vehicle Type:3 - Container Service
Origin Type:3 - Private
Destination Type: 01 - Medley Landfill
Material Type: 91 - Medley Municipal Waste
Rate: 10.00/Tn
Cubic Yards: 0
Route/Dock: Voucher #:

GROSS 53720
TARE 34620
NET 19100

Tip Fee 0.00
Spec Fee: 3.50
Transfer Fee: 0.00
TOTAL FEE: 0

NOTE:TRK 4086292 KW RESORT UTILITIES 10112SPL 4034337

DRIVER'S SIGNATURE Carl Munoz

CUSTOMER'S NAME

WM 205-Medley

KWRU 010295

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of

3. Generator's Mailing Address:	Generator's Site Address (if different than mailing):	A. Manifest Number	
	KW RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040 305-295-3301	WMNA	4834337
4. Generator's Phone		B. State Generator's ID	

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID
		D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID
		F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number	G. State Facility ID
		H. State Facility Phone 305.883.7670

GENERATOR

11. Description of Waste Materials	12. Containers No	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above	K. Disposal Location			
	Cell		Level	
	Grid			

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.

16. GENERATOR'S CERTIFICATE:

I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Blue- GENERATOR #2 COPY
Yellow GENERATOR #1 COPY
Pink- FACILITY USE ONLY
Gold- TRANSPORTER #1 COPY

KWRU 010297

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM

4946

63-9138-2631

07/18/2016

PAY TO THE ORDER OF Waste Management Inc. of Florida

$ **2,739.34

Two thousand seven hundred thirty-nine and 34/100********** DOLLARS

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈00004946⑈ [redacted]

KW RESORT UTILITIES CORP.

07/18/2016 **Waste Management Inc. of Florida** 4946

Date	Type	Reference	Original Amount	Balance Due	Payment
07/01/2016	Bill	9140528-1098-5	2,739.34	2,739.34	2,739.34
		Check Amount			2,739.34

1310000 BB&T Opera 2,739.34

KW RESORT UTILITIES CORP.

07/18/2016 **Waste Management Inc. of Florida** 4946

Date	Type	Reference	Original Amount	Balance Due	Payment
07/01/2016	Bill	9140528-1098-5	2,739.34	2,739.34	2,739.34
		Check Amount			2,739.34

1310000 BB&T Opera 2,739.34

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KWRU 010300

WASTE MANAGEMENT

INVOICE

Waste Management Inc. of Florida
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Customer: KEY WEST RESORT UTILITIES CORP
Online WM ezPay ID: **00015-08501-62002**
Invoice Date: 08/01/2016
Invoice Number: 9141168-1098-9
Account Number: 980-0012202-1098-1
Due Date: 08/30/2016

Total Current Charges	Total Amount Due
2,647.22	2,647.22

Please pay total amount due. Thank you for your business.

Account Summary

Description	
Previous Balance	2,739.34
Total Credits and Adjustments	0.00
Total Payments Received	2,739.34-
Total Current Charges	2,647.22
Total Amount Due	2,647.22
Total Amount Past Due	0.00

Service Period: JULY 2016

Description	Amount
Roll-Off	2,647.22
Total Current Charges	2,647.22

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5.00, or such late charge allowed under applicable law, regulation or contract. Additionally, if your service is suspended for non-payment, you may be charged a resume charge to restart your service. For each returned check, a charge will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

Use your iPhone or Android mobile device to manage your account, pay your bill, and schedule a roll-off pickup, similar to wm.com. More at wm.com/GoMobile.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
2,647.22	0.00	0.00	0.00	0.00	2,647.22

WASTE MANAGEMENT

Waste Management Inc. of Florida
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Payment Coupon

Please detach and send with checks only (no cash).
Please send all other correspondence to your local site.

Your Account Number
980-0012202-1098-1

To pay this bill online and switch to paperless billing, go to wm.com/paperless

Invoice Date	Your Invoice Number
08/01/2016	9141168-1098-9

		Amount Paid
Total Amount Due	2,647.22	
If Payment Received After 08/30/2016	2,713.40	

10989800012202091411680000026472200000264722 0

0003831 01 AT 0.396 **AUTO T9 0 4715 33045-212525 -C01-P03834-I 10290036

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

Waste Management Inc. of Florida
PO BOX 105453
ATLANTA, GA 30348-5453

Service Location: 980-12202 Key West Resort Utilities (Spw): 6630 Front St: Stock Island Fl 33040-6050

Date	Ticket	Description	Quantity	U/M	Rate	Amount
07/05/16	312895	20 Yd special waste	1.00			1,598.81
		Haul + disp				
		Disposal per ton sp waste	7.98			454.86
		Ticket Total				**2,053.67**
		Fuel/environmental charge				496.75
		Regulatory cost recovery chrg				91.80
		Administrative charge				5.00
		Total Current Charges				**2,647.22**

Payments Received Detail

	Payment - thank you	2,739.34-
	Total Payments Received	**2,739.34-**

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

You agree, in order for us to service our account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages, facsimile messages or e-mails, using any e-mail address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

MEDLEY LANDFILL

9350 N.W. 89th Avenue
Medley, Florida 33178

Site Code:Medley Landfill

Transaction # 4762346 Acct: 1009 ---IN--- ---OUT-- DIR: I
Acct: WASTE MANAGEMENT - DADE CO DATE 07/05/16 07/05/16 MIN: 0
Truck: Trailer: TIME 09:16 09:16 SITE: ME
Fleet ID: ID YPR YPR
Transaction Type:120 - Ask Rate
Payment:1 - Charge

Payment Type:
Vehicle Type:3 - Container (20-29 cy)
Origin Type:15 - Private
Destination Type: 61 - Medley Landfill
Material Type: 91 - Medley Garbage IN
Rate: $0.00/tn
Cubic Yards: 0
Route/Book: Voucher #:

GROSS	50780	25.39	1
TARE	34820	17.41	1
NET	15960	7.98	

Tip Fee:	0.00
Spec Fee:	0.00
Transfer Fee:	0.00
TOTAL FEE:	0

NOTE:TR 407775 KW RESORT 101125FL 4834328

9999 = Default Driver

DRIVER'S SIGNATURE _____

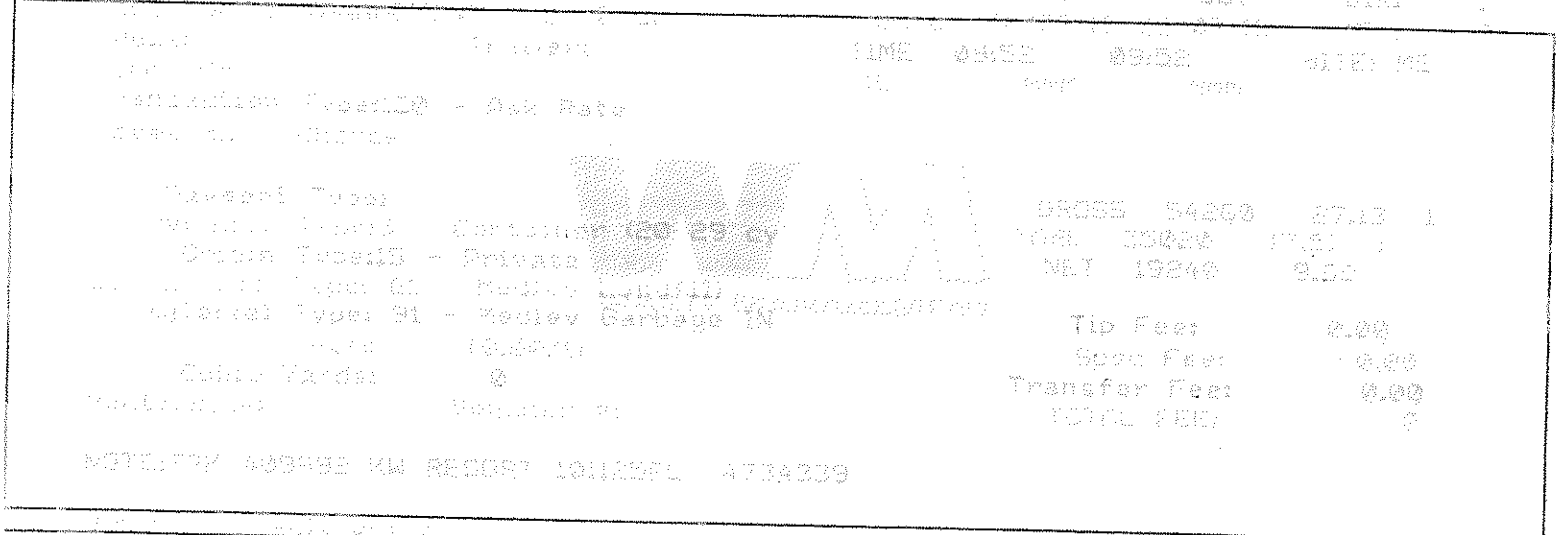
CUSTOMER'S NAME _____

WM 205-Medley

KWRU 010303

MEDLEY LANDFILL

9350 N.W. 89th Avenue
Medley, Florida 33178



DRIVER'S SIGNATURE 6 Cy

CUSTOMER'S NAME _____

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of	

3. Generator's Mailing Address:

Generator's Site Address (if different than mailing):
KW RESORT UTILITIES CORP
6630 FRONT STREET
KEY WEST, FL 33040
305-295-3301

4. Generator's Phone

A. Manifest Number: WMNA 4834339

B. State Generator's ID

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID / D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID / F. Transporter's Phone

9. Designated Facility Name and Site Address
MEDLEY LANDFILL
9350 NW 89TH AVENUE
MEDLEY, FLORIDA 33178

10. US EPA ID Number

G. State Facility ID

H. State Facility Phone: 305.883.7670

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

K. Disposal Location: Cell / Level / Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16. GENERATOR'S CERTIFICATE:
I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year
X Greg Wright	X			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year
EDDYS Godoy Torres		08	03	16

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year
		08	3	16

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY
Blue- GENERATOR #2 COPY
Gold- TRANSPORTER #1 COPY
Yellow- GENERATOR #1 COPY

KWRU 010307

NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of	

3. Generator's Mailing Address:

Generator's Site Address (if different than mailing):
KW RESORT UTILITIES CORP
6630 FRONT STREET
KEY WEST, FL 33040
305-295-3301

4. Generator's Phone FAX 305-295-0143

A. Manifest Number WMNA 4834339

B. State Generator's ID

5. Transporter 1 Company Name | **6. US EPA ID Number** | **C. State Transporter's ID** | **D. Transporter's Phone**

7. Transporter 2 Company Name | **8. US EPA ID Number** | **E. State Transporter's ID** | **F. Transporter's Phone**

9. Designated Facility Name and Site Address
MEDLEY LANDFILL
9350 NW 89TH AVENUE
MEDLEY, FLORIDA 33178

10. US EPA ID Number

G. State Facility ID

H. State Facility Phone 305.883.7670

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

K. Disposal Location
Cell | Level
Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16. GENERATOR'S CERTIFICATE:
I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year
X Mark Buckwalter KWRU	X KWRU	08	03	2016

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year
EDDYS Godoy Torres		08	03	16

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest

Printed Name	Signature	Month	Day	Year
		08	3	16

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Blue- GENERATOR #2 COPY
Yellow- GENERATOR #1 COPY
Pink- FACILITY USE ONLY
Gold- TRANSPORTER #1 COPY

KWRU 010309

4981

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

08/16/2016

PAY TO THE ORDER OF Waste Management Inc. of Florida

$ **2,647.22

Two thousand six hundred forty-seven and 22/100********** DOLLARS

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈0000498 1⑈ [redacted]

081064 / 12-04

Details on back.

Security Features Included

EZShield™ PLUS Check Fraud Protection & ID Restoration

KW RESORT UTILITIES CORP.

08/16/2016 **Waste Management Inc. of Florida** 4981

Date	Type	Reference	Original Amount	Balance Due	Payment
08/01/2016	Bill	9141168-1098-9	2,647.22	2,647.22	2,647.22
		Check Amount			2,647.22

1310000 BB&T Opera 2,647.22

KW RESORT UTILITIES CORP.

08/16/2016 **Waste Management Inc. of Florida** 4981

Date	Type	Reference	Original Amount	Balance Due	Payment
08/01/2016	Bill	9141168-1098-9	2,647.22	2,647.22	2,647.22
		Check Amount			2,647.22

1310000 BB&T Opera 2,647.22

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7110500 KB

INVOICE

Waste Management Inc. of Florida
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Customer: KEY WEST RESORT UTILITIES CORP
Online WM ezPay ID: **00015-08501-62002**
Invoice Date: 09/01/2016
Invoice Number: 9141827-1098-0
Account Number: 980-0012202-1098-1
Due Date: 09/30/2016

Total Current Charges	Total Amount Due
2,777.84	2,777.84

Please pay total amount due. Thank you for your business.

Account Summary

Description	
Previous Balance	2,647.22
Total Credits and Adjustments	0.00
Total Payments Received	2,647.22-
Total Current Charges	2,777.84
Total Amount Due	2,777.84
Total Amount Past Due	0.00

Service Period: AUGUST 2016

Description	Amount
Roll-Off	2,777.84
Total Current Charges	2,777.84

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5.00, or such late charge allowed under applicable law, regulation or contract. Additionally, if your service is suspended for non-payment, you may be charged a resume charge to restart your service. For each returned check, a charge will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

OK PM MAS 9-13-16

Use your iPhone or Android mobile device to manage your account, pay your bill, and schedule a roll-off pickup, similar to wm.com. More at wm.com/GoMobile.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
2,777.84	0.00	0.00	0.00	0.00	2,777.84

Payment Coupon

Please detach and send with checks only (no cash).
Please send all other correspondence to your local site.

Waste Management Inc. of Florida
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Your Account Number
980-0012202-1098-1

Invoice Date	Your Invoice Number
09/01/2016	9141827-1098-0

		Amount Paid
Total Amount Due	2,777.84	
If Payment Received After 09/30/2016	2,847.29	

To pay this bill online and switch to paperless billing, go to wm.com/paperless

1098980001220209141827000002777840000027778 4 3

0006083 01 AT 0.396 **AUTO T0 0 4746 33045-212525 -C01-P06089-I 10290047

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

Waste Management Inc. of Florida
PO BOX 105453
ATLANTA, GA 30348-5453

THINK GREEN®

KWRU 010313

Printed on recycled paper.

0006083-0000001-0006454

0001508501620002

Service Location: 980-12202 Key West Resort Utilities (Spw): 6630 Front St: Stock Island Fl 33040-6050

Date	Ticket	Description	Quantity	U/M	Rate	Amount
08/03/16	370787	20 Yd special waste	1.00			1,598.81
		Haul + disp				
		Disposal per ton sp waste	9.62			548.34
		Ticket Total				**2,147.15**
		Fuel/environmental charge				529.35
		Regulatory cost recovery chrg				96.34
		Administrative charge				5.00
		Total Current Charges				**2,777.84**

Payments Received Detail

Payment - thank you	2,647.22-
Total Payments Received	**2,647.22-**

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

You agree, in order for us to service our account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages, facsimile messages or e-mails, using any e-mail address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

Please send all bankruptcy correspondence to 2625 W. Grandview Rd. Ste 150 Phoenix, AZ 85023.
(This language is in compliance with 11 USC 342(c)(2) of the Bankruptcy Code.)

