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**MARTIN FRIEDMAN**  
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December 13, 2024  
via e filing

Adam Teitzman, Commission Clerk  
Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Blvd.  
Tallahassee, FL 32399-0850

Re: Docket No. 20240108-SU - Application for increase wastewater rates in Monroe County by K  
W Resort Utilities Corp.

Dear Mr. Teitzman:

Attached for electronic filing, on behalf of K W Resort Utilities Corp., please find MFR Vol. III  
(engineering information).

Should you or Staff have any questions regarding this filing please do not hesitate to contact me.

Very truly yours,

/s/ Martin S. Friedman  
Martin Friedman

MSF:

**CLASS A and B  
WATER AND/OR WASTEWATER UTILITIES**

**FINANCIAL, RATE  
AND ENGINEERING  
MINIMUM FILING  
REQUIREMENTS**

**OF**

**K W Resort Utilities Corp**

Exact Legal Name of Utility

**VOLUME III**

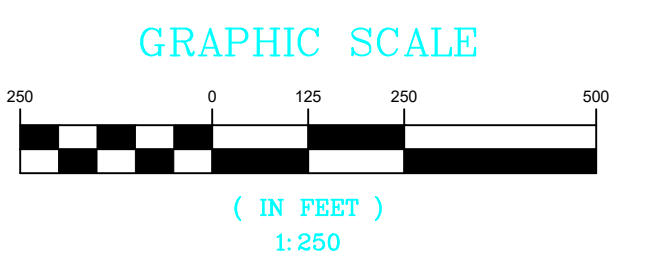
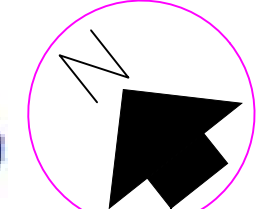


**FOR THE**

**Test Year Ended: 06/30/2024**

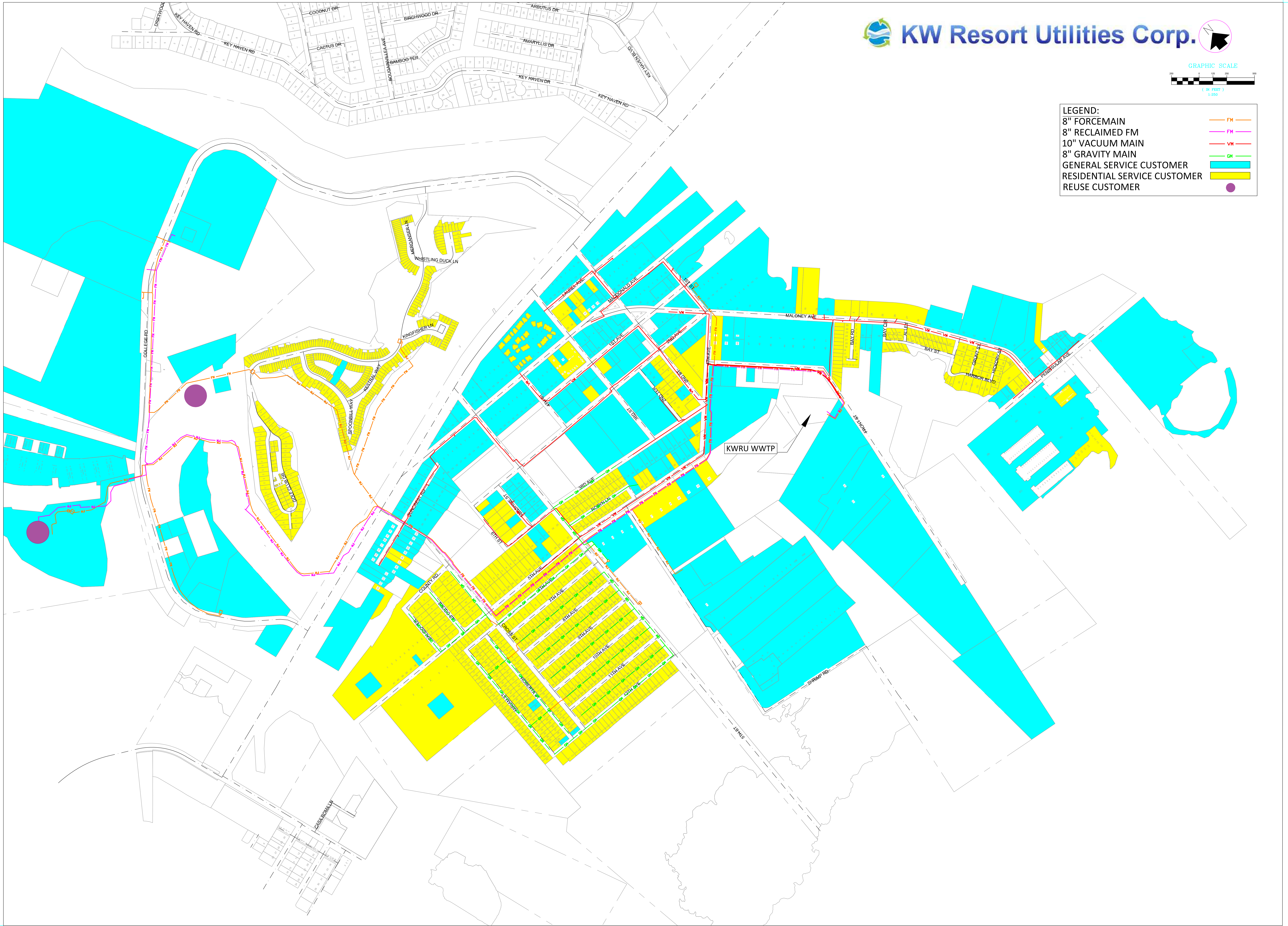
A detailed map showing (a) the location and size of the applicant's distribution and collection lines as well as its plant sites, and (b) the location and respective classification of the applicant's customers

Rule 25-30.437(3)(a) F.A.C.



**LEGEND:**

8" FORCEMAIN	FM
8" RECLAIMED FM	FM
10" VACUUM MAIN	VM
8" GRAVITY MAIN	GM
GENERAL SERVICE CUSTOMER	
RESIDENTIAL SERVICE CUSTOMER	
REUSE CUSTOMER	



A list of chemicals used for water and wastewater treatment, by type, showing the dollar amount and quantity purchased, the unit prices paid and the dosage rates utilized.

Rule 25-30.437(3)(b), F.A.C.



<b>Chemical</b>	<b>Dosage gal per 1000 gallon treated</b>
Aluminum Sulfate	0.088353549
Azone	0.080749178
Micro C	0.080299637
Sodium Hydroroxide	0.01802362
	<b>Dosage lbs per 1000 gal treated</b>
Hi-Clear Calcium Hypochlorite	0.005041572
Hi- Clear Calcium - CCH Feeder tablets	0.000420131

All water and wastewater plant operating reports for the  
test year and the year preceding the test year

DMRs

Rule 25-30.437(3)(d), F.A.C.



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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Reuse  MONITORING PERIOD: From: 07/01/2022 To: 07/31/2022
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Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		<b>.139</b>			<b>0</b>	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD			(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		<b>.026</b>			<b>0</b>	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD			(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		<b>NOD</b>			<b>0</b>	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD			(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement				<b>1.48</b>	<b>0</b>	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				20.0 (Annl Avg)	mg/L	(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.7	2.7	2.53		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.9		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.5		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.583						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.526	.562						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						66		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						260		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						120		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  08/24/2022

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 07/01/2022 To: 07/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>15.675</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (305) 731-8317	SUBMITTED ON  08/24/2022

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL       REPORT: Monthly FACILITY TYPE: DW       GROUP: Domestic MONITORING GROUP: U-001  DESCRIPTION: Two existing and two new Class V injection wells  MONITORING PERIOD: From: 07/01/2022 To: 07/31/2022
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement	.410				0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	0.849 (Annl Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement	.170				0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement			1.48		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement			5.0 (Annl Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement			2.7    2.7    2.53		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement			10.0 (Maximum)    7.5 (Wkly Avg)    6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					.59			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<1	<1	.50		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.8				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					2.23			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				2.5	2.5	1.95		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					.50			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				.93	.93	.69		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  08/24/2022



## DAILY SAMPLE RESULTS - PART B

 Permit Number:  
Monitoring Period

 FLA014951-016-DW1P  
From: July 1, 2022

To: July 31, 2022

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.542	.042	.515	.034	0						
2	.550	0	.515	.035	0						
3	.549	.549	0	0	0						
4	.578	.578	0	0	0						
5	.571	0	.535	.036	0	240.00	2.4U	110.00			
6	.540	0	.503	.037	0						
7	.528	.349	.144	.035	0						
8	.525	0	.494	.031	0						
9	.518	0	.486	.032	0						
10	.507	.507	0	0	0						
11	.482	.482	0	0	0						
12	.495	.010	.450	.035	0	260.00	2.4U	100.00	<1	2.5	0.93
13	.450	.017	.399	.034	0						
14	.510	.099	.376	.035	0						
15	.532	0	.496	.036	0						
16	.512	0	.478	.034	0						
17	.529	.529	0	0	0						
18	.513	.513	0	0	0						
19	.491	0	.458	.033	0	260.00	2.7	120.00			
20	.502	0	.468	.034	0						
21	.503	0	.470	.033	0						
22	.508	0	.472	.036	0						
23	.538	0	.503	.035	0						
24	.513	.513	0	0	0						
25	.503	.503	0	0	0						
26	.530	0	.497	.033	0	260.00	2.6	94.00	<1	1.4	0.45
27	.567	0	.532	.035	0						
28	.557	0	.520	.037	0						
29	.529	0	.492	.037	0						
30	.548	0	.517	.031	0						
31	.579	.579	0	0	0						
Total	16.299	5.270	10.271	.758	0	1020.00	10.1	424.00	1.0	3.9	1.38
Mo. Avg.	.526	.170	.331	.024	0	255.00	2.53	106.00	0.5	1.95	0.69

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026163</u>	Name: <u>Bryan Milks</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: July 1, 2022\_\_\_ To: July 31, 2022\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L  DAILY GRAB	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.9	0.9	1.3	<1	<1					
2		1.0								
3		1.1								
4	6.9	0.7	1.9	1.2	<1					
5	6.9	0.5	1.7	<1	<1					
6	7.0	0.8	1.8	<1	<1					
7	7.0	0.5	1.9	<1	<1					
8	7.0	0.5	1.7	<1	<1					
9		0.5								
10		0.5								
11	7.0	1.3	1.1	<1	<1					
12	7.0	2.3	1.5	<1	<1					
13	6.9	1.4	0.8	<1	<1					
14	6.9	1.8	1.3	<1	<1					
15	7.0	0.7	1.5	<1	<1					
16		0.6								
17		0.8								
18	7.1	2.4	0.9	1.9	<1					
19	7.0	2.5	2.7	1.2	<1					
20	7.0	1.2	1.2	<1	<1					
21	7.1	1.2	2.7	<1	<1					
22	7.0	2.3	3.4	<1	<1					
23		1.8								
24		0.8								
25	7.2	1.0	3.1	<1	<1					
26	7.1	0.6	1.6	<1	<1					
27	7.0	0.6	1.8	1.2	<1					
28	7.1	0.7	1.5	1.3	<1					
29	7.1	0.6	2.3	<1	<1					
30		0.9								
31		0.9								
Total	147.20	33.40	37.70	14.8	10.5					
Mo. Avg.	7.01	1.07	1.80	0.70	0.5					

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026163</u>	Name: <u>Bryan Milks</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
	MONITORING PERIOD: From: 08/01/2022 To: 08/31/2022

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.156						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-003	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		.027						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-004	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Mon. Site: FLW-005	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.57			0	1 Weekly	8-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFA-001	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.7	2.7	2.02		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						2.4		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						2.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				91				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.4		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.579						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.567	.563						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						66		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						290		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						170		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  09/26/2022

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 08/01/2022 To: 08/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>15.43</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (305) 731-8317	SUBMITTED ON  09/26/2022
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**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL       REPORT: Monthly FACILITY TYPE: DW       GROUP: Domestic MONITORING GROUP: U-001  DESCRIPTION: Two existing and two new Class V injection wells  MONITORING PERIOD: From: 08/01/2022 To: 08/31/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.390						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.215						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.57			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.7	2.7	2.02		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					.56			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<1	<1	.50		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						2.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.7				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					2.19			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				4.0	4.0	3.35		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					0.50			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.47	.047	0.41		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  09/26/2022

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: August 1, 2022 To: August 31, 2022

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.602	.602	0	0	0						
2	.583	0	.547	.036	0	240.00	2.7	170.00			
3	.582	0	.545	.037	0						
4	.593	0	.564	.029	0						
5	.566	0	.536	.030	0						
6	.540	0	.515	.025	0						
7	.555	.555	0	0	0						
8	.544	.544	0	0	0						
9	.550	0	.513	.037	0	290.00	2.4U	170.00	<1	4.0	0.47
10	.576	0	.540	.036	0						
11	.551	.518	0	.033	0						
12	.561	0	.530	.031	0						
13	.594	0	.563	.031	0						
14	.571	.571	0	0	0						
15	.549	.549	0	0	0						
16	.557	0	.523	.034	0	240.00	2.6	120.00			
17	.556	0	.519	.037	0						
18	.549	0	.518	.031	0						
19	.548	.343	.172	.033	0						
20	.511	0	.480	.031	0						
21	.522	.522	0	0	0						
22	.536	.536	0	0	0						
23	.524	0	.489	.035	0	200.00	1.4I	130.00	<1	2.7	0.35
24	.524	0	.488	.036	0						
25	.555	0	.523	.032	0						
26	.560	0	.529	.031	0						
27	.526	0	.495	.031	0						
28	.576	.576	0	0	0						
29	.610	.610	0	0	0						
30	.647	0	.605	.042	0	170.00	1.0U	79.0			
31	.761	.728	.033	0	0						
Total	17.589	6.664	10.194	.731	0	1140.00	10.1	669.00	1.0	6.7	0.82
Mo. Avg.	.567	.215	.329	.024	0	228.00	2.02	133.80	0.5	3.35	0.41

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0026163        Name:   Bryan Milks  

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From August 1, 2022

To: August 31, 2022

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L  DAILY GRAB	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	7.1	0.8	1.5	<1	<1					
2	7.2	1.1	1.8	1.0	1.0					
3	6.9	0.9	1.7	1.0	2.0					
4	7.0	1.0	1.3	1.0	<1					
5	6.9	0.8	1.5	1.1	<1					
6		0.6								
7		0.5								
8	6.9	0.8	0.8	<1	<1					
9	6.9	1.1	1.2	<1	<1					
10	6.9	1.6	1.6	1.1	<1					
11	6.9	1.6	1.1	<1	<1					
12	6.9	1.9	1.5	1.0	<1					
13		0.6								
14		0.6								
15	7.0	1.3	0.7	<1	<1					
16	7.0	1.4	1.5	1.1	<1					
17	7.0	1.2	1.0	<1	<1					
18	6.8	1.3	1.5	<1	<1					
19	6.8	2.4	1.4	<1	<1					
20		1.6								
21		2.3								
22	7.0	1.5	0.9	<1	<1					
23	6.9	1.6	1.0	<1	<1					
24	7.0	1.4	2.1	<1	<1					
25	7.0	1.8	1.9	<1	<1					
26	6.9	0.9	1.7	<1	<1					
27		0.5								
28		0.6								
29	7.0	1.5	1.8	1.5	<1					
30	7.0	1.0	3.2	2.4	<1					
31	7.0	1.7	1.9	2.0	<1					
Total	160.00	45.1	34.6	19.0	13.5					
Mo. Avg.	7.0	1.45	1.50	.86	.59					