0006083-0000001-0006454

MEDLEY LANDFILL

9350 N.W. 89th Avenue
Medley, Florida 33178

Transaction # 472578 Ticket 1009 IN: OUT: Lbs

Name Trailer: TIME 0955 0956 SITE: MG
Cust. ID. Time In Time Out
Transaction Type:CO - Cash Rate
Hauling Charge

Payment Type:
Vehicle Type:T - Commercial
Origin Type:S - Private
Service Type:C - Customer
Material Type:SL - Medley Garbage TN

GROSS 54500 27.13 T
TARE 35060 17.51 T
NET 19240 9.62

Tip Fee: 0.00
Spec Fee: 0.00
Transfer Fee: 0.00
Rental Fee: 0

Cubic Yards: 0
Density:

NOTE:TRK 402302 KW REPORT 1N1D5FL 472578

DRIVER'S SIGNATURE _____

CUSTOMER'S NAME _____

WM 205-Medley

KWRU 010315

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of	

3. Generator's Mailing Address:

4. Generator's Phone

Generator's Site Address (if different than mailing):
KW RESORT UTILITIES CORP
6630 FRONT STREET
KEY WEST, FL 33040
305-295-3301

A. Manifest Number: WMNA 4834339

B. State Generator's ID

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID
		D. Transporter's Phone
7. Transporter 2 Company Name	**8. US EPA ID Number**	E. State Transporter's ID
		F. Transporter's Phone

9. Designated Facility Name and Site Address
MEDLEY LANDFILL
9350 NW 89TH AVENUE
MEDLEY, FLORIDA 33178

10. US EPA ID Number

G. State Facility ID

H. State Facility Phone: 305.883.7670

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

K. Disposal Location
Cell | Level
Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16. GENERATOR'S CERTIFICATE:
I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year
X Greg Wright	X			

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year
EDDYS Godoy Torres		08	03	16

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year
		08	3	16

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY
Blue- GENERATOR #2 COPY
Gold- TRANSPORTER #1 COPY
Yellow- GENERATOR #1 COPY

KWRU 010317

5026

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

09/27/2016

PAY TO THE ORDER OF Waste Management Inc. of Florida

$ **2,777.84

Two thousand seven hundred seventy-seven and 84/100********** DOLLARS

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈0000 5026⑈ [redacted]

KW RESORT UTILITIES CORP.

09/27/2016 **Waste Management Inc. of Florida** 5026

Date	Type	Reference	Original Amount	Balance Due	Payment
09/01/2016	Bill	9141827-1098-0	2,777.84	2,777.84	2,777.84
		Check Amount			2,777.84

1310000 BB&T Opera 2,777.84

KW RESORT UTILITIES CORP.

09/27/2016 **Waste Management Inc. of Florida** 5026

Date	Type	Reference	Original Amount	Balance Due	Payment
09/01/2016	Bill	9141827-1098-0	2,777.84	2,777.84	2,777.84
		Check Amount			2,777.84

1310000 BB&T Opera 2,777.84

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7/10500 KB

WASTE MANAGEMENT

INVOICE

Customer: KEY WEST RESORT UTILITIES CORP
Online WM ezPay ID: **00015-08501-62002**
Invoice Date: 10/01/2016
Invoice Number: 9142958-1098-2
Account Number: 980-0012202-1098-1
Due Date: 10/30/2016

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Total Current Charges	Total Amount Due
2,866.86	5,644.70

Please pay total amount due. Thank you for your business.

Account Summary

Description	
Previous Balance	2,777.84
Total Credits and Adjustments	0.00
Total Payments Received	0.00
Total Current Charges	2,866.86
Total Amount Due	5,644.70
Total Amount Past Due	2,777.84

Service Period: SEPTEMBER 2016

Description	Amount
Roll-Off	2,866.86
Total Current Charges	2,866.86

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5.00, or such late charge allowed under applicable law, regulation or contract. Additionally, if your service is suspended for non-payment, you may be charged a resume charge to restart your service. For each returned check, a charge will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

OK pay
Mike
10/19/16

Use your iPhone or Android mobile device to manage your account, pay your bill, and schedule a roll-off pickup, similar to wm.com. More at wm.com/GoMobile.

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
2,866.86	2,777.84	0.00	0.00	0.00	5,644.70

Payment Coupon

Please detach and send with checks only (no cash).
Please send all other correspondence to your local site.

WASTE MANAGEMENT

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Your Account Number
980-0012202-1098-1

To pay this bill online and switch to paperless billing, go to wm.com/paperless

Invoice Date	Your Invoice Number
10/01/2016	9142958-1098-2

Total Amount Due	5,644.70
If Payment Received After 10/30/2016	5,785.82

Amount Paid

10989800012202091429580000028668600000564470 3

0010934 01 AT 0.396 **AUTO T4 0 7777 33045-212525 -C01-P10944-I I0290055

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 105453
ATLANTA, GA 30348-5453

THINK GREEN®

KWRU 010321

Printed on recycled paper.

0010934-0000001-0011473

00015085016200 2

Service Location: 980-12202 Key West Resort Utilities (Spw): 6630 Front St: Stock Island Fl 33040-6050

Date	Ticket	Description	Quantity	U/M	Rate	Amount
09/12/16	455362	Bring to yard	1.00			0.00
		Ticket Total				**0.00**
09/14/16	459270	20 Yd special waste	1.00			1,598.81
		Haul + disp				
		Disposal per ton sp waste	10.90			621.30
		Ticket Total				**2,220.11**
		Fuel/environmental charge				542.31
		Regulatory cost recovery chrg				99.44
		Administrative charge				5.00
		Total Current Charges				**2,866.86**

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

You agree, in order for us to service our account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages, facsimile messages or e-mails, using any e-mail address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

MEDLEY LANDFILL

9350 N.W. 89th Avenue
Medley, Florida 33178

PSite Code:Medley Landfill
Transaction # 4755883 Acct: 1009 ---IN--- ---OUT-- DIR: I
Cust: WASTE MANAGEMENT PAGE 02 DATE 09/14/16 09/14/16 MIN: 0
Truck: Trailer: TIME 08:37 08:37 SITE: ME
Fleet ID: ID MMM MMM
Transaction Type:120 - Ask Rate
Payment:1 - Charge

Payment Type:
Vehicle Type:3 - Container (20-29 cy)
Origin Type:15 - Private
Destination Type: 61 - Medley Landfill
Material Type: 91 - Medley Garbage IN
Rate: $0.00/tn
Cubic Yards: 0
Route/Book: Voucher #:

GROSS	56420	28.21	1
TARE	34620	17.31	1
NET	21800	10.90	

Tip Fee:	0.00
Spec Fee:	0.00
Transfer Fee:	0.00
TOTAL FEE:	0

NOTE:TRK 407775 KW RESORT 10116SFL 4834340

9999 - Default Driver

DRIVER'S SIGNATURE _____

CUSTOMER'S NAME _____

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of	

3. Generator's Mailing Address:	Generator's Site Address (if different than mailing): KW RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040 305-295-3301	A. Manifest Number WMNA 4834340
4. Generator's Phone		B. State Generator's ID

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID
		D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID
		F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number	G. State Facility ID
		H. State Facility Phone 305.883.7670

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above	K. Disposal Location			
	Cell		Level	
	Grid			

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.

16. GENERATOR'S CERTIFICATE:

I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature - On behalf of	Month	Day	Year
James Stockton		9	14	16

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed Name	Signature	Month	Day	Year
		9	14	16
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year
		9	14	16

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Blue- GENERATOR #2 COPY
Yellow- GENERATOR #1 COPY
Pink- FACILITY USE ONLY
Gold- TRANSPORTER #1 COPY

KWRU 010325

5063

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

10/24/2016

PAY TO THE ORDER OF Waste Management Inc. of Florida

$ **2,866.86

Two thousand eight hundred sixty-six and 86/100********** DOLLARS

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

Details on back. Security Features Included

081084 / 12-04

⑈0000506 3⑈ ⑆[redacted]

KW RESORT UTILITIES CORP.

10/24/2016 **Waste Management Inc. of Florida** 5063

Date	Type	Reference	Original Amount	Balance Due	Payment
10/01/2016	Bill	9142958-1098-2	2,866.86	2,866.86	2,866.86
		Check Amount			2,866.86

1310000 BB&T Opera 2,866.86

KW RESORT UTILITIES CORP.

10/24/2016 **Waste Management Inc. of Florida** 5063

Date	Type	Reference	Original Amount	Balance Due	Payment
10/01/2016	Bill	9142958-1098-2	2,866.86	2,866.86	2,866.86
		Check Amount			2,866.86

1310000 BB&T Opera 2,866.86

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PAY TO THE ORDER OF
FEDERAL RESERVE BANK OF ATLANTA
ATLANTA, GEORGIA
FOR DEPOSIT TO THE ACCOUNT OF
THE TREASURER OF THE UNITED STATES
TREASURY CHECK
FOR CRED

7110500 KB

WASTE MANAGEMENT

INVOICE

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Customer: KEY WEST RESORT UTILITIES CORP
Online WM ezPay ID: **00015-08501-62002**
Invoice Date: 11/01/2016
Invoice Number: 9144113-1098-2
Account Number: 980-0012202-1098-1
Due Date: 11/30/2016

Total Current Charges	Total Amount Due
2,800.53	5,667.39

Please pay total amount due. Thank you for your business.

Account Summary

Description	
Previous Balance	5,644.70
Total Credits and Adjustments	0.00
Total Payments Received	2,777.84-
Total Current Charges	2,800.53
Total Amount Due	5,667.39
Total Amount Past Due	2,866.86

Service Period: OCTOBER 2016

Description	Amount
Roll-Off	2,800.53
Total Current Charges	**2,800.53**

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5.00, or such late charge allowed under applicable law, regulation or contract. Additionally, if your service is suspended for non-payment, you may be charged a resume charge to restart your service. For each returned check, a charge will be assessed on your next billing equal to the maximum amount permitted by applicable state law.

Use your iPhone or Android mobile device to manage your account, pay your bill, and schedule a roll-off pickup, similar to wm.com. More at wm.com/GoMobile.

OK Pay MAS 11-10-16

Current Due	Over 30	Over 60	Over 90	Over 120	Total Due
2,800.53	2,866.86	0.00	0.00	0.00	5,667.39

WASTE MANAGEMENT

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Payment Coupon

Please detach and send with checks only (no cash).
Please send all other correspondence to your local site.

Your Account Number
980-0012202-1098-1

To pay this bill online and switch to paperless billing, go to wm.com/paperless

Invoice Date	Your Invoice Number
11/01/2016	9144113-1098-2

		Amount Paid
Total Amount Due	5,667.39	
If Payment Received After 11/30/2016	5,809.07	

109898000122020914411300000280053000005667397

0003279 01 AT 0.396 **AUTO 16 0 4807 33045-212525 -C01-P03282-I 10290062

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 105453
ATLANTA, GA 30348-5453

0003279-0000001-0003645

00015085016200 2

THINK GREEN.

KWRU 010329

Printed on recycled paper.

Service Location: 980-12202 Key West Resort Utilities (Spw): 6630 Front St: Stock Island Fl 33040-6050

Date	Ticket	Description	Quantity	U/M	Rate	Amount
10/17/16	535414	Bring to yard	1.00			0.00
		Ticket Total				**0.00**
10/21/16	545996	20 Yd special waste	1.00			1,598.81
		Haul + disp				
		Disposal per ton sp waste	9.76			556.32
		Ticket Total				**2,155.13**
		Fuel/environmental charge				543.27
		Regulatory cost recovery chrg				97.13
		Administrative charge				5.00
		Total Current Charges				**2,800.53**

Payments Received Detail

Payment - thank you	2,777.84-
Total Payments Received	**2,777.84-**

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

You agree, in order for us to service our account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages, facsimile messages or e-mails, using any e-mail address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable.

MEDLEY LANDFILL

9350 N.W. 89th Avenue
Medley, Florida 33178

PSite Code:Medley Landfill
Transaction # 4802485 Acct: 1009 ---IN--- ---OUT--- DIR: I
Acct: WASTE MANAGEMENT - DADE CO DATE 10/21/16 10/21/16 MIN: 0
Truck: Trailer: TIME 08:35 08:35 SITE: ME
Fleet ID: ID MMM MMM
Transaction Type:120 - Ask Rate
Payment:1 - Charge

Payment Type:
Vehicle Type:3 - Container (20-29 cy)
Origin Type:15 - Private
Destination Type: 61 - Medley Landfill
Material Type: 91 - Medley Garbage In
Rate: $0.00/tn
Cubic Yards: 0
Route/Book: Voucher #:

GROSS	54380	27.19	1
TARE	34860	17.43	1
NET	19520	9.76	

Tip Fee:	2.00
Spec Fee:	0.00
Transfer Fee:	0.00
TOTAL FEE:	$2.00

NOTE:TRK 407775 KW RESORT 101125FL 4834341

9999 - Default Driver

Default Driver

DRIVER'S SIGNATURE _____

CUSTOMER'S NAME _____

WM 205-Medley

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of

3. Generator's Mailing Address:

4. Generator's Phone

Generator's Site Address (If different than mailing):
KW RESORT UTILITIES CORP
6630 FRONT STREET
KEY WEST, FL 33040
305-295-3301

A. Manifest Number: WMNA 4834341

B. State Generator's ID

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID / D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID / F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number	G. State Facility ID / H. State Facility Phone 305.883.7670

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

K. Disposal Location: Cell / Level / Grid

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16. GENERATOR'S CERTIFICATE:
I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year
		12	21	10

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Blue- GENERATOR #2 COPY
Yellow- GENERATOR #1 COPY
Pink- FACILITY USE ONLY
Gold- TRANSPORTER #1 COPY

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM

5099

63-9138-2631

11/22/2016

PAY TO THE ORDER OF

Waste Management Inc. of Florida

$ **2,800.53

DOLLARS

Two thousand eight hundred and 53/100**********

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈00005099⑈ [redacted]

KW RESORT UTILITIES CORP.

5099

11/22/2016 **Waste Management Inc. of Florida**

Date	Type	Reference	Original Amount	Balance Due	Payment
11/01/2016	Bill	9144113-1098-2	2,800.53	2,800.53	2,800.53
			Check Amount		2,800.53

1310000 BB&T Opera 2,800.53

KW RESORT UTILITIES CORP.

5099

11/22/2016 **Waste Management Inc. of Florida**

Date	Type	Reference	Original Amount	Balance Due	Payment
11/01/2016	Bill	9144113-1098-2	2,800.53	2,800.53	2,800.53
			Check Amount		2,800.53

1310000 BB&T Opera 2,800.53

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FEDERAL RESERVE BOARD OF GOVERNORS REG. O

7110500 KB

WASTE MANAGEMENT

INVOICE

Customer ID: **15-08501-62002**
Customer Name: KEY WEST RESORT UTILITIES CORP
Service Period: DECEMBER 2016
Invoice Date: 01/01/2017
Invoice Number: 9145450-1098-7

How To Contact Us

Visit **wm.com**

To setup your online profile, sign up for paperless statements, manage your account, view holiday schedules, pay your invoice or schedule a pickup

Customer Service:
(866) 690-1112

Your Payment is Due

January 30, 2017

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

$8,925.11

If payment is received after 01/30/2017: **$ 9,148.24**

See Reverse for Important Messages

Previous Balance	+	Payments	+	Adjustments	+	Current Charges	=	Total Due
0.00		0.00		0.00		8,925.11		**8,925.11**

Details for Service Location: Key West Resort Utilities (Spw), 6630 Front St, Stock Island FL 33040-6050 — **Customer ID:** 15-08501-62002

Description	Date	Ticket	Quantity	Amount
20 Yd special waste	12/06/16	644077	1.00	1,598.81
Haul + disp	11-28-16			0.00
Disposal per ton sp waste			9.60	547.20
Ticket Total				**2,146.01**
Bring to yard	12/15/16	664932	1.00	0.00
Ticket Total	12-15-16			**0.00**
20 Yd special waste	12/20/16	671908	1.00	1,598.81
Haul + disp				0.00
Disposal per ton sp waste			11.19	637.83
Ticket Total				**2,236.64**
Bring to yard	12/29/16	692118	1.00	0.00
Ticket Total	12-29-16			**0.00**
20 Yd special waste	12/30/16	696235	1.00	1,598.81

Please detach and send the lower portion with payment --- (no cash or staples)

WASTE MANAGEMENT
WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Invoice Date	Invoice Number	Customer ID (Include with your payment)
01/01/2017	9145450-1098-7	**15-08501-62002**
Payment Terms	**Total Due**	**Amount Paid**
Total Due by 01/30/2017	$8,925.11	
If Received after 01/30/2017	$9,148.24	

10980001508501620020914545000000892511000000892511 0

0088807 01 AT 0.396 **AUTO T0 0 7003 33045-212525 -C01-P88895-11 I0290O78

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 105453
ATLANTA, GA 30348-5453

THINK GREEN:

KWRU 010337

Printed on recycled paper.

980-0012202-1098-1

WASTE MANAGEMENT

Customer ID: **15-08501-62002**
Customer Name: KEY WEST RESORT UTILITIES CORP
Service Period: DECEMBER 2016
Invoice Date: 01/01/2017
Invoice Number: 9145450-1098-7

Details for Service Location: Key West Resort Utilities (Spw), 6630 Front St, Stock Island FL 33040-6050 — Customer ID: 15-08501-62002

Description	Date	Ticket	Quantity	Amount
Haul + disp				0.00
Disposal per ton sp waste			15.26	869.82
Ticket Total				**2,468.63**
Fuel/environmental charge				1,758.89
Regulatory cost recovery chrg				309.94
Administrative charge				5.00
Total Current Charges				**8,925.11**

Printed on recycled paper.

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of	

GENERATOR

3. Generator's Mailing Address:	Generator's Site Address (If different than mailing):	A. Manifest Number	
	KW RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040 305-295-3301	WMNA	4834350
4. Generator's Phone		B. State Generator's ID	

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID
		D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID
		F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number	G. State Facility ID
		H. State Facility Phone 305.883.7670

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above	K. Disposal Location			
	Cell		Level	
	Grid			

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16. GENERATOR'S CERTIFICATE:

I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year
Richard A Tessitore		12	15	16

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY Blue- GENERATOR #2 COPY Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY Gold- TRANSPORTER #1 COPY

KWRU 010339

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of

3. Generator's Mailing Address:	Generator's Site Address (If different than mailing):	A. Manifest Number	
	KW RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040 305-295-3301	WMNA	4834349
4. Generator's Phone		B. State Generator's ID	

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID
		D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID
		F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number	G. State Facility ID
		H. State Facility Phone 305.883.7670

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above	K. Disposal Location			
	Cell		Level	
	Grid			

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16. GENERATOR'S CERTIFICATE:

I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year
Pablo Lo				

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Blue- GENERATOR #2 COPY
Yellow- GENERATOR #1 COPY
Pink- FACILITY USE ONLY
Gold- TRANSPORTER #1 COPY

KWRU 010340

5190

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9136-2631

01/23/2017

PAY TO THE ORDER OF
Waste Management Inc. of Florida

$**8,925.11

Eight thousand nine hundred twenty-five and 11/100********** DOLLARS

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈00005190⑈ [redacted]

KW RESORT UTILITIES CORP.

01/23/2017 **Waste Management Inc. of Florida** 5190

Date	Type	Reference	Original Amount	Balance Due	Payment
01/01/2017	Bill	9145450-1098-7	8,925.11	8,925.11	8,925.11
		Check Amount			8,925.11

1310000 BB&T Opera 8,925.11

KW RESORT UTILITIES CORP.

01/23/2017 **Waste Management Inc. of Florida** 5190

Date	Type	Reference	Original Amount	Balance Due	Payment
01/01/2017	Bill	9145450-1098-7	8,925.11	8,925.11	8,925.11
		Check Amount			8,925.11

1310000 BB&T Opera 8,925.11

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7/10500 KB

WASTE MANAGEMENT

INVOICE

Customer ID: **15-08501-62002**
Customer Name: KEY WEST RESORT UTILITIES CORP
Service Period: JANUARY 2017
Invoice Date: 02/01/2017
Invoice Number: 9146190-1098-8

How To Contact Us

Visit **wm.com**

To setup your online profile, sign up for paperless statements, manage your account, view holiday schedules, pay your invoice or schedule a pickup

Customer Service:
(866) 690-1112

Your Payment Is Due

Mar 02, 2017

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

$6,612.55

If payment is received after 03/02/2017: **$ 6,777.86**

See Reverse for Important Messages

Previous Balance	+	Payments	+	Adjustments	+	Current Charges	=	Total Due
8,925.11		(8,925.11)		0.00		6,612.55		**6,612.55**

Details for Service Location: Key West Resort Utilities (Spw), 6630 Front St, Stock Island Fl, 33040-6050 — **Customer ID:** 15-08501-62002

Description	Date	Ticket	Quantity	Amount
Bring to yard	01/04/17	700556	1.00	0.00
Ticket Total				**0.00**
20 Yd special waste	01/06/17	708093	1.00	1,750.27
Haul + disp				0.00
Disposal per ton sp waste			13.24	754.68
Ticket Total				**2,504.95**
Bring to yard	01/11/17	718173	1.00	0.00
Ticket Total				**0.00**
20 Yd special waste	01/18/17	732610	1.00	1,750.27
Haul + disp				0.00
Disposal per ton sp waste			13.30	758.10
Ticket Total				**2,508.37**
Fuel/environmental charge				1,364.63

4th & 11th OK PAY MAB 2-7-17

Please detach and send the lower portion with payment --- (no cash or staples)

WASTE MANAGEMENT

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Invoice Date	Invoice Number	Customer ID (include with your payment)
02/01/2017	9146190-1098-8	**15-08501-62002**
Payment Terms	**Total Due**	**Amount Paid**
Total Due by 03/02/2017	$6,612.55	
If Received after 03/02/2017	$6,777.86	

1098000150850162002091461900000066125500000661255 3

0029916 01 AB 0.400 **AUTO T7 0 7032 33045-212525 -C01-P29945-I1 I0290085

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 105453
ATLANTA, GA 30348-5453

KWRU 010342

THINK GREEN.

Printed on recycled paper.

980-0012202-1098-1

UU29916-UUUUU1-UU34917

WASTE MANAGEMENT

Customer ID: **15-08501-62002**
Customer Name: KEY WEST RESORT UTILITIES CORP
Service Period: JANUARY 2017
Invoice Date: 02/01/2017
Invoice Number: 9146190-1098-8

Details for Service Location: Customer ID: 15-08501-62002
Key West Resort Utilities (Spw), 6630 Front St, Stock Island FL
33040-6050

Description	Date	Ticket	Quantity	Amount
Regulatory cost recovery chrg				229.60
Administrative charge				5.00
Total Current Charges				**6,612.55**

0023916-0000002-0034918

Printed on recycled paper.

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No. Manifest Doc No.	2. Page 1 of

GENERATOR

3. Generator's Mailing Address:	Generator's Site Address (if different than mailing):	A. Manifest Number WMNA 4834343
4. Generator's Phone	KW RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040 305-295-3301	B. State Generator's ID

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number	G. State Facility ID H. State Facility Phone 305.883.7670

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above	K. Disposal Location			
	Cell		Level	
	Grid			

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16. GENERATOR'S CERTIFICATE:

I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year
[illegible]	[signature]	1	14	17

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY Blue- GENERATOR #2 COPY Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY Gold- TRANSPORTER #1 COPY

KWRU 010344

5229

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

02/21/2017

PAY TO THE ORDER OF

Waste Management Inc. of Florida

$ **6,612.55

DOLLARS

Six thousand six hundred twelve and 55/100**********

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈00005229⑈ [redacted]

KW RESORT UTILITIES CORP.

5229

02/21/2017 **Waste Management Inc. of Florida**

Date	Type	Reference	Original Amount	Balance Due	Payment
02/01/2017	Bill	9146190-1098-8	6,612.55	6,612.55	6,612.55
		Check Amount			6,612.55

1310000 BB&T Opera 6,612.55

KW RESORT UTILITIES CORP.

5229

02/21/2017 **Waste Management Inc. of Florida**

Date	Type	Reference	Original Amount	Balance Due	Payment
02/01/2017	Bill	9146190-1098-8	6,612.55	6,612.55	6,612.55
		Check Amount			6,612.55

1310000 BB&T Opera 6,612.55

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7110500 KB

WASTE MANAGEMENT

INVOICE

Customer ID: 15-08501-62002
Customer Name: KEY WEST RESORT UTILITIES CORP
Service Period: 02/01/17-02/28/17
Invoice Date: 03/01/2017
Invoice Number: 9146848-1098-1

How To Contact Us

Visit **wm.com**

To setup your online profile, sign up for paperless statements, manage your account, view holiday schedules, pay your invoice or schedule a pickup

Customer Service:
(866) 690-1112

Your Payment Is Due

Mar 30, 2017

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

$3,443.06

If payment is received after 03/30/2017: **$ 3,529.14**

See Reverse for Important Messages

Previous Balance	+	Payments	+	Adjustments	+	Current Charges	=	Total Due
6,612.55		(6,612.55)		0.00		3,443.06		**3,443.06**

Details for Service Location: Key West Resort Utilities (Spw), 6630 Front St, Stock Island FL 33040-6059 — **Customer ID:** 15-08501-62002

Description	Date	Ticket	Quantity	Amount
Bring to yard	02/02/17	767026	1.00	0.00
Ticket Total				**0.00**
20 Yd special waste	02/14/17	770920	1.00	1,750.27
Haul + disp				0.00
Disposal per ton sp waste			15.00	855.00
Ticket Total				**2,605.27**
Fuel/environmental charge				713.33
Regulatory cost recovery chrg				119.46
Administrative charge				5.00
Total Current Charges				**3,443.06**

Please detach and send the lower portion with payment - - - (no cash or staples)

WASTE MANAGEMENT
WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Invoice Date	Invoice Number	Customer ID (Include with your payment)
03/01/2017	9146848-1098-1	**15-08501-62002**
Payment Terms	**Total Due**	**Amount Paid**
Total Due by 03/30/2017	$3,443.06	
If Received after 03/30/2017	$3,529.14	

10980001508501620020914684800000344306000000344306 4

0027463 01 AB 0.400 **AUTO T3 0 7060 33045-212525 -C01-P27490-I1 I0290O92

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 105453
ATLANTA, GA 30348-5453

THINK GREEN.®

KWRU 010346

Printed on recycled paper.

980-0012202-1098-1

IMPORTANT MESSAGES

5 EASY WAYS TO PAY

Automatic Payment
Set up recurring payments with us at wm.com/myaccount.

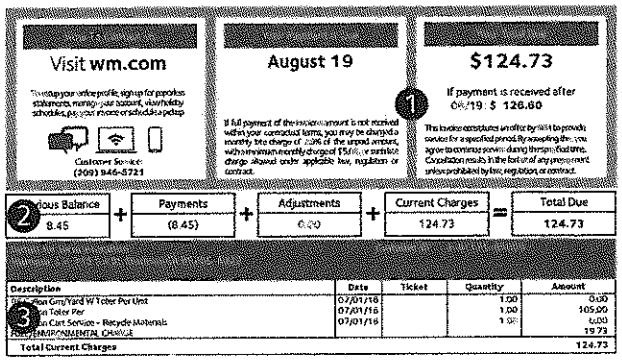
Pay Through Your Financial Institution
Make a payment from your financial institution using your customer ID. Send it to the P.O. Box on the remittance stub.

One-Time Payment
At your desk or on the go, use wm.com or our WM mobile app for a quick and easy payment.

Pay by Phone
Payable 24/7 by calling 866-964-2729.

Mail it
Write it, stuff it, stamp it, mail it. Envelope provided.

HOW TO READ YOUR INVOICE



1. States the date payment is due to Waste Management. Anything beyond that date may incur additional charges. Your **Total Due** is the total amount of current charges and any previous unpaid balances combined.

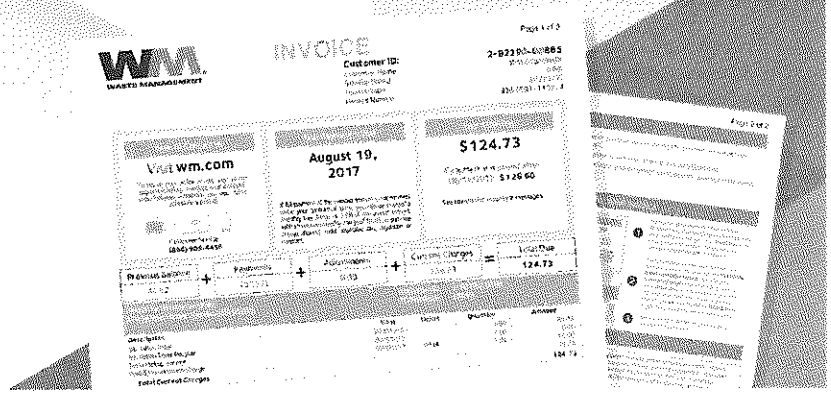
2. Previous balance is the total due from your previous invoice. We subtract any **Payments Received/Adjustments** and add your **Current Charges** from this billing cycle to get a **Total Due** on this invoice. If you have not paid all or a portion of your previous balance, please pay the entire **Total Due** to avoid a late charge or service interruption.

3. Service location details the total current charges of this invoice.

OUR NEW INVOICE

You spoke, we listened.

Waste Management is pleased to announce our new invoice, which is designed to give you all of the important billing information you need in an easy-to-read format. Check out our Simple Guide to Your Invoice or watch a brief video on wm.com to learn more.



If your service is suspended for non-payment, you may be charged a Resume charge to restart your service. For each returned check, a charge will be assessed on your next invoice equal to the maximum amount permitted by applicable state law.

☐ CHECK HERE TO CHANGE CONTACT INFO

List your new billing information below. For a change of service address, please contact Waste Management.

Address 1	
Address 2	
City	
State	
Zip	
Email	
Date Valid	

☐ CHECK HERE TO SIGN UP FOR AUTOMATIC PAYMENT

By enrolling in Automatic Payment, I authorize Waste Management to pay my invoice by electronically deducting money from my bank account. I can cancel authorization by notifying Waste Management at wm.com or by calling the customer service number listed on my invoice. Enrollment could take 1-2 billing cycles for Automatic Payment to take effect. Continue to submit payment until page one of your invoice reflects that your payment will be auto deducted.

Email Address	
Date	
Bank Account Holder Signature	

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. The electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

In order for us to service your account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number that you provided in connection with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include text messages and using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. We may also contact you by email or other methods as provided in our contract.