**PLANT STAFFING:**

Day Shift Operator	Class: <u>  B  </u>	Certificate No: <u>  0026821  </u>	Name: <u>  Andrew S Pfeiffer  </u>
Day Shift Operator	Class: <u>  C  </u>	Certificate No: <u>  0026163  </u>	Name: <u>  Bryan Milks  </u>
Night Shift Operator	Class: <u>          </u>	Certificate No: <u>                  </u>	Name: <u>                          </u>
Lead Operator	Class: <u>  A  </u>	Certificate No: <u>  0023609  </u>	Name: <u>  Tim Sunderman  </u>

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Reuse  MONITORING PERIOD: From: 09/01/2022 To: 09/30/2022
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.165			0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD			(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.026			0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD			(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD			0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD			(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement				1.58	0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				20.0 (Annl Avg)		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.4	2.4	1.23		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.4		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				88				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.9		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.587						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.696	.596						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						70		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						290		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						900		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  10/26/2022



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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 09/01/2022 To: 09/30/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>2.99</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (305) 731-8317	SUBMITTED ON  10/26/2022
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**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL       REPORT: Monthly FACILITY TYPE: DW       GROUP: Domestic MONITORING GROUP: U-001  DESCRIPTION: Two existing and two new Class V injection wells  MONITORING PERIOD: From: 09/01/2022 To: 09/30/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.389						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.533						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.58			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.4	2.4	1.23		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					.65			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.7	1.7	1.35		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.5				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					2.27			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				5.0	5.0	4.1		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					.47			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				.32	.32	.21		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  10/26/2022

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: September 1, 2022 \_\_\_\_\_ To: September 30, 2022 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.532	.167	.333	.032	0						
2	.727	.4656	.232	.030	0						
3	.584	0	.555	.029	0						
4	.653	.653	0	0	0						
5	.614	.614	0	0	0						
6	.613	.613	0	0	0	170.00	<1	110.00	1.7	5.0	0.10
7	.639	0	.598	.041	0						
8	.581	.550	0	.031	0						
9	.731	.711	0	.020	0						
10	.755	.488	.244	.023	0						
11	.736	.736	0	0	0						
12	.617	.617	0	0	0						
13	.655	0	.614	.041	0	150.00	2.4	68.00			
14	.614	.391	.195	.028	0						
15	.657	.418	.209	.030	0						
16	.636	.405	.202	.029	0						
17	.573	0	.543	.030	0						
18	.806	.806	0	0	0						
19	.857	.857	0	0	0						
20	.694	.695	0	0	0	150.00	2.0U	56.00	1.0	3.1	0.32
21	.670	.628	0	.042	0						
22	.638	.0609	0	.029	0						
23	.683	0	.656	.027	0						
24	.643	.616	0	.027	0						
25	.590	.590	0	0	0						
26	.717	.717	0	0	0						
27	.937	.915	0	.022	0						
28	1.229	1.229	0	0	0						
29	.720	.720	0	0	0	290.00	<2	900.00			
30	.790	.790	0	0	0						
31											
<b>Total</b>	20.891	15.999	4.381	.511	0	760.00	4.9	1134.00	2.7	8.1	0.42
<b>Mo. Avg.</b>	.696	.533	.146	.017	0	190.00	1.23	283.50	1.35	4.1	0.21

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0026163        Name:   Bryan Milks  

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From September 1, 2022\_\_ To: September 30, 2022\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.9	1.1	1.9	1.4	<1					
2	7.0	1.0	1.5	1.3	1.0					
3		1.0								
4		1.4								
5	6.9	1.4	3.6							
6	7.1	2.4	3.9	1.1	<1					
7	7.0	1.4	2.1	<1	<1					
8	7.0	0.6	3.4	<1	<1					
9	6.9	0.7	2.3	<1	<1					
10		1.4								
11		1.0								
12	7.0	0.9	3.3	1.2	<1					
13	7.0	0.8	4.4	<1	<1					
14	7.0	1.0	3.0	<1	<1					
15	6.9	0.6	3.2	<1	<1					
16	6.9	0.6	3.7	<1	<1					
17		0.4								
18		0.7								
19	7.0	0.8	0.7							
20	6.9	0.5	3.3	1.1	<1					
21	6.9	0.8	0.5	1.0	1.0					
22	7.0	1.0	1.1	1.0	<1					
23	6.9	1.7	1.8	<1	<1					
24		1.2								
25		1.6								
26	7.0	1.4	3.2	1.1	<1					
27	7.0	0.8	2.7							
28	6.9	2.1	0.5							
29	6.9	1.8	0.5							
30	7.0	2.9	3.2							
31										
<b>Total</b>	153.10	35.00	53.80	13.2	9.0					
<b>Mo. Avg.</b>	6.96	1.17	2.45	.83	.56					

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0026163        Name:   Bryan Milks  

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Reuse  MONITORING PERIOD: From: 10/01/2022 To: 10/31/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.162						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.026						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.56			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						3.2		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						2.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				90				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						3.0		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.595						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.704	.656						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						77		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						390		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						180		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  11/22/2022

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 10/01/2022 To: 10/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>11.71</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (305) 731-8317	SUBMITTED ON  11/22/2022
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**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL       REPORT: Monthly FACILITY TYPE: DW       GROUP: Domestic MONITORING GROUP: U-001  DESCRIPTION: Two existing and two new Class V injection wells  MONITORING PERIOD: From: 10/01/2022 To: 10/31/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.399						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.679						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.56			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					.67			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.1	1.1	.80		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						2.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.5				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					2.27			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				2.9	2.9	2.45		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					.45			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				.28	.28	.16		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  11/22/2022

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DWIP  
From: October 1, 2022 \_\_\_\_\_ To: October 31, 2022 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.772	.772	0	0	0						
2	.604	.604	0	0	0						
3	.63	.630	0	0	0						
4	.629	.607	0	.022	0	390.00	<2.0	34.00	1.1	2.9	.040
5	.719	.716	0	.003	0						
6	.692	.648	0	.044	0						
7	.854	.825	0	.029	0						
8	.707	.676	0	.031	0						
9	.761	.761	0	0	0						
10	.672	.672	0	0	0						
11	.654	.654	0	0	0	210.00	<2.0	110.00			
12	.698	.438	.216	.044	0						
13	.657	.628	0	.029	0						
14	.708	.681	0	.027	0						
15	.723	.695	0	.028	0						
16	.892	.892	0	0	0						
17	.817	.817	0	0	0						
18	.709	.709	0	0	0	170.00	<2.0	130.00	<1.0	2.0	0.28
19	.774	.730	0	.044	0						
20	.804	.772	0	.032	0						
21	.715	.687	0	.028	0						
22	.592	.564	0	.028	0						
23	.641	.641	0	0	0						
24	.661	.661	0	0	0						
25	.694	.648	0	.046	0	200.00	<2.0	180.00			
26	.704	.673	0	.031	0						
27	.698	.667	0	.031	0						
28	.694	.665	0	.029	0						
29	.678	.648	0	.030	0						
30	.639	.639	0	0	0						
31	.624	.624	0	0	0						
<b>Total</b>	<b>21.816</b>	<b>21.044</b>	<b>.216</b>	<b>.556</b>	<b>0</b>	<b>970.00</b>	<b>4.0</b>	<b>454.00</b>	<b>1.60</b>	<b>4.9</b>	<b>0.32</b>
<b>Mo. Avg.</b>	<b>.704</b>	<b>.679</b>	<b>.007</b>	<b>.018</b>	<b>0</b>	<b>242.50</b>	<b>1.0</b>	<b>113.50</b>	<b>0.80</b>	<b>2.45</b>	<b>0.16</b>

Day Shift Operator	Class: <u>  B  </u>	Certificate No: <u>  0026821  </u>	Name: <u>  Andrew S Pfeiffer  </u>
Day Shift Operator	Class: <u>  C  </u>	Certificate No: <u>  0026163  </u>	Name: <u>  Bryan Milks  </u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>  A  </u>	Certificate No: <u>  0023609  </u>	Name: <u>  Tim Sunderman  </u>

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From October 1, 2022 \_\_\_ To: October 31, 2022 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL				
Code	00400	00070	50060	00530	74055				
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001				
1		2.7							
2		0.5							
3	7.0	0.5	2.9	0.70	<1.0				
4	6.9	1.1	0.5	0.90	<1.0				
5	6.9	0.9	0.5	1.1	<1.0				
6	7.0	1.0	2.8	1.5	<1.0				
7	7.0	1.0	1.3	<1.0	<1.0				
8		0.6							
9		0.7							
10	7.0	1.0	2.5	1.3	<1.0				
11	7.0	0.9	1.8	1.2	<1.0				
12	6.9	1.1	3.1	<1.0	2.0				
13	6.9	1.2	2.8	<1.0	<1.0				
14	7.0	1.2	2.5	<1.0	<1.0				
15		1.0							
16		2.0							
17	7.0	0.5	3.1						
18	6.9	3.0	1.0	1.2	<1.0				
19	7.0	1.1	2.6	3.2	<1.0				
20	6.9	0.5	3.8	1.0	<1.0				
21	7.0	1.4	4.6	1.0	<1.0				
22		.04							
23		0.6							
24	7.0	0.6	4.0	1.3	<1.0				
25	6.9	0.5	3.2	1.1	<1.0				
26	6.9	0.7	3.0	<1.0	<1.0				
27	6.9	0.7	3.4	1.2	1.0				
28	7.0	0.8	2.7	1.2	<1.0				
29		0.9							
30		1.4							
31	7.0	1.0	3.2	1.4	<1.0				
<b>Total</b>	146.10	31.5	55.3	21.8	12.0				
<b>Mo. Avg.</b>	6.96	1.02	2.63	1.09	0.6				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026163</u>	Name: <u>Bryan Milks</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>



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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
	MONITORING PERIOD: From: 11/01/2022 To: 11/30/2022

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.164						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.026						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.52			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.5	2.5	1.3		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						3.1		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				95				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.2		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.597						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.685	.695						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						82		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						250		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						260		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  12/20/2022

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 11/01/2022 To: 11/30/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Landfilled)	<b>5.65</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>	
PARM Code B0008 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>	
Biosolids Quantity (Transferred)	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>	
PARM Code B0007 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (305) 731-8317	SUBMITTED ON  12/20/2022

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL       REPORT: Monthly FACILITY TYPE: DW       GROUP: Domestic MONITORING GROUP: U-001  DESCRIPTION: Two existing and two new Class V injection wells  MONITORING PERIOD: From: 11/01/2022 To: 11/30/2022
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		<b>.400</b>						<b>0</b>	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		<b>0.849</b> (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		<b>.636</b>						<b>0</b>	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		<b>Report</b> (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					<b>1.52</b>			<b>0</b>	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					<b>5.0</b> (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<b>2.5</b>	<b>2.5</b>	<b>1.3</b>		<b>0</b>	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				<b>10.0</b> (Maximum)	<b>7.5</b> (Wkly Avg)	<b>6.25</b> (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					.75			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.8	1.8	1.5		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.7				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					2.24			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				3.4	3.4	2.63		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					.44			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				.53	.53	.33		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  12/20/2022



## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: November 1, 2022 \_\_\_\_\_ To: November 30, 2022 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	PLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.636	0	.593	.043	0	220.00	<2.0	170.00	1.2	3.4	0.06
2	.613	.583	0	.030	0						
3	.620	.587	0	.033	0						
4	.614	.584	0	.030	0						
5	.653	.620	0	.033	0						
6	.739	.739	0	0	0						
7	.720	.720	0	0	0						
8	.755	.712	0	.043	0	220.00	<2.0	260.00			
9	.709	.677	0	.032	0						
10	.838	.823	0	.015	0						
11	.876	.834	0	.042	0						
12	.785	.758	0	.027	0						
13	.902	.902	0	0	0						
14	.635	.635	0	0	0						
15	.677	.631	0	.046	0	250.00	2.5	210.00	1.5	2.5	0.53
16	.624	.592	0	.032	0						
17	.643	.611	0	.032	0						
18	.616	.558	0	.058	0						
19	.586	.540	0	.046	0						
20	.618	.618	0	0	0						
21	.659	.659	0	0	0						
22	.719	.672	0	.047	0	190.00	<2.0	62.00			
23	.640	.606	0	.034	0						
24	.877	.877	0	0	0						
25	.627	.627	0	0	0						
26	.664	.615	0	.049	0						
27	.650	.650	0	0	0						
28	.642	.642	0	0	0						
29	.634	.442	.147	.045	0	230.00	<2.0	150.00	1.8	2.0	0.39
30	.592	.558	0	.034	0						
31											
Total	20.563	19.072	.740	.751	0	1110.00	6.5	852.00	4.5	7.9	0.98
Mo. Avg.	.685	.636	.025	.025	0	222.00	1.3	170.40	1.5	2.63	0.33

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0026163        Name:   Bryan Milks  

Night Shift Operator    Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From November 1, 2022 \_\_\_ To: November 30, 2022 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L  DAILY GRAB	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.9	1.7	2.5	1.4	<1					
2	6.9	2.2	0.9	1.5	<1					
3	7.0	1.4	2.7	1.3	<1					
4	6.9	2.0	2.5	<1	<1					
5		0.8								
6		0.6								
7	7.1	0.7	2.2	1.7	1.0					
8	7.0	1.3	0.7	1.6	<1					
9	7.0	1.0	1.0	2.1	<1					
10	6.9	1.2	1.1	2.1	<1					
11	7.0	1.1	0.7	3.1	<1					
12		1.8								
13		1.9								
14	7.0	1.3	5.0	1.6	<1					
15	7.0	0.7	2.2	1.6	<1					
16	6.9	1.4	2.4	1.1	<1					
17	6.9	1.5	2.2	1.4	<1					
18	6.9	1.4	2.6	1.1	<1					
19		0.5								
20		0.5								
21	7.0	0.5	2.4	<1	<1					
22	7.0	0.5	1.3	1.6	<1					
23	7.0	0.6	1.5							
24	7.0	0.6	1.75							
25	6.9	0.6	2.5	1.1	<1					
26		0.6								
27		1.2								
28	7.0	0.7	2.9	<1	<1					
29	6.9	0.6	2.7	1.5	<1					
30	6.9	0.5	2.7	1.2	<1					
31										
Total	153.1	31.4	46.45	28.5	10.5					
Mo. Avg.	6.96	1.05	2.11	1.43	0.53					

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026163</u>	Name: <u>Bryan Milks</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
	MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.168						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-003	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		.025						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-004	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Mon. Site: FLW-005	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.47			0	1 Weekly	8-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFA-001	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	<2	1.0		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						2.1		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.8		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.603						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.627	.672						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						79		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						260		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						220		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  01/25/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>8.71</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (305) 731-8317	SUBMITTED ON  01/25/2023
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**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL       REPORT: Monthly FACILITY TYPE: DW       GROUP: Domestic MONITORING GROUP: U-001  DESCRIPTION: Two existing and two new Class V injection wells  MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement	.411				0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	0.849 (Annl Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement	.533				0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement			1.47		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement			5.0 (Annl Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement			<2	<2	1.0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement			10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L	(1 Bi-weekly; every 2 weeks)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					.77			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<1	<1	.50		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.5				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					2.29			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				3.3	3.3	2.5		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					.42			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				.23	.23	.18		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  01/25/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: December 1, 2022 \_\_\_\_\_ To: December 31, 2022 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
<b>Code</b>	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
<b>Mon. Site</b>	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.615	.449	.133	.033	0						
2	.568	.535	0	.033	0						
3	.557	.459	.078	.020	0						
4	.588	.588	0	0	0						
5	.574	.574	0	0	0						
6	.566	.566	0	0	0	180.00	<2.0	140.00			
7	.641	.641	0	0	0						
8	.557	.557	0	0	0						
9	.585	.585	0	0	0						
10	.560	0	.522	.038	0						
11	.569	0	.535	.034	0						
12	.562	.562	0	0	0						
13	.574	.349	.175	.050	0	230.00	<2.0	120.00	<1.0	3.3	0.23
14	.642	0	.606	.036	0						
15	.663	.663	0	0	0						
16	.699	.660	0	.039	0						
17	.693	.651	0	.042	0						
18	.634	.634	0	0	0						
19	.633	.633	0	0	0						
20	.546	.114	.399	.033	0	260.00	<2.0	220.00			
21	.846	.846	0	0	0						
22	.887	.887	0	0	0						
23	.741	.741	0	0	0						
24	.745	.745	0	0	0						
25	.668	.668	0	0	0						
26	.558	.558	0	0	0						
27	.605	.605	0	0	0	260.00	<2.0	170.00	<1.0	1.7	0.13
28	.584	.584	0	0	0						
29	.628	.587	0	.041	0						
30	.594	.565	0	.029	0						
31	.544	.513	0	.031	0						
<b>Total</b>	19.426	16.519	2.45	.459	0	930.00	4.0	650.00	1.0	5.0	0.36
<b>Mo. Avg.</b>	.627	.533	.079	.015	0	232.50	1.0	162.50	0.5	2.5	0.18