KWRU 010347

Please send all bankruptcy correspondence to PO Box 43290, Phoenix, AZ 85080 (this language is in compliance with 11 USC 342(c)(2) of the Bankruptcy Code)

0027463-0000001-0032295

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST

1. Generator's US EPA ID No. | Manifest Doc No. | 2. Page 1 of

3. Generator's Mailing Address:

Generator's Site Address (If different than mailing)
KW RESORT UTILITIES CORP
6630 FRONT STREET
KEY WEST, FL 33040
305-295-3301

4. Generator's Phone

A. Manifest Number: **WMNA** 4834344

B. State Generator's ID

5. Transporter 1 Company Name | **6. US EPA ID Number**

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name | **8. US EPA ID Number**

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
MEDLEY LANDFILL
9350 NW 89TH AVENUE
MEDLEY, FLORIDA 33178

10. US EPA ID Number

G. State Facility ID

H. State Facility Phone: 305.883.7670

GENERATOR

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above

K. Disposal Location
Cell | Level
Grid

15. Special Handling Instructions and Additional Information

Purchase Order # | EMERGENCY CONTACT / PHONE NO.

16. GENERATOR'S CERTIFICATE:
I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name | Signature "On behalf of" | Month | Day | Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed Name | Signature | Month | Day | Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed Name | Signature | Month | Day | Year

FACILITY

19. Certificate of Final Treatment/Disposal
I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.
Printed Name | Signature | Month | Day | Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY
Blue- GENERATOR #2 COPY
Gold- TRANSPORTER #1 COPY
Yellow- GENERATOR #1 COPY

KWRU 010348

MEDLEY LANDFILL

9350 N.W. 89th Avenue
Medley, Florida 33178

Site Code:Medley Landfill
Transaction # 4842753 Acct: 1009
Acct: WASTE MANAGEMENT - DADE CO
Truck: Trailer:
Fleet ID:
Transaction Type:120 - Ask Rate
Payment:1 - Charge

	---IN---	---OUT--	DIR:	I
DATE	02/14/17	02/14/17	MIN:	0
TIME	08:41	08:41	SITE:	ME
ID	YPR	YPR		

Payment Type:
Vehicle Type:3 - Container (20-29 cy)
Origin Type:15 - Private
Destination Type: 61 - Medley Landfill
Material Type: 91 - Medley Garbage In
Rate: $0.00/tn
Cubic Yards: 0
Route/Book: Voucher #:

GROSS	64820	32.41	1
TARE	34820	17.41	1
NET	30000	15.00	

Tip Fee:	0.00
Spec Fee:	0.00
Transfer Fee:	0.00
TOTAL FEE:	0

NOTE:TR 407775 KW RESORT 101125FL 4834344

9999 - De Default Driver

DRIVER'S SIGNATURE

CUSTOMER'S NAME

WM 205-Medley

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM

5278

63-9138-2631

03/20/2017

PAY TO THE ORDER OF

Waste Management Inc. of Florida

$ **3,443.06

Three thousand four hundred forty-three and 06/100********** DOLLARS

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈00005278⑈ [redacted]

KW RESORT UTILITIES CORP.

03/20/2017 **Waste Management Inc. of Florida** 5278

Date	Type	Reference	Original Amount	Balance Due	Payment
03/01/2017	Bill	9146848-1098-1	3,443.06	3,443.06	3,443.06
		Check Amount			3,443.06

1310000 BB&T Opera 3,443.06

KW RESORT UTILITIES CORP.

03/20/2017 **Waste Management Inc. of Florida** 5278

Date	Type	Reference	Original Amount	Balance Due	Payment
03/01/2017	Bill	9146848-1098-1	3,443.06	3,443.06	3,443.06
		Check Amount			3,443.06

1310000 BB&T Opera 3,443.06

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KWRU 010353

7/10/500 KB

WASTE MANAGEMENT

INVOICE

Customer ID: **15-08501-62002**
Customer Name: KEY WEST RESORT UTILITIES CORP
Service Period: 03/01/17-03/31/17
Invoice Date: 04/01/2017
Invoice Number: 9147653-1098-4

How To Contact Us

Visit **wm.com**

To setup your online profile, sign up for paperless statements, manage your account, view holiday schedules, pay your invoice or schedule a pickup

Customer Service:
(866) 690-1112

Your Payment Is Due

Apr 30, 2017

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

$3,262.29

If payment is received after 04/30/2017: **$ 3,343.85**

See Reverse for Important Messages

Previous Balance	+	Payments	+	Adjustments	+	Current Charges	=	Total Due
3,443.06		(3,443.06)		0.00		3,262.29		**3,262.29**

Details for Service Location: Key West Resort Utilities (Spw), 6630 Front St, Stock Island FL 33040-6050 — **Customer ID:** 15-08501-62002

Description	Date	Ticket	Quantity	Amount
Bring to yard	03/07/17	832869	1.00	0.00
Ticket Total				**0.00**
20 Yd special waste	03/18/17	858783	1.00	1,750.27
Haul + disp				0.00
Disposal per ton sp waste			10.02	571.14
Ticket Total				**2,321.41**
Delivery	03/28/17	879334	1.00	150.00
Ticket Total				**150.00**
Fuel/environmental charge				672.71
Regulatory cost recovery chrg				113.17
Administrative charge				5.00
Total Current Charges				**3,262.29**

Please detach and send the lower portion with payment --- (no cash or staples)

WASTE MANAGEMENT
WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Invoice Date	Invoice Number	Customer ID (include with your payment)
04/01/2017	9147653-1098-4	**15-08501-62002**
Payment Terms	**Total Due**	**Amount Paid**
Total Due by 04/30/2017	$3,262.29	
If Received after 04/30/2017	$3,343.85	

1098000150850162002091476530000032622900000326229 4

0018168 01 AB 0.400 **AUTO T5 0 7094 33045-212525 -C01-P18186-I1 I0290O01

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 105453
ATLANTA, GA 30348-5453

THINK GREEN.

KWRU 010354

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980-0012202-1098-1

IMPORTANT MESSAGES

5 EASY WAYS TO PAY

Automatic Payment
Set up recurring payments with us at wm.com/myaccount.

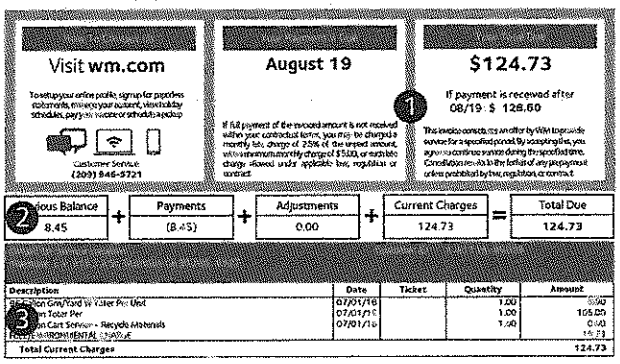
Pay Through Your Financial Institution
Make a payment from your financial institution using your customer ID. Send it to the P.O. Box on the remittance stub.

One-Time Payment
At your desk or on the go, use wm.com or our WM mobile app for a quick and easy payment.

Pay by Phone
Payable 24/7 by calling 866-964-2729.

Mail it
Write it, stuff it, stamp it, mail it. Envelope provided.

HOW TO READ YOUR INVOICE



1. States the date payment is due to Waste Management. Anything beyond that date may incur additional charges. Your **Total Due** is the total amount of current charges and any previous unpaid balances combined.

2. Previous balance is the total due from your previous invoice. We subtract any **Payments Received/Adjustments** and add your **Current Charges** from this billing cycle to get a **Total Due** on this invoice. If you have not paid all or a portion of your previous balance, please pay the entire **Total Due** to avoid a late charge or service interruption.

3. Service location details the total current charges of this invoice.

If your service is suspended for non-payment, you may be charged a Resume charge to restart your service. For each returned check, a charge will be assessed on your next invoice equal to the maximum amount permitted by applicable state law.

☐ CHECK HERE TO CHANGE CONTACT INFO

List your new billing information below. For a change of service address, please contact Waste Management.

Address 1	
Address 2	
City	
State	
Zip	
Email	
Date Valid	

☐ CHECK HERE TO SIGN UP FOR AUTOMATIC PAYMENT

By enrolling in Automatic Payment, I authorize Waste Management to pay my invoice by electronically deducting money from my bank account. I can cancel authorization by notifying Waste Management at wm.com or by calling the customer service number listed on my invoice. Enrollment could take 1-2 billing cycles for Automatic Payment to take effect. Continue to submit payment until page one of your invoice reflects that your payment will be auto deducted.

Email Address	
Date	
Bank Account Holder Signature	

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. The electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

In order for us to service your account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number that you provided in connection with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include text messages and using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. We may also contact you by email or other methods as provided in our contract.

KWRU 010355

Please send all bankruptcy correspondence to PO Box 43290, Phoenix, AZ 85080 (this language is in compliance with 11 USC 342(c)(2) of the Bankruptcy Code)

0018168-0000001-0021565

WASTE MANAGEMENT

3/7/17

NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of

GENERATOR

3. Generator's Mailing Address:	Generator's Site Address (If different than mailing):	A. Manifest Number
4. Generator's Phone	KW RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040 305-295-3301	WMNA 4834345 B. State Generator's ID

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number	G. State Facility ID H. State Facility Phone 305.883.7670

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above	K. Disposal Location			
	Cell		Level	
	Grid			

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16. GENERATOR'S CERTIFICATE:

I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year
		03	07	2017

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY Blue- GENERATOR #2 COPY Yellow- GENERATOR #1 COPY

Pink- FACILITY USE ONLY Gold- TRANSPORTER #1 COPY

KWRU 010356

5319

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

04/17/2017

PAY TO THE ORDER OF
Waste Management Inc. of Florida

$ **3,262.29

Three thousand two hundred sixty-two and 29/100********** DOLLARS

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈00005319⑈ [redacted]

KW RESORT UTILITIES CORP.

04/17/2017 **Waste Management Inc. of Florida** 5319

Date	Type	Reference	Original Amount	Balance Due	Payment
04/01/2017	Bill	9147653-1098-4	3,262.29	3,262.29	3,262.29
		Check Amount			3,262.29

1310000 BB&T Opera 3,262.29

KW RESORT UTILITIES CORP.

04/17/2017 **Waste Management Inc. of Florida** 5319

Date	Type	Reference	Original Amount	Balance Due	Payment
04/01/2017	Bill	9147653-1098-4	3,262.29	3,262.29	3,262.29
		Check Amount			3,262.29

1310000 BB&T Opera 3,262.29

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7110500 KB

WASTE MANAGEMENT

INVOICE

Customer ID: **15-08501-62002**
Customer Name: KEY WEST RESORT UTILITIES CORP
Service Period: 04/01/17-04/30/17
Invoice Date: 05/01/2017
Invoice Number: 9148446-1098-2

How To Contact Us

Visit **wm.com**

To setup your online profile, sign up for paperless statements, manage your account, view holiday schedules, pay your invoice or schedule a pickup

Customer Service:
(866) 690-1112

Your Payment is Due

May 30, 2017

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

$2,982.69

If payment is received after 05/30/2017: **$ 3,057.26**

See Reverse for Important Messages

Previous Balance	+	Payments	+	Adjustments	+	Current Charges	=	Total Due
3,262.29		(3,262.29)		0.00		2,982.69		**2,982.69**

Details for Service Location: **Customer ID: 15-08501-62002**
Key West Resort Utilities (Spw), 6630 Front St, Stock Island FL 33040-6050

Description	Date	Ticket	Quantity	Amount
Bring to yard	04/07/17	903505	1.00	0.00
Ticket Total				**0.00**
20 Yd special waste	04/11/17	908302	1.00	1,750.27
Haul + disp				0.00
Disposal per ton sp waste			8.83	503.31
Ticket Total				**2,253.58**
Fuel/environmental charge				620.65
Regulatory cost recovery chrg				103.46
Administrative charge				5.00
Total Current Charges				**2,982.69**

OK PAY 5-10-17 MAB

Please detach and send the lower portion with payment --- (no cash or staples)

WASTE MANAGEMENT
WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Invoice Date	Invoice Number	Customer ID *(include with your payment)*
05/01/2017	9148446-1098-2	**15-08501-62002**
Payment Terms	**Total Due**	**Amount Paid**
Total Due by 05/30/2017	$2,982.69	
If Received after 05/30/2017	$3,057.26	

10980001508501620020914844600000298269000000298269 4

0067089 01 AB 0.400 **AUTO T1 0 7122 33045-212525 -C01-P67156-I1 I0290011

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 105453
ATLANTA, GA 30348-5453

THINK GREEN®

KWRU 010360

Printed on recycled paper.

980-0012202-1098-1

UB3/UB3-UAAAA/1-UB3/ 1b/ 1

MEDLEY LANDFILL

9350 N.W. 89th Avenue
Medley, Florida 33178

Waste Connections of Florida
Transaction #: 4866274 Acct#: 1009

Truck: Tractor:
Fleet Id:
Transaction Type:120 - Cash Rate
Payments: Charge

Payment Type:
Vehicle Type:5 - Container (20-29 cy)
Origin Type:5 - Private
Destination Type:01 - Medley Landfill
Material Type:91 - Medley Garbage In
Rate: $0.00/ton
Cubic Yards: 0
Route/Book: Voucher #:

GROSS 43700
TARE 26100
NET 17660

Tip Fees: 0.00
Misc Fees: 0.00
Transfer Fees: 0.00
TOTAL FEES: 0

NOTES:TRK 411268 HW RESORT 10U25FL 4824346

I CERTIFY I DID DELIVER THIS

DRIVER'S SIGNATURE _____

CUSTOMER'S NAME _____

WM 205 Medley

KWRU 010361

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of	

GENERATOR

3. Generator's Mailing Address:	Generator's Site Address (if different than mailing):	A. Manifest Number	
	KW RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040 305-295-3301	WMNA	4834346
4. Generator's Phone		B. State Generator's ID	

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID
		D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID
		F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number	G. State Facility ID
		H. State Facility Phone 305.883.7670

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile # 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above	K. Disposal Location			
	Cell		Level	
	Grid			

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16 GENERATOR'S CERTIFICATE:

I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Blue- GENERATOR #2 COPY
Yellow- GENERATOR #1 COPY
Pink- FACILITY USE ONLY
Gold- TRANSPORTER #1 COPY

KWRU 010362

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.COM

7384

63-9138-2631

05/22/2017

PAY TO THE ORDER OF

Waste Management Inc. of Florida

$ **2,982.69

DOLLARS

Two thousand nine hundred eighty-two and 69/100**********

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈00007384⑈ [redacted]

KW RESORT UTILITIES CORP.

7384

05/22/2017 **Waste Management Inc. of Florida**

Date	Type	Reference	Original Amount	Balance Due	Payment
05/01/2017	Bill	9148446-1098-2	2,982.69	2,982.69	2,982.69
		Check Amount			2,982.69

1310000 BB&T Opera 2,982.69

KW RESORT UTILITIES CORP.

7384

05/22/2017 **Waste Management Inc. of Florida**

Date	Type	Reference	Original Amount	Balance Due	Payment
05/01/2017	Bill	9148446-1098-2	2,982.69	2,982.69	2,982.69
		Check Amount			2,982.69

1310000 BB&T Opera 2,982.69

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WASTE MANAGEMENT

INVOICE

7/10500 KB

Customer ID: 15-08501-62002
Customer Name: KEY WEST RESORT UTILITIES CORP
Service Period: 05/01/17-05/31/17
Invoice Date: 06/01/2017
Invoice Number: 9149809-1098-0

How To Contact Us

Visit **wm.com**

To setup your online profile, sign up for paperless statements, manage your account, view holiday schedules, pay your invoice or schedule a pickup

Customer Service:
(866) 690-1112

Your Payment Is Due

Jun 30, 2017

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of $5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due

$3,047.00

If payment is received after 06/30/2017: **$ 3,123.18**

See Reverse for Important Messages

Previous Balance	+ Payments	+ Adjustments	+ Current Charges	= Total Due
2,982.69	(2,982.69)	0.00	3,047.00	**3,047.00**

Details for Service Location:
Key West Resort Utilities (Spw), 6630 Front St, Stock Island FL 33040-6050

Customer ID: 15-08501-62002

Description	Date	Ticket	Quantity	Amount
Bring to yard	05/11/17	972144	1.00	0.00
Haul + disp				0.00
Ticket Total				**0.00**
20 Yd special waste	05/15/17	978977	1.00	1,750.27
Haul + disp				0.00
Disposal per ton sp waste			9.76	556.32
Ticket Total				**2,306.59**
Fuel/environmental charge				629.71
Regulatory cost recovery chrg				105.70
Administrative charge				5.00
Total Current Charges				**3,047.00**

OK PM 6-12-17

Please detach and send the lower portion with payment --- (no cash or staples)

WASTE MANAGEMENT
WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 42930
PHOENIX, AZ 85080

(866) 690-1112
(305) 296-8297
(305) 296-8175 FAX

Invoice Date	Invoice Number	Customer ID (Include with your payment)
06/01/2017	9149809-1098-0	**15-08501-62002**
Payment Terms	**Total Due**	**Amount Paid**
Total Due by 06/30/2017	$3,047.00	
If Received after 06/30/2017	$3,123.18	

1098000150850162002091498090000030470000000304700 1

0052899 01 AB 0.400 **AUTO T3 0 7153 33045-212525 -C01-P52951-I1 I0290020

KEY WEST RESORT UTILITIES CORP
PO BOX 2125
KEY WEST FL 33045-2125

WASTE MANAGEMENT INC. OF FLORIDA
PO BOX 105453
ATLANTA, GA 30348-5453

THINK GREEN.

Printed on recycled paper.

980-0012202-1098-1

KWRU 010364

MEDLEY LANDFILL

9350 N.W. 89th Avenue
Medley, Florida 33178

Site Code:Medley Landfill
Transaction #: 4472667 Ticket: 10005

Cust: WASTE MANAGEMENT - DADE CO

	--IN--	--OUT--	DIR:	I
DATE	05/15/17	05/15/17	MIN:	0
TIME	09:39	09:39	SITE:	ME
ID	YPR	YPR		

Truck: Trailer:
Fleet ID:
Transaction Type:120 - Ask Rate
Payment:1 - Charge

Payment Type:
Vehicle Type:3 - Container (20-29 cy)
Origin Type:1S - Private
Destination Type: 61 - Medley Landfill
Material Type: 9I - Medley Garbage In
Rate: $0.00/tn
Cubic Yards: 0
Route/Bank: Voucher #:

GROSS	54340	27.17	T
TARE	34820	17.41	T
NET	19520	9.76	

Tip Fee:	0.00
Spec Fee:	0.00
Transfer Fee:	0.00
TOTAL FEE:	0

NOTE:TR 408262 KW RESORT 1011265RL 4834347

9999 - Do Default Driver

DRIVER'S SIGNATURE _____

CUSTOMER'S NAME _____

WM 205-Medley

KWRU 010365

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No. Manifest Doc No.		2. Page 1 of
3. Generator's Mailing Address: 4. Generator's Phone	Generator's Site Address (if different than mailing): KW RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040 305-295-3301		A. Manifest Number WMNA 4834347 B. State Generator's ID
5. Transporter 1 Company Name	6. US EPA ID Number		C. State Transporter's ID D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number		E. State Transporter's ID F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number		G. State Facility ID H. State Facility Phone 305.883.7670

GENERATOR	11. Description of Waste Materials	12. Containers: No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
	a. POTW Sludge WM Profile # 101125fl					
	b. WM Profile #					
	c. WM Profile #					

KWRU 010366

NON-HAZARDOUS MANIFEST

WASTE MANAGEMENT

NON-HAZARDOUS MANIFEST	1. Generator's US EPA ID No.	Manifest Doc No.	2. Page 1 of	

GENERATOR

3. Generator's Mailing Address:	Generator's Site Address (If different than mailing):	A. Manifest Number	
	KW RESORT UTILITIES CORP 6630 FRONT STREET KEY WEST, FL 33040 305-295-3301	WMNA	4834347
4. Generator's Phone		B. State Generator's ID	

5. Transporter 1 Company Name	6. US EPA ID Number	C. State Transporter's ID
		D. Transporter's Phone
7. Transporter 2 Company Name	8. US EPA ID Number	E. State Transporter's ID
		F. Transporter's Phone
9. Designated Facility Name and Site Address MEDLEY LANDFILL 9350 NW 89TH AVENUE MEDLEY, FLORIDA 33178	10. US EPA ID Number	G. State Facility ID
		H. State Facility Phone 305.883.7670

11. Description of Waste Materials	12. Containers No.	12. Containers Type	13. Total Quantity	14. Unit Wt./Vol.	I. Misc. Comments
a. POTW Sludge WM Profile #. 101125fl					
b. WM Profile #					
c. WM Profile #					
d. WM Profile #					

J. Additional Descriptions for Materials Listed Above	K. Disposal Location			
	Cell		Level	
	Grid			

15. Special Handling Instructions and Additional Information

Purchase Order # EMERGENCY CONTACT / PHONE NO.:

16. GENERATOR'S CERTIFICATE:

I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.

Printed Name	Signature "On behalf of"	Month	Day	Year

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed Name	Signature	Month	Day	Year

FACILITY

19. Certificate of Final Treatment/Disposal

I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.

20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.

Printed Name	Signature	Month	Day	Year

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Blue- GENERATOR #2 COPY
Yellow- GENERATOR #1 COPY
Pink- FACILITY USE ONLY
Gold- TRANSPORTER #1 COPY

KWRU 010367

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.COM
63-9138-2631

7421

06/12/2017

PAY TO THE ORDER OF

Waste Management Inc. of Florida

$ **3,196.91

Three thousand one hundred ninety-six and 91/100********** DOLLARS

Waste Management
P.O. Box 105453
Atlanta, GA 30348-5453

MEMO

⑈0000 7421⑈ [redacted]

KW RESORT UTILITIES CORP.

06/12/2017 **Waste Management Inc. of Florida** 7421

Date	Type	Reference	Original Amount	Balance Due	Payment
06/01/2017	Bill	9149809-1098-0	3,047.00	3,047.00	3,047.00
06/01/2017	Bill	9149671-1098-4	149.91	149.91	149.91
		Check Amount			3,196.91

1310000 BB&T Opera 3,196.91

KW RESORT UTILITIES CORP.

06/12/2017 **Waste Management Inc. of Florida** 7421

Date	Type	Reference	Original Amount	Balance Due	Payment
06/01/2017	Bill	9149809-1098-0	3,047.00	3,047.00	3,047.00
06/01/2017	Bill	9149671-1098-4	149.91	149.91	149.91
		Check Amount			3,196.91

1310000 BB&T Opera 3,196.91

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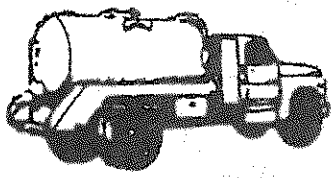
7110500 KB

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015139

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK** Date: 02-13-2012

Bill To: Key West Resort Utility Tel:

Address: 6500 Front Street City: Key West St: FL Zip

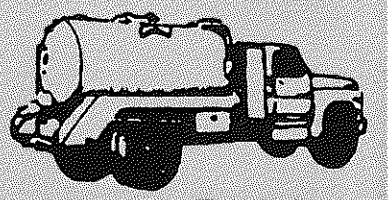
QTY	DESCRIPTION	PRICE	DESCRIPTION
/	Commercial		
	Residential		Pump out 3,500 gallons of septic
	Restaurant		and hydro ER on pressure cleaner
/	Septic		
	Grease Trap		
	Lift Station		Pump out as per contract
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
/	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
/	Sludge		
	Bottom Sand		

Autorized Representative: **TOTAL $:** 2700-

Customer Signature: Date: 02-13-2012

Thank You

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015139

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL, 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 **24/7**

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK**

Date: [illegible]

Bill To: [illegible] Tel:

Address: [illegible] City: [illegible] St: [illegible] Zip

QTY	DESCRIPTION	PRICE	DESCRIPTION
	Commercial		
	Residential		[illegible]
	Restaurant		[illegible]
/	Septic		
	Grease Trap		
	Lift Station		[illegible]
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
/	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D O H. Inspection		
	Jetter		
	Pressure Clean		
/	Sludge		Sludge Hauling
	Bottom Sand		

Autorized Representative: ***TOTAL $:***

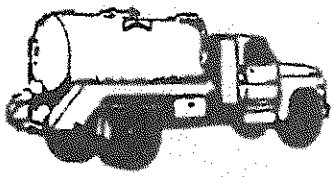
Customer Signature: [signature] ***Date:*** [illegible]

Thank You

KWRU 010370

7/10500 KB

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain No. 015136

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH CHECK

Date: 02-10-2017

Bill To: KW WASTEWATER UT-1-595 Tel:

Address: 6500 FLAGLER STREET City: KEY WEST St: FL Zip 33040

QTY	DESCRIPTION	PRICE	DESCRIPTION
1	Commercial		
	Residential		Pumped out 8,000 gallons of septic
	Restaurant		and sewage from 2 grease interceptor
1	Septic		tanks as per customer
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
1	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
1	Sludge		
	Bottom Sand		

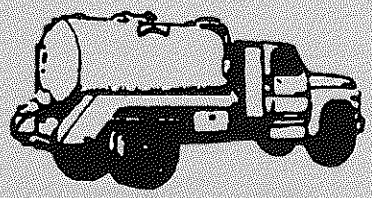
Autorized Representative: [signature] TOTAL $: 2700 -

Customer Signature: MARK BUNKOWSKI KWRU Date: 02-10-2017

Thank You

KWRU 010371

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015136

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL, 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 **24/7**

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK**

Date: [illegible]

Bill To: [illegible] Tel:

Address: [illegible] City: [illegible] St: [illegible] Zip [illegible]

QTY	DESCRIPTION	PRICE	DESCRIPTION
/	Commercial		
	Residential		[illegible]
	Restaurant		[illegible]
/	Septic		[illegible]
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
/	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
/	Sludge		
	Bottom Sand		

Autorized Representative: [illegible] **TOTAL $:**

Customer Signature: [illegible] **Date:**

Thank You

KWRU 010372

5252

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

03/06/2017

PAY TO THE ORDER OF
Nationwide

$ **5,400.00

DOLLARS

Five thousand four hundred and 00/100**********

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈00005252⑈ [redacted]

0810064 / 12-04

Details on back.

Security Features Included

KW RESORT UTILITIES CORP.

5252

03/06/2017 **Nationwide**

Date	Type	Reference	Original Amount	Balance Due	Payment
02/10/2017	Bill	015036	2,700.00	2,700.00	2,700.00
02/13/2017	Bill	015139	2,700.00	2,700.00	2,700.00
		Check Amount			5,400.00

1310000 BB&T Opera 5,400.00

KW RESORT UTILITIES CORP.

5252

03/06/2017 **Nationwide**

Date	Type	Reference	Original Amount	Balance Due	Payment
02/10/2017	Bill	015036	2,700.00	2,700.00	2,700.00
02/13/2017	Bill	015139	2,700.00	2,700.00	2,700.00
		Check Amount			5,400.00

1310000 BB&T Opera 5,400.00

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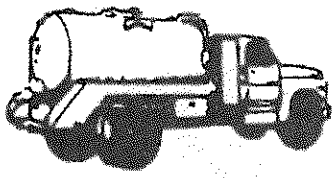
7110500 KB

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015140

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH CHECK

Date: 02-13-2017

Bill To: Key West Resort Utility Tel:

Address: 6500 Front Street City: Key West St: FL Zip

QTY	DESCRIPTION	PRICE	DESCRIPTION
/	Commercial		
	Residential		Pumped out 3000 gallons of sludge
	Restaurant		and dispose at a approved facility
/	Septic		
	Grease Trap		
	Lift Station		Pumped out septic tank
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
/	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
0	Pressure Clean		
/	Sludge		
	Bottom Sand		

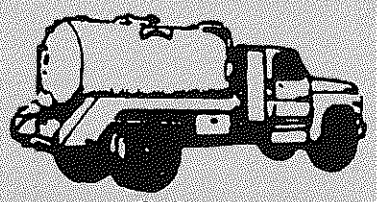
Autorized Representative: **TOTAL $:** 270.00

Customer Signature: **Date:** 02-13-2017

Thank You

KWRU 010374

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015140

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL, 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK**

Date: [illegible]

Bill To: [illegible] Tel:

Address: [illegible] City: [illegible] St: [illegible] Zip

QTY	DESCRIPTION	PRICE	DESCRIPTION
1	Commercial		
	Residential		[illegible]
	Restaurant		[illegible]
1	Septic		
	Grease Trap		
	Lift Station		[illegible]
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
1	Pump Outs		Sludge
	Pump Out Abandon		Hauling
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
1	Pressure Clean		
1	Sludge		
	Bottom Sand		

Autorized Representative: [illegible] **TOTAL $:**

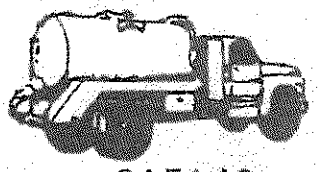
Customer Signature: [signature] **Date:** [illegible]

Thank You

KWRU 010375

711 0500 KB

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain No. 015142

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 403

CASH CHECK

Date: 02/14-2017

Bill To: KEY West Boys Ranch Tel:

Address: 6900 Peas Street City: Key west St: FL Zip

QTY	DESCRIPTION	PRICE	DESCRIPTION
	Commercial		
	Residential		Pumped out 8000 gallons of
	Restaurant		Septic and Hydro Jet Re-Direct
1	Septic		Effluent lines to prevent
	Grease Trap		overflow
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Holidays		
1	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
2	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
1	Sludge		2/17/17
1	Bottom Sand		

Autorized Representative: TOTAL $: 2400

Customer Signature: Date: 02/14-2017

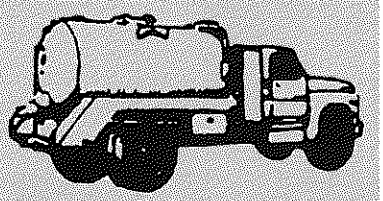
Thank You

8000 Gallons
@ .30

2/17/17

KWRU 010376

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015142

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED

CASH **CHECK** ***HRS SDS 463***

Date: [illegible]

Bill To: [illegible] Tel:

Address: [illegible] City: [illegible] St: [illegible] Zip

QTY	DESCRIPTION	PRICE	DESCRIPTION
	Commercial		
	Residential		
	Restaurant		
1	Septic		
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
1	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
2	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
1	Sludge		
1	Bottom Sand		

Sludge
Hauling

Autorized Representative: ***TOTAL $:***

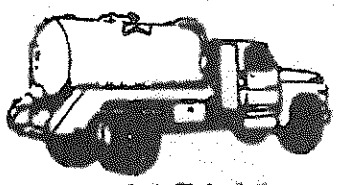
Customer Signature: ***Date:***

Thank You

KWRU 010377

7110500 VB

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015149

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 **24/7**

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK**

Date: 02-15-2017

Bill To: Key west Port Works Tel:

Address: 6500 Front Street City: Key west St: FL Zip 33040

QTY	DESCRIPTION	PRICE	DESCRIPTION
1	Commercial		
6	Residential		Pumped out 500 gallons of sludge and liquids from treatment plant
1	Septic		Inspected as per maintenance
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
1	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
1	Sludge		
	Bottom Sand		

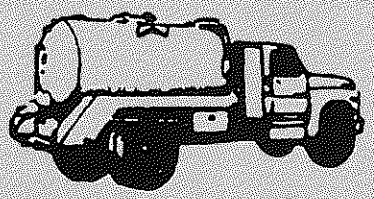
Autorized Representative: **TOTAL $:** 270.00

Customer Signature: ***Date:*** 02-15-2017

Thank You

KWRU 010378

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015149

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 **24/7**

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK**

Date: [illegible]

Bill To: [illegible] Tel:

Address: [illegible] City: [illegible] St: [illegible] Zip [illegible]

QTY	DESCRIPTION	PRICE	DESCRIPTION
	Commercial		
[illegible]	Residential		[illegible]
	Restaurant		[illegible]
[illegible]	Septic		[illegible]
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
[illegible]	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
[illegible]	Sludge		
	Bottom Sand		

Autorized Representative: ***TOTAL $:***

Customer Signature: [illegible] ***Date:*** [illegible]

Thank You

KWRU 010379

5266

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

03/13/2017

PAY TO THE ORDER OF

Nationwide

$ **7,800.00

DOLLARS

Seven thousand eight hundred and 00/100**********

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈00005266⑈ ⑆[redacted]

KW RESORT UTILITIES CORP.