Day Shift Operator	Class: <u>  B  </u>	Certificate No: <u>  0026821  </u>	Name: <u>  Andrew S Pfeiffer  </u>
Day Shift Operator	Class: <u>  C  </u>	Certificate No: <u>  0026163  </u>	Name: <u>  Bryan Milks  </u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>  A  </u>	Certificate No: <u>  0023609  </u>	Name: <u>  Tim Sunderman  </u>

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From December 1, 2022 \_\_\_ To: December 31, 2022 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL						
Code	00400	00070	50060	00530	74055						
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001						
1	7.0	1.2	3.8	1.0	<1.0						
2	6.9	0.5	5.0	1.2	<1.0						
3		0.7									
4		1.6									
5	7.0	1.1	4.5								
6	6.9	1.1	2.5								
7	7.0	0.7	2.8								
8	7.0	0.7	4.0								
9	6.9	0.6	3.6	1.0	<1.0						
10	6.9	0.5	4.2	<1.0	<1.0						
11		0.5									
12	6.8	1.8	3.7	<1.0	<1.0						
13	6.8	2.8	3.4	<1.0	<1.0						
14	6.9	1.1	2.8								
15	6.9	1.7	2.1	1.1	<1.0						
16	6.9	1.2	0.5	1.0	<1.0						
17		0.6									
18		0.6									
19	6.9	2.3	2.2	2.1	<1.0						
20	6.8	0.8	3.5								
21	6.9	1.6	0.5								
22	6.9	0.7	0.5								
23	7.0	0.5	0.5								
24		1.0									
25		0.8									
26	6.9	0.5	4.0								
27	6.9	0.9	3.0								
28	6.8	0.9	1.4	1.9	<1.0						
29	6.8	0.6	4.8	1.8	<1.0						
30	6.8	0.5	4.9	<1.0	<1.0						
31		0.9									
<b>Total</b>	151.70	44.40	64.20	13.1	6.0						
<b>Mo. Avg.</b>	6.9	1.43	2.92	1.09	0.5						

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026163</u>	Name: <u>Bryan Milks</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Reuse  MONITORING PERIOD: From: 01/01/2023 To: 01/31/2023
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Parameter	Sample Measurement / Permit Requirement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement	.171				0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	0.774 (Annl Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement	.023				0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	0.06 (Annl Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement	NOD				0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	0.015 (Annl Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement			1.47		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement			20.0 (Annl Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.4	2.4	1.28		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						4.4		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				78.9				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		6.9		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.4		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.601						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.554	.622						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						73		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						340		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						670		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  02/21/2023



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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 01/01/2023 To: 01/31/2023
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>5.45</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (305) 731-8317	SUBMITTED ON  02/21/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL       REPORT: Monthly FACILITY TYPE: DW       GROUP: Domestic MONITORING GROUP: U-001  DESCRIPTION: Two existing and two new Class V injection wells  MONITORING PERIOD: From: 01/01/2023 To: 01/31/2023
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement	.408				0	5 Days/Week	Recording Flow Meter with Totalizer	
	Permit Requirement	0.849 (Annl Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)	
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement	.423				0	5 Days/Week	Recording Flow Meter with Totalizer	
	Permit Requirement	Report (Mo Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)	
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement			1.47		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite	
	Permit Requirement			5.0 (Annl Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)	
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement			2.4	2.4	1.28	0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement			10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L	(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.83			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.9	1.9	1.2		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		6.9		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.5				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					2.25			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				3.1	3.1	1.56		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					0.43			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.29	0.29	0.26		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  02/21/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: January 1, 2023 \_\_\_\_\_ To: January 31, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD TOTAL	Flow MGD WELLS	Flow MGD KWGC	Flow MGD MCDC	Flow MGD BERNSTEIN	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L  COMPOSITE	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.605	.605	0	0	0						
2	.572	.572	0	0	0						
3	.542	.499	0	.043	0	240.00	<2.0	150.00			
4	.545	.515	0	.030	0						
5	.545	.346	.168	.031	0						
6	.550	.343	.176	.031	0						
7	.557	.349	.176	.032	0						
8	.499	.499	0	0	0						
9	.461	.461	0	0	0						
10	.567	.567	0	0	0	290.00	<2.0	670.00	<1.0	0.02	0.29
11	.453	.132	.321	0	0						
12	.596	.596	0	0	0						
13	.504	.368	.118	.018	0						
14	.519	.389	.130	0	0						
15	.476	.476	0	0	0						
16	.506	.506	0	0	0						
17	.515	.515	0	0	0	340.00	<2.0	330.00			
18	.492	.062	.430	0	0						
19	.572	.355	.177	.040	0						
20	.643	.436	.180	.027	0						
21	.600	.430	.143	.027	0						
22	.597	.597	0	0	0						
23	.597	.597	0	0	0						
24	.596	0	.556	.040	0	270.00	2.4	260.00	1.9	3.1	0.22
25	.604	.404	.168	.032	0						
26	.623	.441	.150	.032	0						
27	.626	.447	.150	.029	0						
28	.560	.395	.132	.033	0						
29	.535	.535	0	0	0						
30	.580	.580	0	0	0						
31	.549	.094	.420	.035	0	250.00	<2.0	210.00			
Total	17.186	13.111	3.595	.480	0	1390.00	6.4	1620.00	2.4	3.12	0.51
Mo. Avg.	.554	.423	.116	.015	0	278.00	1.28	324.00	1.2	1.56	0.26

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0026163        Name:   Bryan Milks  

Night Shift Operator    Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From January 1, 2023 \_\_\_ To: January 31, 2023 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L  DAILY GRAB	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1		0.8								
2	6.9	1.5	3.7	1.1	<1.0					
3	6.8	1.4	2.6	1.4	<1.0					
4	6.8	1.5	0.5	<1.0	<1.0					
5	6.8	1.0	2.5	<1.0	1.0					
6	6.8	0.8	2.2	1.1	1.0					
7		0.9								
8		0.8								
9	6.8	2.4	1.6							
10	6.9	2.2	0.7	2.0	<1.0					
11	6.9	2.3	1.5							
12	6.9	2.2	0.5	3.5	<1.0					
13	6.8	2.0	0.5	1.3	<1.0					
14		0.5								
15		0.7								
16	6.9	0.5	1.6							
17	6.9	0.5	3.2	4.4	<1.0					
18	6.8	1.0	1.5	4.1	<1.0					
19	6.9	0.7	1.6	4.3	<1.0					
20	6.9	0.5	1.0	1.3	1.0					
21		.03								
22		0.4								
23	6.9	0.4	2.1	<1.0	1.0					
24	6.8	1.4	1.7	<1.0	<1.0					
25	6.9	0.6	1.6	1.2	<1.0					
26	6.8	1.7	1.5	1.0	<1.0					
27	6.8	1.8	0.5	1.0	<1.0					
28		0.8								
29		1.4								
30	6.8	1.9	2.3	1.1	<1.0					
31	6.7	1.3	1.7	<1.0	<1.0					
Total	150.5	36.2	36.6	31.3	11.5					
Mo. Avg.	6.84	1.68	1.66	1.64	.61					

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026163</u>	Name: <u>Bryan Milks</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>

ISSUANCE/REISSUANCE DATE:

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
	MONITORING PERIOD: From: 02/01/2023 To: 02/28/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.176						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-003	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		.023						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-004	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Mon. Site: FLW-005	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.49			0	1 Weekly	8-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFA-001	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.2	2.2	1.3		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						3.2		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				94.7				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		6.9		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.8		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.599						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.560	.580						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						68		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						370		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						910		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  03/24/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 02/01/2023 To: 02/28/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>		<b>8.17</b>			<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>		<b>Report (Mo Total)</b>	<b>dry tons</b>			<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>		<b>0</b>			<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>		<b>Report (Mo Total)</b>	<b>dry tons</b>			<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (305) 731-8317	SUBMITTED ON  03/24/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility	DESCRIPTION: Two existing and two new Class V injection wells
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	
COUNTY: MONROE	MONITORING PERIOD: From: 02/01/2023 To: 02/28/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement	.401				0	5 Days/Week	Recording Flow Meter with Totalizer	
	Permit Requirement	0.849 (Annl Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)	
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement	.342				0	5 Days/Week	Recording Flow Meter with Totalizer	
	Permit Requirement	Report (Mo Avg)	MGD				(5 Days/Week)	(Recording Flow Meter with Totalizer)	
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement			1.49		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite	
	Permit Requirement			5.0 (Annl Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)	
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement			2.2	2.2	1.3	0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement			10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L	(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					.86			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.2	1.2	.85		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		6.9		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.6				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					2.34			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				4.0	4.0	3.2		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					.39			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				.18	.18	.17		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  03/24/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: February 1, 2023 \_\_\_\_\_ To: February 28, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
<b>Code</b>	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
<b>Mon. Site</b>	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.558	.442	.109	.007	0						
2	.552	.345	.199	.008	0						
3	.521	.217	.304	0	0						
4	.597	0	.556	.041	0						
5	.581	.581	0	0	0						
6	.573	.573	0	0	0						
7	.635	.053	.541	.041	0	370.00	2.2	910.00	<1	4.0	0.16
8	.595	.423	.141	.031	0						
9	.556	.388	.137	.031	0						
10	.678	.479	.168	.031	0						
11	.561	.178	.352	.031	0						
12	.605	.605	0	0	0						
13	.583	.583	0	0	0						
14	.594	0	.553	.041	0	280.00	<2.0	290.00			
15	.558	.348	.174	.036	0						
16	.575	.360	.180	.035	0						
17	.566	0	.528	.038	0						
18	.556	.522	0	.034	0						
19	.538	.538	0	0	0						
20	.515	.515	0	0	0						
21	.534	.534	0	0	0						
22	.525	0	.486	.039	0	250.00	<2.0	150.00	1.2	2.2	0.18
23	.526	.328	.164	.034	0						
24	.532	0	.502	.030	0						
25	.536	.506	0	.030	0						
26	.554	.554	0	0	0						
27	.494	.494	0	0	0						
28	.479	0	.442	.037	0	240.00	<2.0	130.00			
29											
30											
31											
<b>Total</b>	15.667	9.56	5.536	.575	0	1140.00	5.2	1480.00	1.7	6.4	0.34
<b>Mo. Avg.</b>	.560	.342	.198	.021	0	285.00	1.3	370.00	0.85	3.2	0.17

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0026163        Name:   Bryan Milks  

Night Shift Operator    Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From February 1, 2023 \_\_\_ To: February 28, 2023 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL						
Code	00400	00070	50060	00530	74055						
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001						
1	6.8	1.4	0.9	1.5	<1.0						
2	6.8	2.0	1.8	3.2	<1.0						
3	6.8	2.0	0.6	1.0	<1.0						
4		2.3									
5		1.4									
6	6.8	2.8	1.3	1.0	<1.0						
7	6.8	2.0	0.8	<1.0	<1.0						
8	6.8	1.4	0.7	<1.0	<1.0						
9	6.8	1.8	5.0	<1.0	<1.0						
10	6.8	1.9	1.8	1.0	<1.0						
11		0.6									
12		0.9									
13	6.8	0.7	2.3	<1.0	<1.0						
14	6.8	1.7	2.6	<1.0	<1.0						
15	6.8	0.7	2.2	<1.0	<1.0						
16	6.8	0.7	2.3	<1.0	1.0						
17	6.9	1.1	2.75	1.1	<1.0						
18		1.6									
19		1.0									
20	6.9	0.8	1.0								
21	6.8	0.7	1.9	<1.0	<1.0						
22	6.8	0.8	3.1	<1.0	<1.0						
23	6.8	0.9	2.2	<1.0	<1.0						
24	6.8	1.2	2.4	<1.0	<1.0						
25		1.4									
26		1.1									
27	6.9	2.4	1.8	<1.0	<1.0						
28	6.9	1.3	1.3	<1.0	<1.0						
29											
30											
31											
<b>Total</b>	136.40	38.60	38.75	15.3	10.0						
<b>Mo. Avg.</b>	6.82	1.38	1.94	0.81	0.53						

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026163</u>	Name: <u>Bryan Milks</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>



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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
	MONITORING PERIOD: From: 03/01/2023 To: 03/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.182						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: FLW-003	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		.022						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Mon. Site: FLW-004	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Mon. Site: FLW-005	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.54			0	1 Weekly	8-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFA-001	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.8	2.8	1.8		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						2.6		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						6.3		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				95.7				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.0				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.9		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.601						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.578	.564						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						66.4		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						270		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						220		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  04/24/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 03/01/2023 To: 03/31/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>		<b>11.5</b>			<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>		<b>Report (Mo Total)</b>	<b>dry tons</b>			<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>		<b>0</b>			<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>		<b>Report (Mo Total)</b>	<b>dry tons</b>			<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (305) 731-8317	SUBMITTED ON  04/24/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility	DESCRIPTION: Two existing and two new Class V injection wells
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	
COUNTY: MONROE	MONITORING PERIOD: From: 03/01/2023 To: 03/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.397						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.269						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.54			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.8	2.8	1.8		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.93			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.6	1.6	1.5		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						6.3		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.7				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					2.33			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				2.3	2.3	2.3		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					0.39			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.63	0.63	0.48		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  04/24/2023



## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DWIP  
From: March 1, 2023 \_\_\_ To: March 31, 2023 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.8	1.5	1.4	<1.0	<1.0					
2	6.9	1.0	1.5	1.4	<1.0					
3	6.8	1.1	2.3	<1.0	<1.0					
4		1.6								
5		2.1								
6	6.8	2.7	1.6	<1.0	<1.0					
7	6.8	1.8	1.8	<1.0	<1.0					
8	6.8	1.9	1.8	2.0	<1.0					
9	6.8	2.5	1.0	1.6	<1.0					
10	6.8	2.3	1.6	1.9	<1.0					
11		1.1								
12		1.1								
13	7.0	1.4	1.4	2.1	<1.0					
14	6.9	1.0	2.1	2.6	<1.0					
15	6.8	1.1	1.8	2.6	<1.0					
16	6.7	1.3	1.0	2.1	<1.0					
17	7.0	1.0	1.5	1.3	<1.0					
18		1.0								
19		1.0								
20	6.8	1.0	0.7	1.6	6.3					
21	6.8	1.0	2.2	1.2	<1.0					
22	6.8	1.5	3.5	1.2	<1.0					
23	6.8	0.8	1.7	1.5	<1.0					
24	6.8	0.8	1.8	1.6	<1.0					
25		0.7								
26		0.5								
27	6.8	1.5	1.3	1.1	<1.0					
28	6.8	1.0	1.5	1.1	<1.0					
29	6.9	1.0	2.1	1.2	<1.0					
30	6.9	2.9	2.2	1.2	<1.0					
31	6.8	1.0	1.7	<1.0	<1.0					
<b>Total</b>	157.1	42.2	39.5	31.8	17.3					
<b>Mo. Avg.</b>	6.83	1.36	1.72	1.38	.75					

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026163</u>	Name: <u>Bryan Milks</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: March 1, 2023 \_\_\_\_\_ To: March 31, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
<b>Code</b>	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
<b>Mon. Site</b>	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.543	0	.502	.041	0						
2	.528	.331	.165	.032	0						
3	.523	.327	.164	.032	0						
4	.543	0	.511	.032	0						
5	.565	.565	0	0	0						
6	.539	.539	0	0	0						
7	.543	.147	.362	.034	0	270.00	2.8	160.00	1.4	2.3	0.63
8	.547	0	.511	.036	0						
9	.565	.350	.176	.039	0						
10	.598	0	.563	.035	0						
11	.582	.178	.368	.036	0						
12	.672	.672	0	0	0						
13	.636	.636	0	0	0						
14	.611	0	.570	.041	0	240.00	<2.0	84.00			
15	.741	.494	.203	.044	0						
16	.622	.012	.575	.035	0						
17	.578	.538	0	.040	0						
18	.723	.030	.656	.037	0						
19	.645	.645	0	0	0						
20	.635	.635	0	0	0						
21	.585	0	.546	.039	0	270.00	<2.0	210.00	1.6	2.3	0.33
22	.576	.375	.155	.046	0						
23	.557	.390	.130	.037	0						
24	.552	.379	.134	.039	0						
25	.540	0	.504	.036	0						
26	.549	.549	0	0	0						
27	.538	.538	0	0	0						
28	.566	0	.527	.039	0	240.00	2.5	220.00			
29	.534	0	.493	.041	0						
30	.498	0	.464	.034	0						
31	.476	0	.442	.034	0						
<b>Total</b>	17.910	8.330	8.721	.859	0	1020.00	7.3	674.00	3.0	4.6	0.96
<b>Mo. Avg.</b>	.578	.269	.281	.028	0	255.00	1.8	168.50	1.5	2.3	0.48

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026163</u>	Name: <u>Bryan Milks</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
	MONITORING PERIOD: From: 04/01/2023 To: 04/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.176						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.022						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.61			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				3.4	3.4	1.83		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.5		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				95.0				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.4		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.601						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.559	.566						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						67		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						330		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						180		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 731-8317	SUBMITTED ON  05/23/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 04/01/2023 To: 04/30/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	9.2				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (305) 731-8317	SUBMITTED ON  05/23/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 04/01/2023 To: 04/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.403						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.319						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.61			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				3.4	3.4	1.83		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.92			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.3	1.3	0.90		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.5				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				2.38				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				2.4	2.4	1.8		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.38				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.47	0.47	0.46		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Tim Sunderman	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (305) 731-8317	SUBMITTED ON  05/23/2023	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: April 1, 2023 \_\_\_\_\_ To: April 30, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD  TOTAL	Flow MGD  WELLS	Flow MGD  KWGC	Flow MGD  MCDC	Flow MGD  BERNSTEIN	BOD, Carbonaceou s 5 day, 20C (Influent) mg/L	BOD, Carbonaceou s 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L  COMPOSITE	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.490	.132	.321	.037	0						
2	.525	.525	0	0	0						
3	.505	.505	0	0	0						
4	.502	0	.470	.032	0	270.00	3.4	140.00	<1	1.2	0.47
5	.507	0	.470	.037	0						
6	.514	.340	.140	.034	0						
7	.497	0	.466	.031	0						
8	.495	.145	.318	.032	0						
9	.543	.543	0	0	0						
10	.553	.553	0	0	0						
11	.569	0	.529	.040	0	280.00	1.4	96.00			
12	.574	0	.540	.034	0						
13	.660	.628	0	.032	0						
14	.656	.609	0	.047	0						
15	.643	.407	.208	.028	0						
16	.646	.646	0	0	0						
17	.577	.577	0	0	0						
18	.573	0	.533	.040	0	330.00	1.5	180.00	1.3	2.4	0.45
19	.552	.347	.168	.037	0						
20	.550	.345	.172	.033	0						
21	.563	0	.530	.033	0						
22	.584	0	.550	.034	0						
23	.564	.564	0	0	0						
24	.578	.578	0	0	0						
25	.554	0	.514	.040	0	200.00	<2.0	130.00			
26	.613	.505	.072	.036	0						
27	.587	.552	0	.035	0						
28	.555	.529	0	.026	0						
29	.497	0	.459	.038	0						
30	.529	.529	0	0	0						
31											
Total	16.755	9.559	6.46	.736	0	1080.00	7.3	546.00	1.8	3.6	0.92
Mo. Avg.	.559	.319	.215	.025	0	270.00	1.83	136.50	0.9	1.8	0.46

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator    Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: April 1, 2023

To: April 30, 2023

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1		1.5								
2		1.4								
3	6.8	2.4	1.4	<1	<1					
4	6.7	2.4	1.9	<1	<1					
5	6.8	0.7	1.6	<1	<1					
6	6.8	0.6	1.6	1.0	<1					
7	6.8	0.9	1.8	<1	<1					
8		1.0								
9		0.7								
10	7.0	0.9	1.6	<1	<1					
11	6.9	1.8	2.3	<1	1.0					
12	6.9	2.0	3.4	1.1	<1					
13	6.9	1.2	1.3	1.4	<1					
14	6.8	1.7	1.0	1.4	<1					
15		0.9								
16		0.6								
17	6.9	1.2	2.4	1.5	<1					
18	6.9	1.3	1.5	1.3	<1					
19	6.9	1.0	3.1	<1	<1					
20	6.9	1.2	3.0	<1	<1					
21	6.8	0.8	3.4	1.2	<1					
22		1.0								
23		1.0								
24	6.9	1.4	2.1	<1	<1					
25	6.9	2.3	2.5	1.2	<1					
26	6.9	1.2	0.7	<1	<1					
27	6.8	0.9	1.3	1.3	<1					
28	7.0	0.8	0.5	1.4	<1					
29		0.7								
30		0.8								
31										
<b>Total</b>	137.3	36.3	38.4	17.3	10.5					
<b>Mo. Avg.</b>	6.9	1.21	1.92	0.87	.53					

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
MONITORING PERIOD: From: 05/01/2023 To: 05/31/2023	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.174						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.022						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.63			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.1	1.22		0	1 Weekly	8-hr Flow Proportioned Composite
PARM Code 80082 A Mon. Site: EFA-001	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended	Sample Measurement						1.0		0	1 Daily; 24 hours	Grab
PARM Code 00530 B Mon. Site: EFB-001	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal	Sample Measurement						0		0	1 Daily; 24 hours	Grab
PARM Code 74055 A Mon. Site: EFA-001	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
PARM Code 51005 A Mon. Site: EFA-001	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH	Sample Measurement				6.8		7.0		0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site: EFA-001	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.0				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.5		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.601						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.560	.566						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						67		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						300.00		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						290.00		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Greg Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (305) 295-3301	SUBMITTED ON  06/28/2023	



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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 05/01/2023 To: 05/31/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>9.12</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Greg Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (305) 295-3301	SUBMITTED ON  06/28/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 05/01/2023 To: 05/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.406						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.298						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.63			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.1	2.1	1.22		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					<b>0.90</b>			<b>0</b>	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<b>1.0</b>	<b>1.0</b>	<b>0.67</b>		<b>0</b>	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<b>0</b>		<b>0</b>	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				<b>6.8</b>		<b>7.0</b>		<b>0</b>	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				<b>0.7</b>				<b>0</b>	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				2.49				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				3.3	3.3	2.93		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.39				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				1.1	1.1	0.78		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Greg Wright	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (305) 295-3301	SUBMITTED ON  06/28/2023

# DAILY SAMPLE RESULTS - PART B

 Permit Number:  
 Monitoring Period

 FLA014951-016-DW1P  
 From: May 1, 2023 \_\_\_\_\_ To: May 31, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code Mon. Site	50050 FLW-001	50050 FLW-002	50050 FLW-003	50050 FLW-004	50050 FLW-005	80082 INF-001	80082 EFA-001	00530 INF-001	00530 EFA-001	00600 EFA-001	00665 EFA-001
1	.552	.552	0	0	0						
2	.513	0	.476	.037	0	250.00	<2.0	140.00	<1.0	2.4	0.45
3	.490	0	.454	.036	0						
4	.518	.324	.162	.032	0						
5	.504	0	.470	.034	0						
6	.521	.162	.325	.034	0						
7	.525	.525	0	0	0						
8	.549	.549	0	0	0						
9	.553	0	.515	.038	0	300.00	<2.0	290.00			
10	.626	.209	.386	.031	0						
11	.504	0	.465	.039	0						
12	.520	0	.482	.038	0						
13	.535	0	.501	.034	0						
14	.606	.606	0	0	0						
15	.502	.502	0	0	0						
16	.524	0	.486	.038	0	210.00	2.1	180.00	1.0	3.1	1.1
17	.505	0	.468	.037	0						
18	.493	.306	.153	.034	0						
19	.574	0	.535	.039	0						
20	.517	.468	0	.049	0						
21	.561	.561	0	0	0						
22	.518	.518	0	0	0						
23	.538	0	.500	.038	0	180.00	<2.0	150.00			
24	.602	.375	.187	.040	0						
25	.757	.733	0	.024	0						
26	.676	.615	0	.061	0						
27	.589	.284	.276	.029	0						
28	.680	.680	0	0	0						
29	.579	.579	0	0	0						
30	.598	.112	.438	.048	0	210.00	<2.0	90.00	<1.0	3.3	0.79
31	.616	.568	0	.048	0						
Total	17.345	9.228	7.279	.838	0	1150.00	6.1	850.00	2.0	8.8	2.34
Mo. Avg.	.560	.298	.235	.027	0	230.00	1.22	170.00	0.67	2.93	0.78

Day Shift Operator	Class: <u>  B  </u>	Certificate No: <u>  0026821  </u>	Name: <u>  Andrew S Pfeiffer  </u>
Day Shift Operator	Class: <u>          </u>	Certificate No: <u>                  </u>	Name: <u>                          </u>
Night Shift Operator	Class: <u>          </u>	Certificate No: <u>                  </u>	Name: <u>                          </u>
Lead Operator	Class: <u>  A  </u>	Certificate No: <u>  0023609  </u>	Name: <u>  Tim Sunderman  </u>

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: May 1, 2023\_\_

To: May 31 2023\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL						
Code	00400	00070	50060	00530	74055						
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001						
1	6.9	0.8	1.0	<1.0	<1.0						
2	6.9	0.7	2.5	<1.0	<1.0						
3	6.9	0.7	3.8	<1.0	<1.0						
4	6.9	1.0	3.1	<1.0	<1.0						
5	6.9	1.0	0.7	<1.0	<1.0						
6		0.9									
7		0.9									
8	6.8	0.8	1.8	<1.0	<1.0						
9	6.9	0.8	1.9	<1.0	<1.0						
10	6.9	0.8	1.4	1.4	<1.0						
11	6.9	0.8	2.4	1.4	<1.0						
12	6.9	0.7	3.0	1.1	<1.0						
13		1.0									
14		1.1									
15	6.9	1.8	2.1	1.3	<1.0						
16	6.9	1.8	2.3	<1.0	<1.0						
17	6.9	1.0	1.1	<1.0	<1.0						
18	6.8	1.0	1.4	<1.0	<1.0						
19	6.8	1.0	2.2	1.4	<1.0						
20		0.7									
21		0.7									
22	6.9	0.5	1.4	<1.0	<1.0						
23	6.9	0.8	2.7	<1.0	<1.0						
24	6.9	1.2	1.2	1.0	<1.0						
25	6.9	1.8	2.0	<1.0	<1.0						
26	6.9	2.1	2.0	<1.0	<1.0						
27		2.5									
28		1.6									
29	6.8	2.2	2.5	<1.0	<1.0						
30	7.0	1.2	1.8	<1.0	<1.0						
31	6.8	1.0	1.0	<1.0	<1.0						
Total	158.3	34.9	49.1	16.1	11.5						
Mo. Avg.	6.9	1.13	2.13	.70	0.5						

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
	MONITORING PERIOD: From: 06/01/2023 To: 06/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.184						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.022						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.46			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.3		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.7		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.598						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.562	.560						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						66		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						240		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						200		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  07/24/2023	

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 06/01/2023 To: 06/30/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	13.2				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  07/24/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 06/01/2023 To: 06/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.392						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.292						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.46			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.90			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<1	0.50	0.50		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.8				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				2.60				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				3.2	3.2	2.40		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.37				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.36	0.36	.032		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  07/24/2023	

### DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: June 1, 2023

To: June 30, 2023

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
<b>Code</b>	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
<b>Mon. Site</b>	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.651	.440	.181	.030	0						
2	.655	.437	.178	.040	0						
3	.639	0	.599	.040	0						
4	.667	.667	0	0	0						
5	.724	.724	0	0	0						
6	.654	.405	.203	.046	0	190.00	<2.0	82.00			
7	.604	0	.573	.031	0						
8	.613	.583	0	.030	0						
9	.620	.393	.197	.030	0						
10	.585	0	.554	.031	0						
11	.556	.556	0	0	0						
12	.543	.543	0	0	0						
13	.505	0	.468	.037	0	240.00	<2.0	200.00	<1.0	3.2	0.36
14	.508	0	.471	.037	0						
15	.494	.309	.152	.033	0						
16	.523	0	.491	.032	0						
17	.497	0	.465	.032	0						
18	.498	.498	0	0	0						
19	.495	.495	0	0	0						
20	.488	0	.449	.039	0	210.00	<2.0	180.00			
21	.497	0	.460	.037	0						
22	.500	.311	.156	.033	0						
23	.503	.015	.457	.031	0						
24	.489	0	.460	.029	0						
25	.488	.488	0	0	0						
26	.521	.521	0	0	0						
27	.698	0	.658	.040	0	220.00	<2.0	120.00	<1.0	1.6	0.28
28	.564	.527	0	.037	0						
29	.547	.514	0	.033	0						
30	.546	.344	.172	.030	0						
31											
<b>Total</b>	16.872	8.77	7.344	.758	0	860.00	4.0	582.00	1.0	4.8	0.64
<b>Mo. Avg.</b>	.562	.292	.245	.025	0	215.00	1.0	145.50	0.5	2.4	0.32

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer    
 Day Shift Operator      Class:                 Certificate No:                 Name:             
 Night Shift Operator      Class:                 Certificate No:                 Name:             
 Lead Operator      Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: June 1, 2023 \_\_\_ To: June 30, 2023 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L  DAILY GRAB	Coliform, Fecal #/100mL				
Code	00400	00070	50060	00530	74055				
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001				
1	7.1	1.0	1.2	<1.0	<1.0				
2	6.8	1.8	1.5	1.0	<1.0				
3		1.3							
4		0.5							
5	6.9	0.9	1.9	<1.0	<1.0				
6	6.9	0.8	2.0	1.2	<1.0				
7	6.9	0.8	1.7	1.3	<1.0				
8	6.9	1.0	3.0	1.3	<1.0				
9	7.0	0.8	0.8	1.3	<1.0				
10		0.8							
11		1.8							
12	7.0	0.9	1.9	<1.0	<1.0				
13	6.9	1.8	2.8	<1.0	<1.0				
14	6.9	1.7	1.5	<1.0	<1.0				
15	6.9	2.4	1.75	<1.0	<1.0				
16	6.9	1.6	2.0	<1.0	<1.0				
17		1.0							
18		1.4							
19	6.9	0.7	1.5	<1.0	<1.0				
20	6.9	1.1	2.0	<1.0	<1.0				
21	6.9	2.0	3.3	<1.0	<1.0				
22	6.9	1.4	1.8	<1.0	<1.0				
23	6.9	2.7	0.8	<1.0	<1.0				
24		2.2							
25		0.9							
26	7.0	0.7	1.2	<1.0	<1.0				
27	7.0	1.0	2.1	<1.0	<1.0				
28	7.0	1.0	1.6	<1.0	<1.0				
29	6.9	1.6	2.6	<1.0	<1.0				
30	6.9	0.9	2.7	<1.0	<1.0				
31									
<b>Total</b>	152.4	36.8	38.35	14.6	11.0				
<b>Mo. Avg.</b>	6.9	1.27	1.83	.66	0.5				