5266

03/13/2017 **Nationwide**

Date	Type	Reference	Original Amount	Balance Due	Payment
02/13/2017	Bill	015140	2,700.00	2,700.00	2,700.00
02/14/2017	Bill	015142	2,400.00	2,400.00	2,400.00
02/15/2017	Bill	015149	2,700.00	2,700.00	2,700.00
		Check Amount			7,800.00

1310000 BB&T Opera 7,800.00

KW RESORT UTILITIES CORP.

5266

03/13/2017 **Nationwide**

Date	Type	Reference	Original Amount	Balance Due	Payment
02/13/2017	Bill	015140	2,700.00	2,700.00	2,700.00
02/14/2017	Bill	015142	2,400.00	2,400.00	2,400.00
02/15/2017	Bill	015149	2,700.00	2,700.00	2,700.00
		Check Amount			7,800.00

1310000 BB&T Opera 7,800.00

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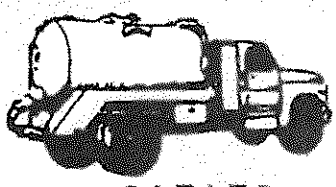
7110500 KB

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain

No. 015150

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH CHECK

Date: 02-15-2017

Bill To: Key West Resort Estates Tel:

Address: 6500 Front Street City: Key West St: FL Zip 33040

QTY	DESCRIPTION	PRICE	DESCRIPTION
1	Commercial		
	Residential		Pumped out two pumps chambers
	Restaurant		and hauled from Disposal Tank to
1	Septic		Treatment Plant As part of
	Grease Trap		Contract
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
1	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
1	Sludge		
	Bottom Sand		

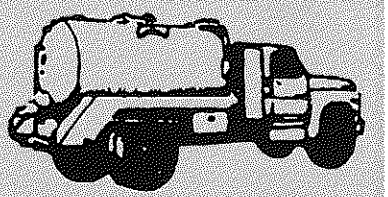
Autorized Representative: TOTAL $: 2700

Customer Signature: Date: 02-15-2017

Thank You

KWRU 010381

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015150

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK** Date: [illegible]

Bill To: [illegible] Tel:

Address: [illegible] City: [illegible] St: [illegible] Zip [illegible]

QTY	DESCRIPTION	PRICE	DESCRIPTION
	Commercial		
	Residential		[illegible]
	Restaurant		[illegible]
1	Septic		[illegible]
	Grease Trap		[illegible]
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
1	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
1	Sludge		
	Bottom Sand		

Autorized Representative: ***TOTAL $:***

Customer Signature: ***Date:***

Thank You

KWRU 010382

7110500 KB

KWRU 010383

	DESCRIPTION OF WORK		PRICE
	Pumped out 4,500 gallons of sands and liquids from GGC (Content Chamber) to treatment plant as part of contract 30 cents per gallon		

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME

TIME ARRIVED

TIME DEPARTED

TRAVEL TIME

MILEAGE

ENDING

START-

TOTAL MILES

X /HR.=

X /HR.=

TRIP CHARGE $

Nationwide Plumbing Services

15577

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 02/22/19

DATE ORDERED / /

DATE ORDERED / /

NAME Key West Resort Utilities

STREET 6500 First Street

PHONE

CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE. AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1350 00

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X

DATE 02/22/2019

5274

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

03/17/2017

PAY TO THE ORDER OF
Nationwide

$ **4,050.00

DOLLARS

Four thousand fifty and 00/100**********

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈00005274⑈ ⑆[redacted]

Details on back. Security Features Included

KW RESORT UTILITIES CORP.

5274

03/17/2017 **Nationwide**

Date	Type	Reference	Original Amount	Balance Due	Payment
02/15/2017	Bill	015150	2,700.00	2,700.00	2,700.00
02/22/2017	Bill	15577	1,350.00	1,350.00	1,350.00
		Check Amount			4,050.00

1310000 BB&T Opera 4,050.00

KW RESORT UTILITIES CORP.

5274

03/17/2017 **Nationwide**

Date	Type	Reference	Original Amount	Balance Due	Payment
02/15/2017	Bill	015150	2,700.00	2,700.00	2,700.00
02/22/2017	Bill	15577	1,350.00	1,350.00	1,350.00
		Check Amount			4,050.00

1310000 BB&T Opera 4,050.00

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KWRU 010385

DESCRIPTION OF WORK		PRICE
Pump out Plant Key West 4500 gallon		

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15696

DATE 3/8/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME Key West Resort Utilitys From S.T.
STREET
CITY Key West STATE FL 33040
JOB # P/O

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HR. =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

SUB TOTAL

TRIP CHARGE

TOTAL AMOUNT DUE 135.00

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

Ben Cook
AUTHORIZED SIGNATURE

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X Mike Botts DATE 3/8/17

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR. =
TIME DEPARTED	START-	X /HR. =
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

3/8/17

Nationwide Plumbing Services

15696

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

KWRU 010386

DATE 3/8/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME Key West Wastewater Plant
STREET 1 Year Ct
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	PRICE
Pump out Plant	
Key West	
WEST Digester	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES >

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START- TOTAL MILES	X /HR.=
TRAVEL TIME		TRIP CHARGE $

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 3/8/17

7110500 KB

KWRU 010387

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15695

DATE 3/3/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME Key west Resort utility
STREET 6500 From St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	PRICE
Pump out 4,500 Gallons	

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15695

KWRU 010388

DATE 3/3/17
DATE ORDERED /
DATE ORDERED /
PHONE

NAME Revenge Property Mgmt
STREET 2660 Eaton St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	PRICE
Pump out 1,500 gallons	
Ind Level West Dyeston	

DESCRIPTION OF WORK	SERVICE
Ind Level West Dyeston	

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES >

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 3/3/17

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR =
TIME DEPARTED	START-	
TRAVEL TIME	TOTAL MILES	X /HR =
		TRIP CHARGE $

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15662

DATE 02/03/17
DATE ORDERED
DATE ORDERED
PHONE

NAME Key West Desoat Utilities
STREET 6500 Front ST
CITY Key West STATE FL 33040

JOB # PO

DESCRIPTION OF WORK	PRICE
PT002 Pump out	
.. 4500 Gallons	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ HRS. =
TECHNICIAN SIGNATURE
TOTAL OTHER CHARGES

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1350 00

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X [signature] DATE 3/3/17

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X HR =
TIME DEPARTED	START-	X HR =
TRAVEL TIME	MILES	TRIP CHARGE $

KWRU 010389

DESCRIPTION OF WORK		PRICE
P1002 Pump out		
4203 Gallons		

TOTAL OTHER CHARGES >

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START- TOTAL MILES	X /HR.=
TRAVEL TIME		TRIP CHARGE $

Nationwide Plumbing Services

15662

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 2 / 23 / 10
DATE ORDERED / /
DATE ORDERED / /
PHONE

KWRU 010390

NAME Keywest Water Utilities
STREET 6500 Front St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	SERVICE
1 Load EAST Digester	

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

AUTHORIZED SIGNATURE

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X _____ DATE 3 / 3 / 10

KWRU 010391

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15663

DATE 03/03/12
DATE ORDERED
DATE COMPLETED
PHONE

NAME Key West Resort Utilities
STREET 6500 Front St
CITY Key West STATE FL ZIP 33040

JOB # P.O.

DESCRIPTION OF WORK	PRICE
PT 002 Pump out	
5200 Gallons	

Nationwide Plumbing Services

15663

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

KWRU 010392

DATE 3/13/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME Key West Resort Villas
STREET 1220 Howard St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK		PRICE
Flush Runout 220 Gallons		

DESCRIPTION OF WORK	SERVICE
1 load West Digets	

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES >

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X [signature] DATE 3/13/17

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START-	X /HR.=
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15694

DATE 3/2/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME Key west Resort utility
STREET 4500 Foam st
CITY Key West STATE FL ZIP 33040

JOB # PO

	DESCRIPTION OF WORK		PRICE
1	Pump out 4,500 Gallons Key West		

DESCRIPTION OF WORK — SERVICE

LABOR CHARGES HRS. @ /HRS. =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

SUB TOTAL
TRIP CHARGE
TOTAL AMOUNT DUE 1350 00

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

DATE 3/2/17

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR =
TIME DEPARTED	START- TOTAL MILES	X /HR =
TRAVEL TIME		TRIP CHARGE $

KWRU 010393

	DESCRIPTION OF WORK		PRICE
1	Pump Out 4,500 Gallons Key West		

Nationwide Plumbing Services

15694

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 3/2/17
DATE ORDERED / /
DATE ORDERED / /

NAME Key West Water Utility
STREET 1600 Simonton St
CITY Key West STATE FL ZIP 33040
PHONE
JOB # P/O

KWRU010394

DESCRIPTION OF WORK	SERVICE
1 Load WEST Digester	

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES >

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START- TOTAL MILES	X /HR.=
TRAVEL TIME		TRIP CHARGE $

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 3/2/17

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15693

DATE 3/2/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME key west resort utility
STREET 6500 Front st
CITY Key west STATE FL 33040

JOB # P/O

	DESCRIPTION OF WORK		PRICE
1	Pump out 4,500 gallons		

TOTAL OTHER CHARGES

DESCRIPTION OF WORK — SERVICE

LABOR CHARGES HRS. @ /HRS. =
TECHNICIAN SIGNATURE
TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	135 00

DATE 3/2/17

TRAVEL TIME
TIME ARRIVED
TIME DEPARTED
TRAVEL TIME

MILEAGE
ENDING
START-
TOTAL MILES

X /HR.=
X /HR.=
TRIP CHARGE $

KWRU 010395

Nationwide Plumbing Services

15693

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

KWRU 010396

DATE 3/2/17
DATE ORDERED / /
DATE ORDERED / /

NAME Key West Realty Living
STREET 1212 Simonton
CITY Key West STATE FL ZIP 33040
PHONE

JOB # P/O

DESCRIPTION OF WORK		PRICE
1 Comp Evaluation		
1 Report		

5287

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

03/22/2017

PAY TO THE ORDER OF
Nationwide

$ **8,310.00

Eight thousand three hundred ten and 00/100**********

DOLLARS

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈00005287⑈ ⑆[redacted]

KW RESORT UTILITIES CORP.

03/22/2017 **Nationwide** 5287

Date	Type	Reference	Original Amount	Balance Due	Payment
03/02/2017	Bill	15693	1,350.00	1,350.00	1,350.00
03/02/2017	Bill	15694	1,350.00	1,350.00	1,350.00
03/03/2017	Bill	15662	1,350.00	1,350.00	1,350.00
03/03/2017	Bill	15663	1,560.00	1,560.00	1,560.00
03/03/2017	Bill	15695	1,350.00	1,350.00	1,350.00
03/08/2017	Bill	15696	1,350.00	1,350.00	1,350.00
		Check Amount			8,310.00

1310000 BB&T Opera 8,310.00

KW RESORT UTILITIES CORP.

03/22/2017 **Nationwide** 5287

Date	Type	Reference	Original Amount	Balance Due	Payment
03/02/2017	Bill	15693	1,350.00	1,350.00	1,350.00
03/02/2017	Bill	15694	1,350.00	1,350.00	1,350.00
03/03/2017	Bill	15662	1,350.00	1,350.00	1,350.00
03/03/2017	Bill	15663	1,560.00	1,560.00	1,560.00
03/03/2017	Bill	15695	1,350.00	1,350.00	1,350.00
03/08/2017	Bill	15696	1,350.00	1,350.00	1,350.00
		Check Amount			8,310.00

1310000 BB&T Opera 8,310.00

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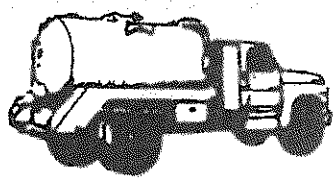
7110500 KB

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015219

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 **24/7**

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK**

Date: 03-10-2017

Bill To: Kw Resort Utilities Tel:

Address: 6300 Overseas Hwy City: Key West St: FL Zip 33040

QTY	DESCRIPTION	PRICE	DESCRIPTION
1	Commercial		
	Residential		Pumped out 5,000 gallons
	Restaurant		
1	Septic		PT-003
	Grease Trap		CMR's
	Lift Station		5:00 pm
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
1	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
1	Sludge		
	Bottom Sand		

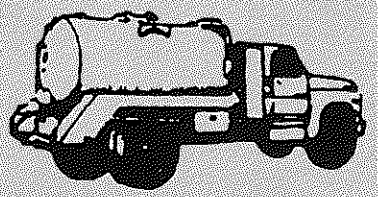
Autorized Representative: [signature] **TOTAL $:** 560 00

Customer Signature: [signature] **Date:** 03-10-2017

Thank You

KWRU 010398

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015219

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK**

Date: [illegible]

Bill To: [illegible] Tel: _____

Address: [illegible] City: _____ St: _____ Zip _____

QTY	DESCRIPTION	PRICE	DESCRIPTION
	Commercial		
	Residential		520
	Restaurant		
/	Septic		
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
/	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
/	Sludge		
	Bottom Sand		

Autorized Representative: [illegible] ***TOTAL $:*** _____

Customer Signature: _____ ***Date:*** [illegible]

Thank You

KWRU 010399

711050 VB

KWRU 010400

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15697

DATE 3/8/17

NAME Key West Resort Utilitys
STREET 6500 Front St
CITY Key West STATE FL ZIP 33040

JOB # P.O.

DATE ORDERED / /
DATE ORDERED / /
PHONE

	DESCRIPTION OF WORK		PRICE
1	Pump out Key West Plant 4500 Gallons		

TOTAL OTHER CHARGES

DESCRIPTION OF WORK — $ TOTAL

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

Ben Croft
AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1350 00

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X Jonathan Hatch DATE 3/8/17

TRAVEL TIME

TIME ARRIVED
TIME DEPARTED
TRAVEL TIME

MILEAGE

ENDING
START-
TOTAL MILES

X /HR.=
X /HR.=
TRIP CHARGE $

Nationwide Plumbing Services

15697

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 3/8/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

KWRU 010401

NAME Key West Resort Utilities
STREET 1600 Eight St
CITY Key West STATE FL ZIP 33040

JOB # P/O

	DESCRIPTION OF WORK		PRICE
1	Pump out Key West		
	Plant		

TOTAL OTHER CHARGES >

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START-	
TRAVEL TIME	TOTAL MILES	X /HR.=
		TRIP CHARGE $

DESCRIPTION OF WORK | SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 3/8/17

KWRU 010402

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15698

DATE: 03/08/2011
DATE ORDERED:
DATE CRIMPED:
PHONE:

NAME: Key West Transfer Station
STREET: 6500 Peninsular Street
CITY: Key West STATE: FL ZIP:
JOB #: PO:

DESCRIPTION OF WORK	PRICE
Pumped out 5,200 gallons of sludge and liquids As per PE contract	
PT-003 Chris Raven	
TOTAL OTHER CHARGES	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ HRS. =
TECHNICIAN SIGNATURE
TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1560 00

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X [signature] DATE 03/08/2011

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X HR.
TIME DEPARTED	START- TOTAL MILES	X HR.
TRAVEL TIME		TRIP CHARGE $

BM 005011

Nationwide Plumbing Services

15698

92425 Overseas Hwy, Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

KWRU 010403

DATE
DATE ORDERED
DATE ORDERED
PHONE

NAME
STREET
CITY STATE ZIP

JOB # P/O

	DESCRIPTION OF WORK		PRICE
	Replace 3 supports		
	on sink & tub		
	Repair all leaks		
	Reset		
	Sink faucet		

KWRU 010404

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15728

DATE 03/08/12
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME Key West Transfer Station
STREET 6500 Front Street
CITY Key West STATE FL ZIP
JOB # P/O

DESCRIPTION OF WORK		PRICE
Pumped out 5 gallons of liquids from treatment plant Operator as part of contract maintenance		
DF-005 CWR's Player 200 gpm		

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS @ /HRS =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1560

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X [signature] DATE 03/08/12

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR =
TIME DEPARTED	START- TOTAL MILES	X /HR =
TRAVEL TIME		TRIP CHARGE $

3/8/17

Nationwide Plumbing Services

15728

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

KWRU 010405

DATE
DATE ORDERED
DATE ORDERED
PHONE

NAME
STREET
CITY STATE ZIP
JOB # P/O

	DESCRIPTION OF WORK		PRICE
	EAST Digestic		
	TOTAL OTHER CHARGES >		

DESCRIPTION OF WORK	SERVICE

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM

5288

63-9138-2631

03/24/2017

PAY TO THE ORDER OF
Nationwide

$ **6,030.00

Six thousand thirty and 00/100********** DOLLARS

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈00005288⑈ [redacted]

KW RESORT UTILITIES CORP.

03/24/2017 **Nationwide** 5288

Date	Type	Reference	Original Amount	Balance Due	Payment
03/08/2017	Bill	15728	1,560.00	1,560.00	1,560.00
03/08/2017	Bill	15698	1,560.00	1,560.00	1,560.00
03/08/2017	Bill	15697	1,350.00	1,350.00	1,350.00
03/10/2017	Bill	015219	1,560.00	1,560.00	1,560.00
			Check Amount		6,030.00

1310000 BB&T Opera 6,030.00

KW RESORT UTILITIES CORP.

03/24/2017 **Nationwide** 5288

Date	Type	Reference	Original Amount	Balance Due	Payment
03/08/2017	Bill	15728	1,560.00	1,560.00	1,560.00
03/08/2017	Bill	15698	1,560.00	1,560.00	1,560.00
03/08/2017	Bill	15697	1,350.00	1,350.00	1,350.00
03/10/2017	Bill	015219	1,560.00	1,560.00	1,560.00
			Check Amount		6,030.00

1310000 BB&T Opera 6,030.00

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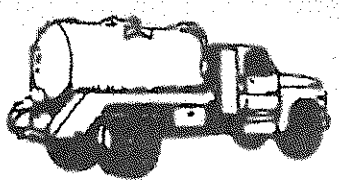
7110500 KB

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.**015217

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 403

CASH CHECK

Date: 03/10/17

Bill To: Key West Resort Utilities Tel: PT002

Address: 1300 Front ST City: Key West St: FL Zip 33040

QTY	DESCRIPTION	PRICE	DESCRIPTION
✓	Commercial		
	Residential		Pumped out 4500 Gallons
✓	Restaurant		
	Septic		
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
✓	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
✓	Pressure Clean		
✓	Sludge		
	Bottom Sand		

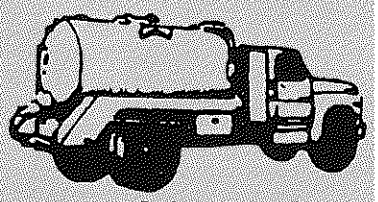
Autorized Representative: [signature] **TOTAL $:** 1350 —

Customer Signature: _____ **Date:** 3/10/17

Thank You

KWRU 010407

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain **No.** 015217

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848 24/7

INSURED . CFC 057546 . LICENSED

CASH **CHECK** ***HRS SDS 463***

Date: 03/09/17

Bill To: Peninsular Land Office Tel: 872-2

Address: 1300 Fourth St City: Marathon St: FL Zip: 33050

QTY	DESCRIPTION	PRICE	DESCRIPTION
	Commercial		
	Residential		Pump Out 1500 gallons
✓	Restaurant		
✓	Septic		
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
✓	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
✓	Pressure Clean		
✓	Sludge		
	Bottom Sand		

Autorized Representative: Schultz ***TOTAL $:***

Customer Signature: ***Date:*** 3/10/17

Thank You

KWRU 010408

7110500 KB

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15730

DATE ORDERED 3/10/17
DATE COMPLETED / /

NAME Key West Resort Utilities
STREET 1500 Front St
CITY Key West STATE FL 33040
PHONE
JOB # PO

	DESCRIPTION OF WORK		PRICE
1	Pump out Plant Key West..		
	@ 4,500 Gallons		
	TRUCK # PT 001		

DESCRIPTION OF WORK — SERVICE

LABOR CHARGES HRS @ /HR =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

ABOVE ORDER/WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X Michael Hyde

DATE / /

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1350 00

TRAVEL TIME	MILEAGE
TIME ARRIVED	ENDING
TIME DEPARTED	START
TRAVEL TIME	TOTAL MILES

X /HR =

X /HR =

TRIP CHARGE $

KWRU 010409

Nationwide Plumbing Services

92425 Overseas Hwy, Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15730

DATE 2/10/11
DATE ORDERED / /
DATE ORDERED / /
PHONE

KWRU 010410

NAME
STREET
CITY STATE ZIP
JOB # P/O

	DESCRIPTION OF WORK		PRICE
1	Temporary Plant		
	Keywest		
	10 4500 Gallons		
	Truck in Mon		

TOTAL OTHER CHARGES >

DESCRIPTION OF WORK — SERVICE

LABOR CHARGES HRS. @ /HRS. =
TECHNICIAN SIGNATURE
TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE / /

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START-	X /HR.=
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

KWRU 010411

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15733

DATE 03/10/12
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME Key West Resort Studios
STREET 6500 Flat Street
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	PRICE
Pump out 5,200 gallons of sand and liquid from Steamer pan chamber 55 gallon	
Clean 2 pt-out Check valve 2:00 pm	
TOTAL OTHER CHARGES	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =
TECHNICIAN SIGNATURE
TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1560

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X Walter Douglas DATE 03/10/12

TRAVEL TIME	MILEAGE
TIME ARRIVED	ENDING
TIME DEPARTED	START-
TRAVEL TIME	TOTAL MILES

X /HR.=
X /HR.=
TRIP CHARGE $

Nationwide Plumbing Services

15733

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE / /
DATE ORDERED / /
DATE ORDERED / /
PHONE

KWRU 010412

NAME
STREET
CITY STATE ZIP

JOB # P/O

DESCRIPTION OF WORK		PRICE
Replace 5200 gal [illegible]		
[illegible]		
[illegible]		

7/15000 MB

KWRU 010413

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15748

DATE 03/14/12

DATE ORDERED /

DATE ORDERED /

PHONE

NAME Key West Resort Condos

STREET 6300 Peninsular

CITY Key West STATE FL 33040

JOB # PO

DESCRIPTION OF WORK		PRICE
Replace out 5,000 Pound Elec Transformer Pad		
RS Pumps Electrical		
RE-003		
Call's		
3:00 pm		

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

SUB TOTAL

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

TRIP CHARGE

TOTAL AMOUNT DUE 1560 cc

AUTHORIZED SIGNATURE

ABOVE DESCRIBED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

DATE

X 03/14/2012

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR =
TIME DEPARTED	START-	X /HR =
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

Nationwide Plumbing Services

15748

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

KWRU 010414

DATE 02 / 11 / 2014
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME
STREET
CITY STATE ZIP
JOB # P/O

DESCRIPTION OF WORK

SERVICE

LABOR CHARGES HRS. @ /HRS. =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

DESCRIPTION OF WORK		PRICE
Repair of Sprinkler Line where Pipe Has Burst		
SP-003		
Tools		
Labor		
TOTAL OTHER CHARGES >		

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 02 / 11 / 2014

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START- TOTAL MILES	X /HR.=
TRAVEL TIME		TRIP CHARGE $

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

5293

03/27/2017

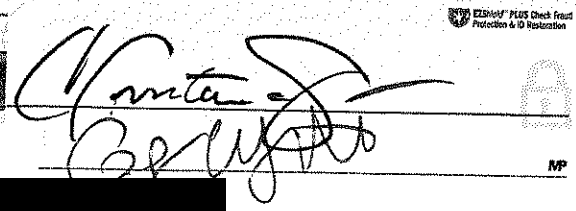
PAY TO THE ORDER OF
Nationwide

$ **5,820.00

Five thousand eight hundred twenty and 00/100********** DOLLARS

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO



⑈00005293⑈ ⑆[redacted]

KW RESORT UTILITIES CORP.

03/27/2017 **Nationwide** 5293

Date	Type	Reference	Original Amount	Balance Due	Payment
03/10/2017	Bill	15730	1,350.00	1,350.00	1,350.00
03/10/2017	Bill	15733	1,560.00	1,560.00	1,560.00
03/10/2017	Bill	015217	1,350.00	1,350.00	1,350.00
03/14/2017	Bill	15748	1,560.00	1,560.00	1,560.00
		Check Amount			5,820.00

1310000 BB&T Opera 5,820.00

KW RESORT UTILITIES CORP.

03/27/2017 **Nationwide** 5293

Date	Type	Reference	Original Amount	Balance Due	Payment
03/10/2017	Bill	15730	1,350.00	1,350.00	1,350.00
03/10/2017	Bill	15733	1,560.00	1,560.00	1,560.00
03/10/2017	Bill	015217	1,350.00	1,350.00	1,350.00
03/14/2017	Bill	15748	1,560.00	1,560.00	1,560.00
		Check Amount			5,820.00

1310000 BB&T Opera 5,820.00

© CHECKS UNLIMITED® • SECURIGUARD PREMIUM CLASSIC BLUE • TO REORDER: 1-800-667-2439 • www.ChecksUnlimited.com

Nationwide Plumbing Services

15782

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 03/23/12
DATE ORDERED
DATE COMPLETED
PHONE

NAME
STREET
CITY
STATE
ZIP
JOB #
P/O

DESCRIPTION OF WORK	SERVICE	PRICE
Pumped out 520 gallons		
of septic contents		
from one tank and		
mud pit		
Pool		
Empty		

LABOR CHARGES
HRS. @
HRS. =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES >

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

SUB TOTAL

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

TRIP CHARGE

TOTAL AMOUNT DUE 1560 00

AUTHORIZED SIGNATURE

ABOVE DESCRIBED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

DATE 03/23/12

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X HR.=
TIME DEPARTED	START- MILES	X HR.=
TRAVEL TIME		TRIP CHARGE $

KWRU 010416

07 05211

Nationwide Plumbing Services

15782

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE / /

DATE ORDERED / /

DATE ORDERED / /

PHONE

NAME

STREET

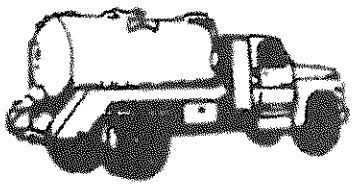
CITY STATE ZIP

JOB # P/O

	DESCRIPTION OF WORK		PRICE

7110500 KB

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain

No. 015171

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL. 33070

NATIONWIDE2613@YAHOO.COM

305-853-1848

24/7

INSURED . CFC 057546 . LICENSED

HRS SDS 463

CASH CHECK

Date: 03/23/17

Bill To: _____ Tel: 7002

Address: Key West Resort Utilities City: Key West St: FL Zip _____

QTY	DESCRIPTION	PRICE	DESCRIPTION
	Commercial		
	Residential		PUMP OUT 4500 Gallons
	Restaurant		
	Septic		
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
	Sludge		
	Bottom Sand		

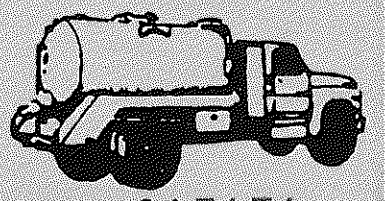
Autorized Representative: _____ TOTAL $: 1350.00

Customer Signature: _____ Date: _____

Thank You

KWRU 010418

NATIONWIDE



Plumbing - Septic - Grease Trap - Storm Drain

No. 015171

92425 OVERSEAS HWY UNIT #2 . TAVERNIER FL, 33070
NATIONWIDE2613@YAHOO.COM
305-853-1848
24/7

INSURED . CFC 057546 . LICENSED
HRS SDS 463

CASH **CHECK**

Date: 10/22/20

Bill To: _____ Tel: 17032

Address: Kawasi Beach Villas City: Key West St: FL Zip _____

QTY	DESCRIPTION	PRICE	DESCRIPTION
	Commercial		
	Residential		Pump out Grease Trap
	Restaurant		
	Septic		
	Grease Trap		
	Lift Station		
	Storm Drain		
	Catch Basin		
	Emergency Call		
	Over Time		
	Hollidays		
	Pump Outs		
	Pump Out Abandon		
	Hydro Jet		
	Vac-Con		
	Full Truck		
	Tank Location		
	D.O.H. Inspection		
	Jetter		
	Pressure Clean		
	Sludge		
	Bottom Sand		

Autorized Representative: _____ ***TOTAL $:*** _____

Customer Signature: _____ ***Date:*** _____

Thank You

KWRU 010419

7110500 KB

KWRU 010420

Nationwide Plumbing Services

15750

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 3/15/17
DATE ORDERED 1/1
DATE COMPLETED 1/1

NAME Key West Resort Utilities
STREET 6500 Front St
CITY Key West STATE FL ZIP 33040
PHONE
JOB # P/O

DESCRIPTION OF WORK	SERVICE
Key West Pump out	
4500 Gallons	
PT 001	

LABOR CHARGES HRS. @ HRS. =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES →

TERMS: DUE UPON COMPLETION

SUB TOTAL

TRIP CHARGE

TOTAL AMOUNT DUE 1350 00

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

ABOVE SERVICE WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X 3/15/17
DATE