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman



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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
	MONITORING PERIOD: From: 07/01/2023 To: 07/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.179						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.022						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.33			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.2		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						3.0		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.601						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.554	.559						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						66		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement					240		0	1 Weekly	8-hr Flow Proportioned Composite	
	Permit Requirement					Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)	
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement					180		0	1 Weekly	8-hr Flow Proportioned Composite	
	Permit Requirement					Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  08/24/2023	

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 07/01/2023 To: 07/31/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>6.515</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  08/24/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 07/01/2023 To: 07/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.399						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.254						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.33			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.90			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<1	0.50	0.50		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.7				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				2.66				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				3.2	3.2	2.65		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.34				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.42	0.42	0.32		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  08/24/2023	



## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P

From: July 1, 2023

To: July 31, 2023

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	50530	50530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.607	0	.575	.032	0						
2	.700	.700	0	0	0						
3	.599	.599	0	0	0						
4	.583	.539	0	.044	0	200	<2.0	160			
5	.598	0	.564	.034	0						
6	.580	.364	.184	.032	0						
7	.595	.377	.184	.034	0						
8	.548	0	.517	.031	0						
9	.532	.532	0	0	0						
10	.505	.505	0	0	0						
11	.514	0	.477	.037	0	240	<2.0	180	<1.0	3.2	0.42
12	.519	0	.481	.038	0						
13	.527	0	.489	.038	0						
14	.526	0	.490	.036	0						
15	.558	0	.527	.031	0						
16	.534	.534	0	0	0						
17	.556	.556	0	0	0						
18	.526	0	.488	.038	0	220	<2.0	130			
19	.561	0	.521	.040	0						
20	.522	0	.489	.033	0						
21	.527	0	.494	.033	0						
22	.524	0	.492	.032	0						
23	.503	.503	0	0	0						
24	.505	.505	0	0	0						
25	.499	0	.461	.038	0	220	<2.0	180	<1.0	2.1	0.21
26	.525	0	.487	.038	0						
27	.552	.346	.173	.033	0						
28	.587	.557	0	.030	0						
29	.569	.070	.494	.005	0						
30	.558	.558	0	0	0						
31	.633	.633	0	0	0						
Total	17.172	7.878	8.587	.707	0	880	4	650	1.0	5.3	0.63
Mo. Avg.	.554	.254	.277	.023	0	220	1.0	162.5	0.5	2.65	0.32

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                         Name:                                   

Night Shift Operator    Class:                 Certificate No:                         Name:                                   

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: July 1, 2023 \_\_\_ To: July 31 2023 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code Mon. Site	00400 EFA-001	00070 EFB-001	50060 EFA-001	00530 EFB-001	74055 EFA-001					
1		1.0								
2		1.3								
3	7.0	2.5	1.7	<1.0	<1.0					
4	6.9	0.9	2.0	<1.0	<1.0					
5	6.9	0.7	1.5	<1.0	<1.0					
6	7.0	1.0	1.5	1.0	<1.0					
7	7.0	1.8	1.2	<1.0	<1.0					
8		1.7								
9		3.0								
10	7.0	2.3	1.2	<1.0	<1.0					
11	7.0	1.5	2.0	<1.0	<1.0					
12	6.9	1.2	1.7	<1.0	<1.0					
13	7.0	1.4	1.5	<1.0	<1.0					
14	6.9	1.2	1.7	<1.0	<1.0					
15		3.0								
16		2.9								
17	6.9	3.0	2.4	1.2	<1.0					
18	7.0	1.8	1.5	<1.0	<1.0					
19	7.0	3.0	1.5	1.0	<1.0					
20	6.9	3.0	1.7	<1.0	<1.0					
21	6.9	2.0	1.5	<1.0	<1.0					
22		0.5								
23		1.5								
24	6.9	1.4	0.7	<1.0	<1.0					
25	6.9	1.5	1.5	<1.0	<1.0					
26	6.9	2.5	1.5	<1.0	<1.0					
27	6.9	1.5	1.7	<1.0	<1.0					
28	7.0	1.0	2.9	<1.0	<1.0					
29		1.4								
30		2.4								
31	6.9	1.7	0.8	1.0	<1.0					
Total	145.8	55.6	33.7	12.7	10.5					
Mo. Avg.	6.9	1.79	1.60	0.60	0.5					

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
MONITORING PERIOD: From: 08/01/2023 To: 08/31/2023	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.163						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.022						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.25			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.2		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.8		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.606						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.637	.584						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						69		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>						<b>230</b>		<b>0</b>	<b>1 Weekly</b>	<b>8-hr Flow Proportioned Composite</b>
PARM Code 80082 G Mon. Site: INF-001	<b>Permit Requirement</b>						<b>Report (Maximum)</b>	<b>mg/L</b>		<b>(1 Weekly)</b>	<b>(8-hr Flow Proportioned Composite)</b>
Solids, Total Suspended	<b>Sample Measurement</b>						<b>170</b>		<b>0</b>	<b>1 Weekly</b>	<b>8-hr Flow Proportioned Composite</b>
PARM Code 00530 G Mon. Site: INF-001	<b>Permit Requirement</b>						<b>Report (Maximum)</b>	<b>mg/L</b>		<b>(1 Weekly)</b>	<b>(8-hr Flow Proportioned Composite)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  09/28/2023	

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 08/01/2023 To: 08/31/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>9.625</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>20.73342</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  09/28/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 08/01/2023 To: 08/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.421						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.476						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.25			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement				0.92				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				5.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.1	1.1	0.8		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.7				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				2.56				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				2.5	2.5	2.2		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.33				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.29	0.29	0.24		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  09/28/2023	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: August 1, 2023 \_\_\_\_\_ To: August 31, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD <b>TOTAL</b>	Flow MGD <b>WELLS</b>	Flow MGD <b>KWGC</b>	Flow MGD <b>MCDC</b>	Flow MGD <b>BERNSTEIN</b>	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.568	.023	.531	.014	0	210	<2	110			
2	.614	.614	0	0	0						
3	.554	.415	.139	0	0						
4	.573	.207	.290	.076	0						
5	.659	0	.572	.087	0						
6	.580	.580	0	0	0						
7	.667	.667	0	0	0						
8	.531	0	.494	.037	0	230	<2	110	<1	2.5	0.18
9	.611	0	.570	.041	0						
10	.540	.509	0	.031	0						
11	.519	.490	0	.029	0						
12	.511	0	.481	.030	0						
13	.591	.591	0	0	0						
14	.745	.745	0	0	0						
15	.577	0	.539	.038	0	230	<2	130			
16	.550	0	.515	.035	0						
17	.565	.360	.120	.085	0						
18	.531	.531	0	0	0						
19	.506	.448	0	.058	0						
20	.546	.546	0	0	0						
21	.940	.940	0	0	0						
22	.812	.812	0	0	0	140	<2	38	1.1	1.9	0.29
23	.717	.672	0	.045	0						
24	.677	.645	0	.032	0						
25	.757	.727	0	.030	0						
26	.737	.703	0	.034	0						
27	.630	.630	0	0	0						
28	.688	.688	0	0	0						
29	.719	.696	0	.023	0	230	<2	170			
30	.808	.808	0	0	0						
31	.722	.722	0	0	0						
Total	19.745	14.769	4.251	.725	0	1040	5.0	558	1.6	4.4	0.47
Mo. Avg.	.637	.476	.137	.023	0	208	1.0	111.6	0.8	2.2	0.24

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: August 1, 2023 To: August 31 2023

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	7.0	1.3	0.8	<1	<1					
2	6.9	2.2	1.5	<1	<1					
3	6.9	1.8	1.25	<1	<1					
4	6.9	1.8	1.0	1.0	<1					
5		2.0								
6		0.7								
7	6.9	1.5	0.7	<1	<1					
8	7.0	2.2	1.0	<1	<1					
9	6.9	2.5	2.2	1.1	<1					
10	6.9	2.8	2.5	<1	<1					
11	7.0	2.8	1.75	<1	<1					
12		1.0								
13		2.8								
14	6.9	1.5	1.3	<1	<1					
15	6.9	1.5	2.4	<1	<1					
16	7.0	0.7	2.7	<1	<1					
17	6.9	0.7	2.0	1.0	<1					
18	6.9	1.5	1.1	1.0	<1					
19		0.5								
20		1.2								
21	7.0	1.5	1.8							
22	6.9	2.0	2.7	<1	<1					
23	7.0	1.3	2.0	<1	<1					
24	6.9	1.0	1.6	<1	<1					
25	7.1	0.5	1.5	<1	<1					
26		0.7								
27		0.7								
28	6.9	0.6	1.8	1.2	<1					
29	7.0	0.7	1.5							
30	6.9	0.7	0.7							
31	7.0	0.8	1.1	<1	<1					
Total	159.7	43.5	36.9	12.8	10					
Mo. Avg.	6.9	1.40	1.60	0.64	0.50					

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Reuse
COUNTY: MONROE	MONITORING PERIOD: From: 09/01/2023 To: 09/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.156						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.022						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.23			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.7		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				94.1				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.7		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.606						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.689	.627						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						74		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						270		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						210		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  10/18/2023	



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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 09/01/2023 To: 09/30/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>5.8</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>8.596465</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  10/18/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 09/01/2023 To: 09/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.428						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.618						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.23			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.89			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.4	1.4	0.95		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.7				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				2.36				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				2.8	2.8	1.73		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.39				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				1.2	1.2	0.93		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  10/18/2023	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: September 1, 2023 \_\_\_\_\_ To: September 30, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD TOTAL	Flow MGD WELLS	Flow MGD KWGC	Flow MGD MCDC	Flow MGD BERNSTEIN	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L COMPOSITE	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.661	.631	0	.030	0						
2	.694	.676	0	.018	0						
3	.636	.636	0	0	0						
4	.593	.593	0	0	0						
5	.674	.674	0	0	0	260	<2	170	1.4	2.8	0.65
6	.650	.650	0	0	0						
7	.594	.552	0	.042	0						
8	.574	.480	.069	.025	0						
9	.587	.561	0	.026	0						
10	.580	.580	0	0	0						
11	.544	.544	0	0	0						
12	.553	.534	0	.019	0	270	<2	210			
13	.537	.506	0	.031	0						
14	.551	.525	0	.026	0						
15	.540	.514	0	.026	0						
16	.526	0	.500	.026	0						
17	.553	.553	0	0	0						
18	.574	.574	0	0	0						
19	.534	0	.496	.038	0	130	<2	90	<1	0.65	1.2
20	.590	0	.562	.028	0						
21	.760	.734	0	.026	0						
22	.728	.702	0	.026	0						
23	.781	.755	0	.026	0						
24	.817	.817	0	0	0						
25	1.046	1.046	0	0	0						
26	.900	.900	0	0	0	250	<2	76			
27	.955	.955	0	0	0						
28	.805	.786	0	.019	0						
29	.882	.876	0	.006	0						
30	1.241	1.200	0	.041	0						
Total	20.660	18.554	1.627	.479	0	910	4	546	1.9	3.45	1.85
Mo. Avg.	.689	.618	.054	.016	0	227.5	1	136.5	0.95	1.73	0.93

Day Shift Operator      Class: B      Certificate No: 0026821      Name: Andrew S Pfeiffer  
Day Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
Lead Operator      Class: A      Certificate No: 0023609      Name: Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: September 1, 2023 \_\_\_ To: September 30, 2023 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.8	1.2	0.7	<1	<1					
2		1.6								
3		0.9								
4	7.0	2.1	1.5							
5	6.9	2.7	0.8							
6	6.9	2.7	1.5	1.7	<1					
7	6.9	0.8	1.4	<1	<1					
8	7.0	0.7	1.7	<1	<1					
9		0.7								
10		0.7								
11	6.9	0.6	2.0	<1	<1					
12	7.0	0.5	1.0	<1	<1					
13	6.9	0.7	1.2	<1	<1					
14	7.0	0.5	1.8	1.0	1.0					
15	6.9	0.5	1.7	<1	<1					
16		0.8								
17		0.6								
18	6.9	0.7	1.4	1.0	<1					
19	6.9	0.8	1.5	1.3	<1					
20	7.0	0.6	1.2	1.3	<1					
21	7.0	1.9	1.5	1.4	<1					
22	6.9	1.9	2.2	1.0	<1					
23		1.7								
24		1.8								
25	7.0	2.5	1.2							
26	7.1	0.3	1.5							
27	6.9	1.0	1.5	<1	<1					
28	6.9	1.1	1.2	<1	<1					
29	6.9	1.8	1.2	<1	<1					
30		1.4								
Total	145.7	35.8	29.7	13.7	9					
Mo. Avg.	6.9	1.2	1.4	0.81	0.53					

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
MONITORING PERIOD: From: 10/01/2023 To: 10/31/2023	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.155						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.021						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.23			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.5		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				86.7				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						3.2		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.611						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.771	.699						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						82		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						180		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						160		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  11/20/2023	

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 10/01/2023 To: 10/31/2023
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>9.15</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  11/20/2023	

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 10/01/2023 To: 10/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.435						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.759						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.23			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				<2	1.0	1.0		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					<b>0.88</b>			<b>0</b>	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<b>1.0</b>	<b>1.0</b>	<b>0.67</b>		<b>0</b>	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<b>1.0</b>		<b>0</b>	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				<b>6.8</b>		<b>7.0</b>		<b>0</b>	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				<b>0.7</b>				<b>0</b>	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				2.21				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				1.1	1.1	0.59		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.42				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.71	0.71	0.62		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  11/20/2023	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: September 1, 2023 \_\_\_\_\_ To: September 30, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

Code	Flow MGD TOTAL	Flow MGD WELLS	Flow MGD KWGC	Flow MGD MCDC	Flow MGD BERNSTEIN	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L COMPOSITE	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Mon. Site	50050 FLW-001	50050 FLW-002	50050 FLW-003	50050 FLW-004	50050 FLW-005	80082 INF-001	80082 EFA-001	00530 INF-001	00530 EFA-001	00600 EFA-001	00665 EFA-001
1	.661	.631	0	.030	0						
2	.694	.676	0	.018	0						
3	.636	.636	0	0	0						
4	.593	.593	0	0	0						
5	.674	.674	0	0	0	260	<2	170	1.4	2.8	0.65
6	.650	.650	0	0	0						
7	.594	.552	0	.042	0						
8	.574	.480	.069	.025	0						
9	.587	.561	0	.026	0						
10	.580	.580	0	0	0						
11	.544	.544	0	0	0						
12	.553	.534	0	.019	0	270	<2	210			
13	.537	.506	0	.031	0						
14	.551	.525	0	.026	0						
15	.540	.514	0	.026	0						
16	.526	0	.500	.026	0						
17	.553	.553	0	0	0						
18	.574	.574	0	0	0						
19	.534	0	.496	.038	0	130	<2	90	<1	0.65	1.2
20	.590	0	.562	.028	0						
21	.760	.734	0	.026	0						
22	.728	.702	0	.026	0						
23	.781	.755	0	.026	0						
24	.817	.817	0	0	0						
25	1.046	1.046	0	0	0						
26	.900	.900	0	0	0	250	<2	76			
27	.955	.955	0	0	0						
28	.805	.786	0	.019	0						
29	.882	.876	0	.006	0						
30	1.241	1.200	0	.041	0						
Total	20.660	18.554	1.627	.479	0	910	4	546	1.9	3.45	1.85
Mo. Avg.	.689	.618	.054	.016	0	227.5	1	136.5	0.95	1.73	0.93

Day Shift Operator      Class: B      Certificate No: 0026821      Name: Andrew S Pfeiffer

Day Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: A      Certificate No: 0023609      Name: Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: September 1, 2023 \_\_\_ To: September 30, 2023 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.8	1.2	0.7	<1	<1					
2		1.6								
3		0.9								
4	7.0	2.1	1.5							
5	6.9	2.7	0.8							
6	6.9	2.7	1.5	1.7	<1					
7	6.9	0.8	1.4	<1	<1					
8	7.0	0.7	1.7	<1	<1					
9		0.7								
10		0.7								
11	6.9	0.6	2.0	<1	<1					
12	7.0	0.5	1.0	<1	<1					
13	6.9	0.7	1.2	<1	<1					
14	7.0	0.5	1.8	1.0	1.0					
15	6.9	0.5	1.7	<1	<1					
16		0.8								
17		0.6								
18	6.9	0.7	1.4	1.0	<1					
19	6.9	0.8	1.5	1.3	<1					
20	7.0	0.6	1.2	1.3	<1					
21	7.0	1.9	1.5	1.4	<1					
22	6.9	1.9	2.2	1.0	<1					
23		1.7								
24		1.8								
25	7.0	2.5	1.2							
26	7.1	0.3	1.5							
27	6.9	1.0	1.5	<1	<1					
28	6.9	1.1	1.2	<1	<1					
29	6.9	1.8	1.2	<1	<1					
30		1.4								
Total	145.7	35.8	29.7	13.7	9					
Mo. Avg.	6.9	1.2	1.4	0.81	0.53					

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman



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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Reuse  MONITORING PERIOD: From: 11/01/2023 To: 11/30/2023
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.159						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.021						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.23			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.4	2.4	1.35		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.9		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						2.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				85.0				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.5		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.613						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.706	.722						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						85		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						240		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						170		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (815) 353-8352	SUBMITTED ON  12/22/2023

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
50050 R	FLW-001	We used our influent flow numbers for our effluent flow numbers starting November 22nd through the end of the month. After our contractor performed the annual flow calibration it had an effect on the accuracy of our effluent flow totalizers. The totalizers were reading over .100 mgd more than they should have been. Once the operators recognized the issue the contractor was called back out to resolve it. We contacted the FDEP Marathon branch office to let them know what was going on. The problem was resolved on December 8th.