TRAVEL TIME	MILEAGE
TIME ARRIVED	ENDING
TIME DEPARTED	START
TRAVEL TIME	MILES

X HR. =

X HR. =

TRIP CHARGE $

Nationwide Plumbing Services

15750

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 3/15/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

KWRU 010421

NAME Kawaga Island Utilities
STREET Post Point Rd 6630
CITY Key West STATE FL ZIP 33040

JOB # P/O

	DESCRIPTION OF WORK		PRICE
	Key West Pump Out		
	4,500 Gallons		
	FT 2601		

TOTAL OTHER CHARGES >

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

TRAVEL TIME

TIME ARRIVED
TIME DEPARTED
TRAVEL TIME

MILEAGE

ENDING
START-
TOTAL MILES

X /HR.=
X /HR.=
TRIP CHARGE $

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 3/15/17

7110500 VB

KWRU 010422

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15738

DATE 03/15/2022
DATE ORDERED / /
DATE COMPLETED / /
PHONE

NAME [illegible]
STREET 662 [illegible] STREET
CITY [illegible] STATE FL 33[illegible]

JOB # PO

DESCRIPTION OF WORK	SERVICE
Diagnose sewer issues of sewer backup in [illegible] and [illegible]	
PT-02 3 CPE.'s 3:30 pm	

LABOR CHARGES HRS @ HRS =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

SUB TOTAL

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

TRIP CHARGE

AUTHORIZED SIGNATURE

TOTAL AMOUNT DUE 1560 00

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 03/15/2022

DESCRIPTION OF WORK	PRICE
Diagnose sewer issues of sewer backup in [illegible] and [illegible]	
PT-02 3 CPE.'s 3:30 pm	

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME
TIME ARRIVED
TIME DEPARTED
TRAVEL TIME

MILEAGE
ENDING
START
TOTAL MILES

X HR =

X HR =

TRIP CHARGE $

Nationwide Plumbing Services

15738

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

not found
Stefan

KWRU 010423

DATE 03 / 15 / 2012
DATE ORDERED / /
DATE ORDERED / /

NAME Resort Utilities
STREET
CITY STATE ZIP
PHONE
JOB # P/O

	DESCRIPTION OF WORK		PRICE
	Pump out 5,200 gallons		
	of sewage from the		
	Pre-treatment Plant		
	in Tavernier		
	PF-103		
	CWA		
	3:30pm		

DESCRIPTION OF WORK | SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES >

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

TRAVEL TIME

TIME ARRIVED
TIME DEPARTED
TRAVEL TIME

MILEAGE

ENDING
START-
TOTAL MILES

X /HR.=
X /HR.=
TRIP CHARGE $

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 03 / 15 / 2012

7/10/5 DW KB

KWRU 010424

Nationwide Plumbing Services

15749

92425 Overseas Hwy, Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057548

DATE: 3/15/17
DATE ORDERED: / /
DATE COMPLETED: / /

SOLD TO: Key west Water Utilitys
STREET: 6500 Front st
CITY: Key West STATE: FL 33040
PHONE:
JOB #: P.O.

DESCRIPTION OF WORK	PRICE
Pump out Sluge Key west Plant	
PT 001	
4500 Gallons	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES: HRS @ HRS. =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

SUB TOTAL

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

TRIP CHARGE

X
AUTHORIZED SIGNATURE

TOTAL AMOUNT DUE: 1350 ⁰⁰

ABOVE DESCRIBED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE: 3/15/17

TRAVEL TIME	MILEAGE
TIME ARRIVED	ENDING
TIME DEPARTED	START-
TRAVEL TIME	TOTAL MILES

X HR. =

X HR. =

TRIP CHARGE $

Nationwide Plumbing Services

15749

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 3/15/17
DATE ORDERED / /
DATE ORDERED / /

KWRU 010425

NAME Revised Water Utility
STREET 1000 Pond Ln
CITY Key West STATE FL ZIP 33040
JOB # P/O
PHONE

	DESCRIPTION OF WORK		PRICE
	Proposed Rate Increase		
	for 2017		
	4,500 Letters		
	East Point		

TOTAL OTHER CHARGES >

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 3/15/17

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START-	X /HR.=
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

7/10500 VB

KWRU 010426

Nationwide Plumbing Services

15737

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE: 03/15/2012
DATE ORDERED: / /
DATE COMPLETED: / /

NAME: Key West Resort Corp
STREET: 630 Fort Street
CITY: Key West STATE: FL ZIP: 33040
PHONE:
JOB #: PO:

DESCRIPTION OF WORK	PRICE
Pressure test plus visual at repair area	
PC 003	
Ems	
2.0.12	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES: HRS. @ HRS. =
TROPICANA SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1560 00

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X Michael Duffy DATE: 03/15/2012

TRAVEL TIME	MILEAGE
TIME ARRIVED	ENDING
TIME DEPARTED	START
TRAVEL TIME	TOTAL MILES

X ____ RATE =

X ____ RATE =

TRIP CHARGE $

Nationwide Plumbing Services

15737

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE
DATE ORDERED
DATE ORDERED
PHONE

KWRU 010427

NAME
STREET
CITY STATE ZIP
JOB # P/O

	DESCRIPTION OF WORK		PRICE
	[illegible] 5700 [illegible]		
	[illegible]		
	[illegible]		
	[illegible]		
	[illegible]		
	[illegible]		
	[illegible]		
	South ccc		
	some EAST plant		
	TOTAL OTHER CHARGES >		

DESCRIPTION OF WORK	SERVICE
LABOR CHARGES HRS. @ /HRS. =	
TECHNICIAN SIGNATURE	TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

TRAVEL TIME

TIME ARRIVED
TIME DEPARTED
TRAVEL TIME

MILEAGE

ENDING
START-
TOTAL MILES

X /HR.=
X /HR.=
TRIP CHARGE $

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X [illegible] DATE 01/15/20[illegible]

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15735

DATE: 03/4/21
DATE ORDERED: / /
DATE ORDERED: / /

NAME: Key west Resort units
STREET: 6300 Ram street
CITY: Key west STATE: FL 33040
PHONE:
JOB # PO

DESCRIPTION OF WORK	PRICE
Pumped out 5,200 gallons of solids and liquids from cleanout sewer as part of pumping contract	
PS-003 Call owner 7:30 am	
TOTAL OTHER CHARGES	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =
TECHNICIAN SIGNATURE
TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X [signature] DATE 03/4/2021

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1560 00

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR =
TIME DEPARTED	START-	X /HR =
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

KWRU 010428

Nationwide Plumbing Services

15735

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 03/14/23
DATE ORDERED / /
DATE ORDERED / /

KWRJ010429

NAME
STREET
CITY STATE ZIP
JOB # P/O
PHONE

	DESCRIPTION OF WORK		PRICE
	Pumping out 5,800 gal of sand and gravel slurry to replace pump (customer		
	PT-003 Cut & pull 2 3/8 tbg		

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES >

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

TRAVEL TIME

TIME ARRIVED
TIME DEPARTED
TRAVEL TIME

MILEAGE

ENDING
START-
TOTAL MILES

X /HR.=

X /HR.=

TRIP CHARGE $

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X

DATE 03/14/2023

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15747

DATE 3/14/17
DATE ORDERED
DATE ORDERED
PHONE

NAME Key West Reuse Utilitys
STREET 2600 Flemings St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	PRICE
Pump out 10500 Gallons Key West Plant	

Nationwide Plumbing Services

15747

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 2/11/19
DATE ORDERED / /
DATE ORDERED / /
PHONE

KWRU 010431

NAME Keywest Plant Exhibits
STREET 220 Front St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK		PRICE
Pump out 4,500 Gallons		
Key West Plant		

TOTAL OTHER CHARGES >

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START- TOTAL MILES	X /HR.=
TRAVEL TIME		TRIP CHARGE $

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 2 / 11 / 19

7105001 VB

KWRU 010432

Nationwide Plumbing Services

15745

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 3/14/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME Key west Resort utilitys
STREET 2500 Front St
CITY key west STATE FL 33040

JOB # P.O.

DESCRIPTION OF WORK	PRICE
Pump out 4,500 Gallons Key West	
TOTAL OTHER CHARGES	

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =
TECHNICIAN SIGNATURE
TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

SUB TOTAL
TRIP CHARGE
TOTAL AMOUNT DUE 1350 00

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

DATE 3/14/17

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR =
TIME DEPARTED	START-	X /HR =
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

Nationwide Plumbing Services

15745

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 3/14/12
DATE ORDERED / /
DATE ORDERED / /
PHONE

KWRU 010433

NAME Key west Resort Utilities
STREET 500 Front St
CITY Key west STATE FL ZIP 33040

JOB # P/O

	DESCRIPTION OF WORK		PRICE
	Pump out 4,500 Gallons Key West		

TOTAL OTHER CHARGES >

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START-	X /HR.=
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

DESCRIPTION OF WORK — SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE 3/14/12

5299

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBANDT.COM
63-9138-2631

03/31/2017

PAY TO THE ORDER OF
Nationwide

$ **12,990.00

Twelve thousand nine hundred ninety and 00/100********** DOLLARS

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈00005299⑈ [redacted]

KW RESORT UTILITIES CORP.

03/31/2017 **Nationwide** 5299

Date	Type	Reference	Original Amount	Balance Due	Payment
03/14/2017	Bill	15747	1,350.00	1,350.00	1,350.00
03/14/2017	Bill	15745	1,350.00	1,350.00	1,350.00
03/14/2017	Bill	15735	1,560.00	1,560.00	1,560.00
03/15/2017	Bill	15737	1,560.00	1,560.00	1,560.00
03/15/2017	Bill	15749	1,350.00	1,350.00	1,350.00
03/15/2017	Bill	15738	1,560.00	1,560.00	1,560.00
03/15/2017	Bill	15750	1,350.00	1,350.00	1,350.00
03/23/2017	Bill	015171	1,350.00	1,350.00	1,350.00
03/23/2017	Bill	15782	1,560.00	1,560.00	1,560.00
		Check Amount			12,990.00

1310000 BB&T Opera 12,990.00

KW RESORT UTILITIES CORP.

03/31/2017 **Nationwide** 5299

Date	Type	Reference	Original Amount	Balance Due	Payment
03/14/2017	Bill	15747	1,350.00	1,350.00	1,350.00
03/14/2017	Bill	15745	1,350.00	1,350.00	1,350.00
03/14/2017	Bill	15735	1,560.00	1,560.00	1,560.00
03/15/2017	Bill	15737	1,560.00	1,560.00	1,560.00
03/15/2017	Bill	15749	1,350.00	1,350.00	1,350.00
03/15/2017	Bill	15738	1,560.00	1,560.00	1,560.00
03/15/2017	Bill	15750	1,350.00	1,350.00	1,350.00
03/23/2017	Bill	015171	1,350.00	1,350.00	1,350.00
03/23/2017	Bill	15782	1,560.00	1,560.00	1,560.00
		Check Amount			12,990.00

1310000 BB&T Opera 12,990.00

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7/10500 KB

KWRU 010435

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15973

DATE: 5/23/17
DATE ORDERED: /
DATE COMPLETED: /
PHONE:

NAME: KW Resort 47 Keys
STREET: 6630 Front St
CITY: Key West STATE: FL ZIP: 33040

JOB # PO

DESCRIPTION OF WORK	SERVICE	PRICE
Pumpout Sludge From KW Resort		

LABOR CHARGES HRS. @ /HRS. =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

Ben Curt
AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	1560 00

ABOVE WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X Mary

DATE 5/23/17

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR. =
TIME DEPARTED	START	X /HR. =
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

	DESCRIPTION OF WORK		PRICE
	Pump Out Septic		
	Expan Kellyfant		
	5200 gallons		

TOTAL OTHER CHARGES >

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X /HR.=
TIME DEPARTED	START- TOTAL MILES	X /HR.=
TRAVEL TIME		TRIP CHARGE $

Nationwide Plumbing Services

15973

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 5/23/17
DATE ORDERED / /
DATE ORDERED / /
PHONE

NAME Key Regional Utility
STREET 6600 Front St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X _____ DATE 5/23/17

KWRU 010436

7110560 KB

KWRU 010437

Nationwide Plumbing Services

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

15974

DATE 5/23/17
DATE COMPLETED / /
DATE ORDERED / /
PHONE

NAME Kw Resort utilitys
STREET 6630 Front St
CITY Key West STATE FL ZIP 33040

JOB # P/O

DESCRIPTION OF WORK	PRICE
Pump out sludge	
From Kw Resort	

TOTAL OTHER CHARGES >

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TRAVEL TIME	MILEAGE	
TIME ARRIVED	ENDING	X HR. =
TIME DEPARTED	START	X HR. =
TRAVEL TIME	TOTAL MILES	TRIP CHARGE $

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS @ AMT. =
TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

TERMS: DUE UPON COMPLETION

SUB TOTAL

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

TRIP CHARGE

Ben Catt
AUTHORIZED SIGNATURE

TOTAL AMOUNT DUE 156.00

ABOVE DESCRIBED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X 5/23/19 DATE / /

Nationwide Plumbing Services

15974

92425 Overseas Hwy. Unit #2
Tavernier, Florida 33070
Tel: (305) 853-1848
Lic and Ins CFC 057546

DATE 5/23/13
DATE ORDERED / /
DATE ORDERED / /
PHONE

KWRU 010438

NAME
STREET
CITY STATE ZIP
JOB # P/O

DESCRIPTION OF WORK	PRICE

TOTAL OTHER CHARGES >

DESCRIPTION OF WORK	SERVICE

LABOR CHARGES HRS. @ /HRS. =

TECHNICIAN SIGNATURE

TOTAL OTHER CHARGES

OUR TRAINED PERSONNEL SUGGEST THE FOLLOWING IMPROVEMENTS

LOCATION OF WORK

TERMS: DUE UPON COMPLETION

I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.

AUTHORIZED SIGNATURE

SUB TOTAL	
TRIP CHARGE	
TOTAL AMOUNT DUE	

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY

X DATE / /

TRAVEL TIME

TIME ARRIVED
TIME DEPARTED
TRAVEL TIME

MILEAGE

ENDING
START-
TOTAL MILES

X /HR.=

X /HR.=

TRIP CHARGE $

KW RESORT UTILITIES CORP.
OPERATING ACCOUNT
P.O. BOX 2125
KEY WEST, FL 33045-2125
PH. 305-295-3301

BRANCH BANKING AND TRUST COMPANY
1-800-BANK BBT BBT.COM

7393
63-9138-2631

05/30/2017

PAY TO THE ORDER OF

Nationwide

$ **3,120.00

DOLLARS

Three thousand one hundred twenty and 00/100**********

Nationwide
92425 Overseas Hwy Unit #2
Tavernier, FL 33070

MEMO

⑈00007393⑈ [redacted]

KW RESORT UTILITIES CORP.

05/30/2017 **Nationwide** 7393

Date	Type	Reference	Original Amount	Balance Due	Payment
05/23/2017	Bill	15974	1,560.00	1,560.00	1,560.00
05/23/2017	Bill	15973	1,560.00	1,560.00	1,560.00
		Check Amount			3,120.00

1310000 BB&T Opera 3,120.00

KW RESORT UTILITIES CORP.

05/30/2017 **Nationwide** 7393

Date	Type	Reference	Original Amount	Balance Due	Payment
05/23/2017	Bill	15974	1,560.00	1,560.00	1,560.00
05/23/2017	Bill	15973	1,560.00	1,560.00	1,560.00
		Check Amount			3,120.00

1310000 BB&T Opera 3,120.00

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