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 11/01/2023 To: 11/30/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>11.6625</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  12/22/2023

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 11/01/2023 To: 11/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.433						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.613						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement				1.23				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				5.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.4	2.4	1.35		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement				0.91				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				5.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.9	1.9	1.85		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						2.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.5				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				2.05				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				1.0	1.0	0.78		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.45				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.99	0.99	0.69		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  12/22/2023	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: November 1, 2023 \_\_\_\_\_ To: November 30, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD TOTAL	Flow MGD WELLS	Flow MGD KWGC	Flow MGD MCDC	Flow MGD BERNSTEIN	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L COMPOSITE	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.768	0	.742	.026	0						
2	.778	.736	0	.042	0						
3	.770	.717	0	.053	0						
4	.835	.819	0	.016	0						
5	.777	.777	0	0	0						
6	.789	.789	0	0	0						
7	.812	.781	0	.031	0	130	<2.0	82			
8	.784	.757	0	.027	0						
9	.781	.752	0	.029	0						
10	.747	.699	0	.048	0						
11	.672	0	.627	.045	0						
12	.657	.657	0	0	0						
13	.608	.608	0	0	0						
14	.618	.419	.155	.044	0	240	<2.0	170	1.9	0.56	0.99
15	.652	.602	0	.050	0						
16	.709	.709	0	0	0						
17	.752	.751	0	.001	0						
18	.803	.787	0	.016	0						
19	.772	.772	0	0	0						
20	.710	.710	0	0	0	62	2.4	140			
21	.642	.632	0	.010	0						
22	.667	.662	0	.005	0						
23	.627	.595	0	.032	0						
24	.642	.642	0	0	0						
25	.608	.571	0	.037	0						
26	.623	.623	0	0	0						
27	.688	.688	0	0	0						
28	.657	0	.616	.041	0	180	<2.0	78	1.8	1.0	0.38
29	.585	.535	0	.050	0						
30	.647	.597	0	.050	0						
Total	21.180	18.387	2.140	.653	0	612	5.4	470	3.7	1.56	1.37
Mo. Avg.	.706	.613	.071	.022	0	153	1.35	117.5	1.85	0.78	0.69

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                         Name:                                   

Night Shift Operator    Class:                 Certificate No:                         Name:                                   

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: November 1, 2023 To: November 30, 2023

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.9	1.8	1.8	1.3	<1					
2	7.0	1.2	2.2	1.5	<1					
3	6.9	1.3	2.5	1.9	<1					
4		1.1								
5		2.2								
6	6.9	1.8	2.7	<1	<1					
7	6.7	1.5	1.1	1.5	<1					
8	6.9	1.4	1.4	1.3	1.0					
9	6.8	1.8	1.6	1.0	<1					
10	6.9	2.0	1.5	<1	<1					
11		2.5								
12		2.0								
13	6.9	0.5	2.0	1.3	<1					
14	7.0	2.1	1.8	<1	<1					
15	6.9	0.9	2.5							
16	6.9	1.8	2.2	1.5	<1					
17	7.0	1.8	1.0	1.2	2.0					
18		2.5								
19		1.5								
20	6.9	1.0	1.8	1.1	<1					
21	7.0	2.3	0.5	1.6	<1					
22	6.9	1.1	1.6	1.6	2.0					
23	7.0	2.0	1.5							
24	6.9	2.2	2.0	1.7	<1					
25		1.2								
26		1.5								
27	6.9	1.2	2.5	<1	<1					
28	7.0	2.2	1.8	<1	<1					
29	6.9	2.5	1.8	1.2	<1					
30	6.8	1.7	1.1	1.3	<1					
Total	152.0	50.6	37.9	23.5	13.5					
Mo. Avg.	6.9	1.7	1.7	1.18	0.68					

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Reuse
COUNTY: MONROE	MONITORING PERIOD: From: 12/01/2023 To: 12/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.156						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.020						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.29			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				3.6	3.6	1.65		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						1.2		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.5		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.620						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.708	.728						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						86		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						230		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						160		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (815) 353-8352	SUBMITTED ON  01/22/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
50050 R	FLW-001	We used our influent flow numbers for our effluent flow numbers from December 1st through December 8th. After our contractor performed the annual flow calibration in November it had an effect on the accuracy of our effluent flow totalizers. The totalizers were reading over .100 mgd more than they should have been. Once the operators recognized the issue the contractor was called back out to resolve it. We contacted the FDEP Marathon branch office to let them know what was going on. The problem was resolved on December 8th.



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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 12/01/2023 To: 12/31/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>2.895</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  01/22/2024

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 12/01/2023 To: 12/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.443						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.657						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.29			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				3.6	3.6	1.65		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.91			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<1	0.50	0.50		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.7				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				1.97				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				2.1	2.1	1.46		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.53				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				1.3	1.3	1.09		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  01/22/2024	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: December 1, 2023 \_\_\_\_\_ To: December 31, 2023 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD TOTAL	Flow MGD WELLS	Flow MGD KWGC	Flow MGD MCDC	Flow MGD BERNSTEIN	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L COMPOSITE	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.655	.606	0	.049	0						
2	.685	.143	.539	.003	0						
3	.606	.606	0	0	0						
4	.684	.684	0	0	0						
5	.608	.597	0	.011	0	230	<2.0	110			
6	.564	.519	0	.045	0						
7	.534	.346	.143	.045	0						
8	.552	.370	.137	.045	0						
9	.555	0	.513	.042	0						
10	.555	.555	0	0	0						
11	.610	.610	0	0	0						
12	.623	.620	0	.003	0	230	<2.0	160	<1.0	2.1	0.88
13	.546	.537	0	.009	0						
14	.572	.572	0	0	0						
15	.583	.583	0	0	0						
16	.797	.797	0	0	0						
17	1.382	1.382	0	0	0						
18	.942	.942	0	0	0						
19	.857	.857	0	0	0	220	3.6	150			
20	.912	.912	0	0	0						
21	.687	.687	0	0	0						
22	.651	.651	0	0	0						
23	.638	.638	0	0	0						
24	.630	.630	0	0	0						
25	.723	.723	0	0	0						
26	.895	.895	0	0	0	210	<2.0	98	<1.0	0.81	1.3
27	.930	.930	0	0	0						
28	.733	.733	0	0	0						
29	.880	.880	0	0	0						
30	.760	.760	0	0	0						
31	.612	.612	0	0	0						
Total	21.961	20.377	1.332	.252	0	890	6.6	518	1.0	2.91	2.18
Mo. Avg.	.708	.657	.043	.008	0	222.5	1.65	129.5	0.5	1.46	1.09

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: December 1, 2023 \_\_\_ To: December 31, 2023 \_\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	7.0	2.0	1.1	1.2	<1					
2		1.6								
3		2.5								
4	7.0	1.5	2.7	<1	<1					
5	7.0	2.0	1.7	<1	<1					
6	6.8	2.5	2.5	1.0	<1					
7	7.0	0.8	1.5	<1	<1					
8	7.0	0.7	4.0	<1	<1					
9		1.4								
10		0.9								
11	7.0	1.7	1.9	<1	<1					
12	7.1	1.1	2.3	<1	<1					
13	7.0	1.1	0.7							
14	7.1	1.4	0.7							
15	7.0	1.4	2.4							
16		1.9								
17		1.8								
18	7.1	1.2	0.7							
19	7.0	1.7	1.8							
20	7.1	1.9	1.8							
21	7.1	0.5	1.2							
22	7.0	1.2	1.4							
23		1.5								
24		1.5								
25	7.0	1.4	1.4							
26	7.0	1.0	0.8							
27	7.1	0.5	0.7							
28	7.1	2.3	0.7							
29	7.0	1.3	1.5							
30		1.5								
31		2.1								
Total	147.5	45.9	33.5	5.2	4.0					
Mo. Avg.	7.0	1.5	1.6	0.65	0.50					

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.151						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.021						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.33			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				4.8	4.8	1.76		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						2.1		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				93				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.7		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.624						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.603	.672						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						79		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>						270		0	1 Weekly	8-hr Flow Proportioned Composite
PARM Code 80082 G Mon. Site: INF-001	<b>Permit Requirement</b>						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended	<b>Sample Measurement</b>						200		0	1 Weekly	8-hr Flow Proportioned Composite
PARM Code 00530 G Mon. Site: INF-001	<b>Permit Requirement</b>						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  02/21/2024	

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>8.015</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  02/21/2024

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.453						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.534						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.33			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				4.8	4.8	1.76		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.94			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				2.0	2.0	1.6		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.6				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				2.11				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				3.7	3.7	3.3		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.54				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.62	0.62	0.34		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  02/21/2024	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: January 1, 2024 \_\_\_\_\_ To: January 31, 2024 \_\_\_\_\_

Facility: Key West Resort Utility WWTP

	Flow MGD TOTAL	Flow MGD WELLS	Flow MGD KWGC	Flow MGD MCDC	Flow MGD BERNSTEIN	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L COMPOSITE	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.555	.555	0	0	0						
2	.545	.545	0	0	0	180	<2.0	90			
3	.553	.553	0	0	0						
4	.603	.603	0	0	0						
5	.619	.619	0	0	0						
6	.596	.596	0	0	0						
7	.602	.602	0	0	0						
8	.654	.654	0	0	0						
9	.647	.647	0	0	0	270	<2.0	200	2.0	2.9	0.064
10	.678	.113	.542	.023	0						
11	.605	.581	0	.024	0						
12	.635	.612	0	.023	0						
13	.611	.584	0	.027	0						
14	.618	.618	0	0	0						
15	.627	.627	0	0	0						
16	.597	.597	0	0	0	260	<2.0	160			
17	.704	.471	.194	.039	0						
18	.806	.806	0	0	0						
19	.648	.620	0	.028	0						
20	.590	.555	0	.035	0						
21	.540	.540	0	0	0						
22	.503	.503	0	0	0						
23	.546	.509	0	.037	0	250	<2.0	180	1.2	3.7	0.62
24	.566	.067	.472	.027	0						
25	.571	.547	0	.024	0						
26	.586	.550	0	.036	0						
27	.591	.563	0	.028	0						
28	.558	.558	0	0	0						
29	.617	.617	0	0	0						
30	.571	0	.531	.040	0	250	4.8	140			
31	.554	.529	0	.025	0						
Total	18.696	16.541	1.739	.416	0	1210	8.8	770	3.2	6.6	0.684
Mo. Avg.	.603	.534	.056	.013	0	242	1.76	154	1.6	3.3	0.34

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: January 1, 2024\_\_ To: January 31, 2024\_\_

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	7.0	0.6	1.2							
2	7.0	1.1	0.8							
3	7.1	1.2	0.7							
4	7.1	0.5	1.2							
5	7.1	1.5	1.3							
6		2.1								
7		0.6								
8	7.1	2.0	1.5							
9	7.0	1.4	0.8	<1.0	<1.0					
10	7.1	0.8	0.9	<1.0	<1.0					
11	6.8	1.2	2.4	<1.0	<1.0					
12	7.1	1.9	1.7	<1.0	<1.0					
13		1.9								
14		1.2								
15	7.0	1.0	1.6							
16	7.2	1.2	2.0	2.1	<1.0					
17	7.2	1.5	1.5							
18	7.2	1.3	0.8	1.2	<1.0					
19	7.0	0.9	1.7	<1.0	<1.0					
20		1.0								
21		1.2								
22	7.1	1.2	0.8	1.3	<1.0					
23	7.0	1.0	1.8	1.0	<1.0					
24	7.1	0.9	1.3	<1.0	1.0					
25	7.1	1.8	0.6	<1.0	<1.0					
26	7.0	0.8	0.9	<1.0	<1.0					
27		1.4								
28		2.7								
29	7.0	2.0	1.9	<1.0	<1.0					
30	6.9	0.7	1.7	<1.0	<1.0					
31	6.8	1.0	2.0	<1.0	<1.0					
Total	162.0	39.6	31.1	11.1	8.0					
Mo. Avg.	7.0	1.3	1.4	0.74	0.53					

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman



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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Reuse  MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.139						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.021						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.32			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.0	2.0	1.25		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						3.1		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						2.8		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.631						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.647	.653						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						77		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						310		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						260		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  03/21/2024	

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>8.515</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  03/21/2024

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.473						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.585						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.32			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.0	2.0	1.25		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.97			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.3	1.3	1.25		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.8		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.5				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				1.91				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				0.98	0.98	0.76		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.53				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.047	0.047	0.044		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  03/21/2024	



## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: February 1, 2024

To: February 29, 2024

Facility: Key West Resort Utility WWTP

	Flow MGD  <b>TOTAL</b>	Flow MGD  <b>WELLS</b>	Flow MGD  <b>KWGC</b>	Flow MGD  <b>MCDC</b>	Flow MGD  <b>BERNSTEIN</b>	BOD, Carbonaceou s 5 day, 20C (Influent) mg/L	BOD, Carbonaceou s 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L  <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.534	.506	0	.028	0						
2	.551	.524	0	.027	0						
3	.566	.404	.135	.027	0						
4	.564	.564	0	0	0						
5	.744	.744	0	0	0						
6	.965	.965	0	0	0	200	<2.0	180	1.3	0.54	0.04
7	.811	.811	0	0	0						
8	.676	.636	0	.040	0						
9	.722	.699	0	.023	0						
10	.703	.684	0	.019	0						
11	.722	.722	0	0	0						
12	.755	.755	0	0	0						
13	.663	.663	0	0	0	190	<2.0	260			
14	.671	0	.631	.040	0						
15	.560	.545	0	.015	0						
16	.571	.571	0	0	0						
17	.590	.585	0	.005	0						
18	.564	.564	0	0	0						
19	.732	.732	0	0	0						
20	.876	.876	0	0	0	270	<2.0	240	1.2	0.98	0.047
21	.640	.640	0	0	0						
22	.578	.538	0	.040	0						
23	.562	.538	0	.024	0						
24	.593	.427	.142	.024	0						
25	.593	.593	0	0	0						
26	.626	.626	0	0	0						
27	.509	.127	.382	0	0	310	2.0	200			
28	.576	.540	0	.036	0						
29	.560	.400	.134	.026	0						
<b>Total</b>	18.777	16.979	1.424	.374	0	970	5.0	880	2.5	1.52	0.087
<b>Mo. Avg.</b>	.647	.585	.049	.013	0	242.5	1.25	220	1.25	0.76	0.044

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0029766        Name:   Brian Kyle Hinton  

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: February 1, 2024

To: February 29, 2024

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL						
Code	00400	00070	50060	00530	74055						
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001						
1	6.9	1.5	2.5	<1	<1						
2	7.0	0.7	1.5	<1	<1						
3		0.8									
4		0.9									
5	7.1	1.0	0.6								
6	7.1	1.0	0.8								
7	6.9	2.5	0.5	2.1	<1						
8	7.0	1.8	0.9	1.3	<1						
9	6.9	0.9	1.0	<1	<1						
10		0.9									
11		0.5									
12	7.0	0.5	0.6								
13	7.0	1.9	0.8	<1	<1						
14	7.0	2.5	1.7	1.9	<1						
15	7.0	2.2	1.4	1.0	<1						
16	7.0	0.8	1.0	1.0	<1						
17		1.2									
18		1.4									
19	7.1	2.3	1.7								
20	6.9	0.5	0.6								
21	6.8	1.2	1.6	<1	<1						
22	6.8	0.7	2.5	1.9	<1						
23	6.9	0.7	2.6	<1	<1						
24		0.7									
25		1.1									
26	7.0	0.9	1.0	3.1	<1						
27	6.9	2.8	0.7	<1	<1						
28	6.9	0.7	1.7	<1	<1						
29	6.8	0.5	3.6	<1	<1						
Total	146.0	35.1	29.3	16.8	8.0						
Mo. Avg.	7.0	1.2	1.4	1.05	0.5						

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>0026821</u>	Name: <u>Andrew S Pfeiffer</u>
Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0029766</u>	Name: <u>Brian Kyle Hinton</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>A</u>	Certificate No: <u>0023609</u>	Name: <u>Tim Sunderman</u>

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Reuse  MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.125						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.019						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.30			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.1	2.1	1.53		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						2.7		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						1.5		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.635						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.622	.624						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						73		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement					340		0	1 Weekly	8-hr Flow Proportioned Composite	
	Permit Requirement					Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)	
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement					520		0	1 Weekly	8-hr Flow Proportioned Composite	
	Permit Requirement					Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  05/10/2024	

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
80082 G	INF-001	This maximum result stayed the same, but we resubmitted the DMR because our lab issued a revision on our composite sample result from March 26th. The change was for the influent CBOD. It went from 280 to 230. This will now be shown in our part B section.

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>8.8325</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  05/10/2024



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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.492						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.495						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.30			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.1	2.1	1.53		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.91			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.0	1.0	0.75		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.6				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				1.82				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				1.4	1.4	1.20		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.50				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.22	0.22	.021		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  05/10/2024	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: March 1, 2024 To: March 31, 2024

Facility: Key West Resort Utility WWTP

	Flow MGD  <b>TOTAL</b>	Flow MGD  <b>WELLS</b>	Flow MGD  <b>KWGC</b>	Flow MGD  <b>MCDC</b>	Flow MGD  <b>BERNSTEIN</b>	BOD, Carbonaceou s 5 day, 20C (Influent) mg/L	BOD, Carbonaceou s 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L  <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.572	.548	0	.024	0						
2	.537	.320	.192	.025	0						
3	.566	.566	0	0	0						
4	.541	.541	0	0	0						
5	.552	0	.515	.037	0	340	2.1	320	<1.0	0.99	0.20
6	.543	.512	0	.031	0						
7	.599	.599	0	0	0						
8	.562	.562	0	0	0						
9	.530	.133	.397	0	0						
10	.565	.565	0	0	0						
11	.533	.533	0	0	0						
12	.561	.047	.514	0	0	290	2.0	520			
13	.611	.611	0	0	0						
14	.551	.034	.517	0	0						
15	.574	.538	0	.036	0						
16	.585	0	.559	.026	0						
17	.540	.540	0	0	0						
18	.522	.522	0	0	0						
19	.555	.022	.495	.038	0	250	<2.0	200	1.0	1.4	0.22
20	.857	.830	0	.027	0						
21	.600	.572	0	.028	0						
22	.639	.635	0	.004	0						
23	.777	.777	0	0	0						
24	1.012	1.012	0	0	0						
25	.846	.846	0	0	0						
26	.683	.683	0	0	0	230	<2.0	120			
27	.697	.656	0	.041	0						
28	.676	.481	.170	.025	0						
29	.628	.602	0	.026	0						
30	.623	.423	.174	.026	0						
31	.635	.635	0	0	0						
<b>Total</b>	19.272	15.345	3.533	.394	0	1110	6.1	1160	1.5	2.39	0.42
<b>Mo. Avg.</b>	.622	.495	.114	.013	0	277.5	1.53	290	0.75	1.20	0.21

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0029766        Name:   Brian Kyle Hinton  

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DWIP  
From: March 1, 2024 To: March 31, 2024

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.9	0.5	0.6	<2.5	<1.0					
2		0.5								
3		0.7								
4	7.0	1.0	4.7	<1.0	<1.0					
5	6.9	1.1	3.0	<1.0	<1.0					
6	6.9	0.6	1.3	2.7	<1.0					
7	6.9	0.6	1.5							
8	6.7	0.9	2.2	<1.0	<1.0					
9		1.0								
10		1.0								
11	7.0	0.8	1.5	1.0	<1.0					
12	6.9	0.7	1.7							
13	7.0	0.5	1.7	<1.0	<1.0					
14	6.8	0.5	1.7	<1.0	<1.0					
15	6.9	0.9	1.5	<1.0	<1.0					
16		0.6								
17		0.6								
18	7.0	0.9	1.6	<1.0	<1.0					
19	6.9	0.9	0.9	<1.0	<1.0					
20	6.9	0.7	0.7	<1.0	<1.0					
21	6.9	0.7	0.7	<1.0	<1.0					
22	6.9	0.8	0.6							
23		0.6								
24		0.7								
25	6.9	0.5	1.5							
26	7.0	1.0	0.6	<1.0	<1.0					
27	7.0	1.4	1.7	1.2	<1.0					
28	7.0	1.5	1.4	<1.0	<1.0					
29	6.9	1.0	1.4	1.5	<1.0					
30		1.0								
31		1.2								
Total	145.3	25.4	32.5	13.65	8.5					
Mo. Avg.	6.9	0.8	1.5	0.80	0.50					

**PLANT STAFFING:**

Day Shift Operator      Class:   B        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0029766        Name:   Brian Kyle Hinton  

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

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

PERMITTEE NAME: Key West Resort Utility, Corp. ADDRESS: 6630 Front St Key West, FL 33040  FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045  COUNTY: MONROE	PERMIT NUMBER: FLA014951 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Reuse  MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.125						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.019						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.30			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.1	2.1	1.53		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						2.7		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						1.5		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.635						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.622	.624						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						73		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						340		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						520		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (815) 353-8352	SUBMITTED ON  05/10/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
80082 G	INF-001	This maximum result stayed the same, but we resubmitted the DMR because our lab issued a revision on our composite sample result from March 26th. The change was for the influent CBOD. It went from 280 to 230. This will now be shown in our part B section.

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	8.8325				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  05/10/2024

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.492						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.495						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.30			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.1	2.1	1.53		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.91			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				1.0	1.0	0.75		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.6				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				1.82				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				1.4	1.4	1.20		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.50				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.22	0.22	.021		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  05/10/2024	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DWIP  
From: April 1, 2024 To: April 30, 2024

Facility: Key West Resort Utility WWTP

	Flow MGD  <b>TOTAL</b>	Flow MGD  <b>WELLS</b>	Flow MGD  <b>KWGC</b>	Flow MGD  <b>MCDC</b>	Flow MGD  <b>BERNSTEIN</b>	BOD, Carbonaceou s 5 day, 20C (Influent) mg/L	BOD, Carbonaceou s 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L  <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.580	.580	0	0	0						
2	.609	.030	.541	.038	0	240	<2.0	210	<1.0	3.9	<0.040
3	.581	.405	.150	.026	0						
4	.647	.475	.167	.005	0						
5	.679	.645	0	.034	0						
6	.613	.425	.158	.030	0						
7	.546	.546	0	0	0						
8	.598	.598	0	0	0						
9	.609	0	.570	.039	0	250	2.4	210			
10	.582	.388	.160	.034	0						
11	.613	.419	.173	.021	0						
12	.600	.047	.518	.035	0						
13	.577	0	.548	.029	0						
14	.575	.575	0	0	0						
15	.544	.544	0	0	0						
16	.553	0	.515	.038	0	690	3.1	270	1.0	2.3	0.47
17	.564	0	.532	.032	0						
18	.563	0	.534	.029	0						
19	.564	0	.536	.028	0						
20	.543	.172	.345	.026	0						
21	.570	.570	0	0	0						
22	.593	.593	0	0	0						
23	.605	0	.565	.040	0	260	<2.0	320			
24	.575	0	.541	.034	0						
25	.553	0	.531	.022	0						
26	.575	0	.549	.026	0						
27	.591	.119	.451	.021	0						
28	.573	.573	0	0	0						
29	.575	.575	0	0	0						
30	.593	0	.560	.033	0	280	2.1	260	<2.0	5.0	0.83
<b>Total</b>	17.543	8.279	8.644	.620	0	1720	9.6	1270	2.5	11.2	1.32
<b>Mo. Avg.</b>	.585	.276	.288	.021	0	344	1.92	254	0.83	3.73	0.44

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   0026821        Name:   Andrew S Pfeiffer  

Day Shift Operator      Class:   C        Certificate No:   0029766        Name:   Brian Kyle Hinton  

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:   A        Certificate No:   0023609        Name:   Tim Sunderman

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DWIP  
From: April 1, 2024 To: April 30, 2024

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.9	1.1	2.5	<1.0	<1.0					
2	6.9	1.0	1.9	<1.0	<1.0					
3	7.0	1.0	1.5	<1.0	<1.0					
4	6.9	0.5	1.9	<1.0	<1.0					
5	6.8	1.2	2.8	<1.0	<1.0					
6		0.9								
7		0.7								
8	6.7	0.7	1.8	<1.0	<1.0					
9	6.9	1.2	2.4	<1.0	<1.0					
10	6.8	0.6	2.6	7.3	<1.0					
11	6.7	0.8	1.7	4.5	<1.0					
12	6.7	1.0	2.0	<1.0	<1.0					
13		1.0								
14		0.6								
15	6.7	0.7	3.5	<1.0	<1.0					
16	6.8	0.9	1.7	1.0	<1.0					
17	6.8	0.5	2.7	1.1	<1.0					
18	6.8	0.5	1.2	<1.0	<1.0					
19	6.9	0.6	2.2	1.2	<1.0					
20		0.8								
21		1.3								
22	6.9	1.3	1.7	<1.0	<1.0					
23	6.8	1.0	0.9	1.3	<1.0					
24	6.8	0.5	1.0	1.0	1.0					
25	6.8	1.3	1.2	1.0	<1.0					
26	7.0	2.3	2.5	<2.0	<1.0					
27		1.1								
28		1.0								
29	6.8	1.3	3.5	<2.0	<1.0					
30	6.9	1.0	2.0	<2.0	<1.0					
Total	150.3	28.4	45.2	26.9	11.5					
Mo. Avg.	6.8	0.9	2.1	1.22	0.52					

**PLANT STAFFING:**

Day Shift Operator	Class: <u>  A  </u>	Certificate No: <u>  0026821  </u>	Name: <u>  Andrew S Pfeiffer  </u>
Day Shift Operator	Class: <u>  C  </u>	Certificate No: <u>  0029766  </u>	Name: <u>  Brian Kyle Hinton  </u>
Night Shift Operator	Class: <u>          </u>	Certificate No: <u>                  </u>	Name: <u>                          </u>
Lead Operator	Class: <u>  A  </u>	Certificate No: <u>  0023609  </u>	Name: <u>  Tim Sunderman  </u>



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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Reuse
COUNTY: MONROE	MONITORING PERIOD: From: 05/01/2024 To: 05/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.136						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.017						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.33			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.0	2.0	1.5		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						<2.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				100				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						1.9		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.644						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.640	.616						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						73		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						420		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						190		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (815) 353-8352	SUBMITTED ON  06/20/2024

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 05/01/2024 To: 05/31/2024

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>6.444</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>33.185511</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  06/20/2024

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 05/01/2024 To: 05/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.491						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.327						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.33			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				2.0	2.0	1.5		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.93			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<2.0	<2.0	1.0		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						<1.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.7		7.1		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.5				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement					1.87			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				1.8	1.8	1.65		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					0.47			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					1.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.65	0.65	0.36		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  06/20/2024	



## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: May 1, 2024 To: May 31, 2024

Facility: Key West Resort Utility WWTP

	Flow MGD  <b>TOTAL</b>	Flow MGD  <b>WELLS</b>	Flow MGD  <b>KWGC</b>	Flow MGD  <b>MCDC</b>	Flow MGD  <b>BERNSTEIN</b>	BOD, Carbonaceou s 5 day, 20C (Influent) mg/L	BOD, Carbonaceou s 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L  <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.588	.074	.485	.029	0						
2	.592	0	.565	.027	0						
3	.563	.011	.526	.026	0						
4	.576	.092	.458	.026	0						
5	.617	.617	0	0	0						
6	.609	.609	0	0	0						
7	.600	.025	.548	.027	0	420	2.0	190			
8	.585	.375	.187	.023	0						
9	.620	0	.595	.025	0						
10	.701	.449	.225	.027	0						
11	.607	0	.580	.027	0						
12	.588	.588	0	0	0						
13	.578	.578	0	0	0						
14	.594	.047	.516	.031	0	300	<2.0	130	<2.0	1.8	0.066
15	.605	.012	.569	.024	0						
16	.564	0	.537	.027	0						
17	.603	0	.579	.024	0						
18	.598	.012	.562	.024	0						
19	.571	.571	0	0	0						
20	.574	.574	0	0	0						
21	1.061	.823	.230	.008	0	150	<2.0	98			
22	.913	.913	0	0	0						
23	.870	.834	0	.036	0						
24	.572	.545	0	.027	0						
25	.657	.319	.320	.018	0						
26	.661	.661	0	0	0						
27	.683	.683	0	0	0						
28	.708	.708	0	0	0	270	2.0	150	<2.0	1.5	0.65
29	.610	.024	.550	.036	0						
30	.622	0	.596	.026	0						
31	.541	0	.517	.024	0						
<b>Total</b>	<b>19.831</b>	<b>10.144</b>	<b>9.145</b>	<b>.542</b>	<b>0</b>	<b>1140</b>	<b>6.0</b>	<b>568</b>	<b>2.0</b>	<b>3.3</b>	<b>0.716</b>
<b>Mo. Avg.</b>	<b>.640</b>	<b>.327</b>	<b>.295</b>	<b>.017</b>	<b>0</b>	<b>285</b>	<b>1.5</b>	<b>142</b>	<b>1.0</b>	<b>1.65</b>	<b>0.36</b>

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   0029766        Name:   Brian Kyle Hinton  

Day Shift Operator      Class:                 Certificate No:                 Name:                           

Night Shift Operator    Class:                 Certificate No:                 Name:                           

Lead Operator            Class:   A        Certificate No:   0026821        Name:   Andrew S Pfeiffer

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: May 1, 2024 To: May 31, 2024

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1	6.7	0.7	1.4	<2.0	<1.0					
2	7.0	0.6	2.5	<2.0	<1.0					
3	6.9	1.9	2.5	<2.0	<1.0					
4		1.4								
5		1.2								
6	7.1	0.9	0.6	<2.0	<1.0					
7	7.0	1.1	0.6	<2.0	<1.0					
8	6.9	1.5	1.3	<2.0	<1.0					
9	7.0	1.0	1.9	<2.0	<1.0					
10	7.0	0.7	1.3	<2.0	<1.0					
11		1.0								
12		0.6								
13	7.0	0.6	1.3	<2.0	<1.0					
14	6.9	0.6	0.7	<2.0	<1.0					
15	7.0	1.0	1.2	<2.0	<1.0					
16	7.1	1.3	2.0	<2.0	<1.0					
17	7.0	0.5	1.7	<2.0	<1.0					
18		0.9								
19		0.8								
20	7.0	0.9	0.7	<2.0	<1.0					
21	7.0	0.7	0.5							
22	6.9	0.5	1.5	<2.0	<1.0					
23	6.9	0.4	2.1	<2.0	<1.0					
24	7.0	0.5	1.7	<2.0	<1.0					
25		0.5								
26		0.5								
27	7.0	0.5	0.6							
28	6.9	1.3	1.0	<2.0	<1.0					
29	7.0	0.4	3.5	<2.0	<1.0					
30	7.0	0.6	2.5	<2.0	<1.0					
31	7.1	0.7	2.9	<2.0	<1.0					
Total	160.4	25.8	36.0	21.0	10.5					
Mo. Avg.	7.0	0.8	1.6	1.0	0.5					

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   0029766        Name:   Brian Kyle Hinton  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0026821        Name:   Andrew S Pfeiffer

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: R-001
COUNTY: MONROE	DESCRIPTION: Reuse
MONITORING PERIOD: From: 06/01/2024 To: 06/30/2024	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-003	Sample Measurement		.123						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.774 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-004	Sample Measurement		.017						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.06 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 P Mon. Site: FLW-005	Sample Measurement		NOD						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.015 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.43			0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				3.8	3.8	2.18		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-001	Sample Measurement						<2.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Daily; 24 hours	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Daily; 24 hours)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-001	Sample Measurement				94.7				0	1 Daily; 24 hours	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(1 Daily; 24 hours)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				1.5				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-001	Sample Measurement						1.0		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Flow PARM Code 50050 Q Mon. Site: FLW-001	Sample Measurement		.652						0	5 Days/Week	Calculated
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Calculated)
Flow PARM Code 50050 R Mon. Site: FLW-001	Sample Measurement	.664	.630						0	5 Days/Week	Calculated
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Calculated)
Percent Capacity, (TMADF /Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						74		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						230		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						190		0	1 Weekly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  07/19/2024	

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly
FACILITY: Key West Resort Utility	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 6630 Front St., Stock Island Key West, FL 33045	MONITORING GROUP: RMP-Q
COUNTY: MONROE	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 06/01/2024 To: 06/30/2024

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>6.35</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-01	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (815) 353-8352	SUBMITTED ON  07/19/2024

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

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951
ADDRESS: 6630 Front St Key West, FL 33040	LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: U-001
FACILITY: Key West Resort Utility LOCATION: 6630 Front St., Stock Island Key West, FL 33045	DESCRIPTION: Two existing and two new Class V injection wells
COUNTY: MONROE	MONITORING PERIOD: From: 06/01/2024 To: 06/30/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-002	Sample Measurement		.513						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		0.849 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-002	Sample Measurement		.558						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-001	Sample Measurement					1.43			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-001	Sample Measurement				3.8	3.8	2.18		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-001	Sample Measurement					0.98			0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement					5.0 (Annl Avg)		mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-001	Sample Measurement				<2.0	<2.0	1.0		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-001	Sample Measurement						1.0		0	1 Bi-weekly; every 2 weeks	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(1 Bi-weekly; every 2 weeks)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.9		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				0.5				0	5 Days/Week	Grab
	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-001	Sample Measurement				1.88				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				3.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement				2.7	2.7	2.45		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement				0.46				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				1.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				0.45	0.45	0.25		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Andrew Pfeiffer	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (815) 353-8352	SUBMITTED ON  07/19/2024	

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: June 1, 2024 To: June 30, 2024

Facility: Key West Resort Utility WWTP

	Flow MGD  <b>TOTAL</b>	Flow MGD  <b>WELLS</b>	Flow MGD  <b>KWGC</b>	Flow MGD  <b>MCDC</b>	Flow MGD  <b>BERNSTEIN</b>	BOD, Carbonaceou s 5 day, 20C (Influent) mg/L	BOD, Carbonaceou s 5 day, 20C mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L  <b>COMPOSITE</b>	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L
Code	50050	50050	50050	50050	50050	80082	80082	00530	00530	00600	00665
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	INF-001	EFA-001	INF-001	EFA-001	EFA-001	EFA-001
1	.542	.169	.348	.025	0						
2	.578	.578	0	0	0						
3	.615	.615	0	0	0						
4	.616	.012	.567	.037	0	230	<2.0	120			
5	.677	0	.651	.026	0						
6	.672	.431	.215	.026	0						
7	.590	.407	.159	.024	0						
8	.626	.397	.217	.012	0						
9	.583	.583	0	0	0						
10	.613	.613	0	0	0						
11	.584	.549	0	.035	0	220	2.9	150	<2.0	2.7	0.45
12	.611	.586	0	.025	0						
13	.709	.683	0	.026	0						
14	1.236	1.217	0	.019	0						
15	1.000	1.000	0	0	0						
16	.812	.812	0	0	0						
17	.573	.573	0	0	0						
18	.638	.610	0	.028	0	170	3.8	110			
19	.673	.649	0	.024	0						
20	.717	.689	0	.028	0						
21	.692	.667	0	.025	0						
22	.597	.575	0	.022	0						
23	.672	.672	0	0	0						
24	.740	.740	0	0	0						
25	.672	.640	0	.032	0	230	<2.0	190	<2.0	2.2	<0.040
26	.626	.604	0	.022	0						
27	.588	.565	0	.023	0						
28	.574	.553	0	.021	0						
29	.570	0	.550	.020	0						
30	.536	.536	0	0	0						
<b>Total</b>	19.932	16.725	2.707	.500	0	850	8.7	570	2.0	4.9	0.49
<b>Mo. Avg.</b>	.664	.558	.090	.017	0	212.5	2.18	142.5	1.0	2.45	0.25

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   0029766        Name:   Brian Kyle Hinton  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator    Class:                 Certificate No:                 Name:           

Lead Operator            Class:   A        Certificate No:   0026821        Name:   Andrew S Pfeiffer

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: June 1, 2024 To: June 30, 2024

Facility: Key West Resort Utility WWTP

	pH s.u.	Turbidity NTU	Chlorine, Total Residual (For Disinfection) mg/L	Solids, Total Suspended mg/L <b>DAILY GRAB</b>	Coliform, Fecal #/100mL					
Code	00400	00070	50060	00530	74055					
Mon. Site	EFA-001	EFB-001	EFA-001	EFB-001	EFA-001					
1		0.8								
2		0.9								
3	7.1	0.7	5.0	<2.0	<1.0					
4	7.2	0.8	3.5	<2.0	<1.0					
5	7.1	0.5	3.0	<2.0	<1.0					
6	7.1	0.7	2.7	<2.0	<1.0					
7	6.9	0.5	1.0	<2.0	<1.0					
8		0.8								
9		0.8								
10	7.0	0.5	2.5	<2.0	<1.0					
11	7.2	0.6	2.0	<2.0	<1.0					
12	7.0	0.9	2.5	<2.0	<1.0					
13	7.0	0.6	1.2	<2.0	<1.0					
14	7.0	0.6	0.5							
15		0.5								
16		0.5								
17	7.0	0.5	4.0	<2.0	1.0					
18	6.9	0.6	2.4	<2.0	<1.0					
19	7.0	0.8	2.2	<2.0	<1.0					
20	6.9	0.7	1.9	<2.0	<1.0					
21	7.2	0.5	2.0	<2.0	<1.0					
22		1.0								
23		0.9								
24	7.1	0.5	1.2	<2.0	<1.0					
25	7.1	0.6	2.7	<2.0	<1.0					
26	7.2	0.4	3.0	<2.0	<1.0					
27	7.1	0.7	2.5	<2.0	<1.0					
28	7.2	0.5	2.0	<2.0	<1.0					
29		0.5								
30		0.8								
Total	141.3	19.7	47.8	19.0	10.0					
Mo. Avg.	7.1	0.7	2.4	9.5	0.53					

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   0029766        Name:   Brian Kyle Hinton  

Day Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:   A        Certificate No:   0026821        Name:   Andrew S Pfeiffer

The most recent sanitary survey for each water plant and inspection report for each wastewater plant conducted by the health department or the Department of Environmental Protection (DEP).

### Inspection Report

Rule 25-30.437(3)(e), F.A.C.



# FLORIDA DEPARTMENT OF Environmental Protection

Southeast District  
2796 Overseas Highway, Suite 221  
Marathon, FL 33050  
305-289-7070

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Shawn Hamilton**  
Secretary

September 5, 2024

Greg Wright, Vice-President  
Key West Resort Utility, Corp.  
6630 Front St.  
Key West, FL 33040  
[Greg@KWRU.com](mailto:Greg@KWRU.com)

Re: Key West Resort Utility WWTP  
Facility ID No. FLA014951  
Monroe County

Dear Mr. Wright:

Department personnel conducted a compliance evaluation inspection of the above-referenced facility on March 20<sup>th</sup>, 2024 and an associated file review. The inspection report was rated as out-of-compliance due to previous unauthorized discharges, however, these discharges had already been evaluated and addressed at the time they occurred. A copy of the inspection report is attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Elsa Portanyi at 305-289-7073, or via e-mail at: [Elsa-Marie.Portanyi@FloridaDEP.gov](mailto:Elsa-Marie.Portanyi@FloridaDEP.gov) or [SED.Wastewater@DEP.State.FL.Us](mailto:SED.Wastewater@DEP.State.FL.Us).

Sincerely,

A handwritten signature in blue ink, appearing to read "M'Liss Bordelon".

M'Liss Bordelon  
Environmental Administrator  
Southeast District  
Florida Department of Environmental Protection

Enclosures: Inspection Report

cc: Christopher Johnson, President

[Chris@KWRU.com](mailto:Chris@KWRU.com)



# FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTEWATER COMPLIANCE INSPECTION REPORT

## Facility Details

<b>Facility Name</b>	Key West Resort Utility, Corp.			<b>WAFR ID</b>	FLA014951	
<b>Physical Address</b>	6630 Front St. Stock Island			<b>City, State, Zip</b>	Key West, FL 33040	
<b>County</b>	Monroe			<b>Facility Phone #</b>	305-295-3301	
<b>Permit Issued:</b>	February 23, 2022			<b>Permit Expiration:</b>	February 22, 2027	
<b>Facility Type</b>	Domestic Wastewater			<b>Is the Facility NPDES (Y/N)</b>	N	
<b>Latitude</b>	<b>Degrees °</b>	24	<b>Minutes ‘</b>	34	<b>Seconds “</b>	2.0458 N
<b>Longitude</b>	<b>Degrees °</b>	81	<b>Minutes ‘</b>	44	<b>Seconds “</b>	0.7186 W

## Inspection Details

<b>Inspection Type</b>		<b>Entry Date</b>		<b>Exit Date</b>		
CEI SSOP		3/20/24		3/20/24		
		<b>Entry Time (HH:MM AM/PM)</b>		<b>Exit Time (HH:MM AM/PM)</b>		
		9:11 AM		12:24 PM		
<b>Sampling Taken (Y/N)</b>	N	<b>RQ #</b>	N/A		<b>QA Conducted (Y/N)</b>	N
<b>Name(s) and Title of Field Representatives(s)</b>		<b>Operator Certification</b>		<b>Email</b>	<b>Phone Number</b>	
Greg Wright, Vice President		WWA0020501		<a href="mailto:Greg@kwru.com">Greg@kwru.com</a>	305-295-3301	
Tim Sunderman, Lead Operator		WWA0023609			305-295-3301	
<b>Name(s) and address of Permittee / Designated Rep.</b>		<b>Title</b>		<b>Email</b>	<b>Phone Number</b>	
Christopher Johnson 6630 Front Street Key West, FL 33040		President <b>Operator Certification #:</b> WWA0013917		<a href="mailto:Chris@kwru.com">Chris@kwru.com</a>	305-295-3301	

## Inspector Information

<b>Name(s) and Signature(s) of Inspectors(s)</b>		<b>District Office/Phone Number</b>	<b>Date</b>
Elsa Portanyi <i>Elsa Portanyi</i> Gary Hardie <i>Gary J. Hardie</i>		SED Marathon Branch Office 305-289-7070	3/20/2024
<b>Name and Signature of Reviewer</b>		<b>District Office/Phone Number</b>	<b>Date</b>
Lisa Self <i>Lisa M. Self</i>		SED West Palm Beach 561-681-6694	4/19/2024

## Facility Compliance Evaluation Areas

<p><i>IC = In Compliance; MC = Minor Out of Compliance; NC = Out of Compliance; SC = Significant Out of Compliance; NA = Not Applicable; NE = Not Evaluated</i></p> <p><i>Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a “*”</i></p>							
<b>Overall Compliance Determination</b>				Out of Compliance			
IC	1. *Permit	IC	5. *Records & Reports	IC	9. *Effluent Quality	NC	13. SSO Survey
NA	2. *Compliance Schedules	IC	6. Facility Site Review	IC	10. *Effluent Disposal	NE	14. Other
NE	3. Laboratory	IC	7. Flow Measurement	IC	11. Biosolids		
IC	4. Sampling	IC	8. *Operation & Maintenance	NA	12. *Groundwater		

### Single Event Violations (\*SNC SEVs)

Check for Yes	Evaluation Area	Description	Finding Description	Finding ID
<input type="checkbox"/>	Permit	Effluent Violations - Unapproved Bypass	Wastewater was diverted from a portion of the treatment process without department approval.	UNBY
<input type="checkbox"/>	*Permit	Permit Violations - Discharge Without a Valid Permit	The facility was operating without a permit or with an expired permit.	UPHI
<input type="checkbox"/>	Permit	Permit Violations - Failure to Submit Timely Permit Renewal Application	The permittee failed to submit an application to renew the existing permit at least 180 days prior to expiration.	PFSA
<input type="checkbox"/>	Laboratory	Management Practice Violations - Laboratory Not Certified	The laboratory was not certified by the Florida Department of Health and therefore is not certified to meet NELAC standards.	LNCE
<input type="checkbox"/>	Sampling	Monitoring Violations - Analysis not Conducted	The facility failed to collect and/or analyze samples as required by permit or enforcement action.	ANCV
<input type="checkbox"/>	Sampling	Monitoring Violations - Failure to Monitor for Toxicity Requirements	The facility failed to collect and/or analyze routine or follow-up toxicity samples.	FTOX
<input type="checkbox"/>	Records and Reports	Management Practice Violations - Failure to Develop Adequate SPCC Plan	The facility failed to develop or maintain their Spill Prevention Control and Countermeasures (SPCC) plan.	FSPC
<input type="checkbox"/>	Records and Reports	Management Practice Violations - Failure to Maintain Records	The facility failed to maintain records for the required retention period.	FMRR
<input type="checkbox"/>	Records and Reports	Reporting Violations - Failure to Notify	The permittee failed to notify the department of any event or activity that requires notification as required by permit or rule.	RSWP
<input type="checkbox"/>	Records and Reports	Reporting Violations - Failure to Submit DMRs	The permittee failed to submit any DMR required by rule, permit, or enforcement action in a timely manner.	FDMR
<input type="checkbox"/>	Records and Reports	Reporting Violations - Failure to submit required report (non-DMR, non-pretreatment)	The facility failed to submit any report required by rule, permit, enforcement action or inspection activity except for DMRs.	FRPT
<input type="checkbox"/>	Facility Site Review	Management Practice Violations - Improper Land Application (non-503, non-CAFO)	The land application system was not being maintained.	LASN
<input type="checkbox"/>	Flow Measurement	Monitoring Violations - No Flow Measurement Device	The facility failed to install a flow measurement device, an approved flow measurement device, or a working flow measurement device.	NOFL
<input type="checkbox"/>	Operation and Maintenance	Management Practice Violations - Improper Operation and Maintenance	The facility failed to follow their operation and maintenance plan/manual or their Biosolids Nutrient Management Plan.	IONM
<input type="checkbox"/>	Operation and Maintenance	Management Practice Violations - Inflow/Infiltration (I/I)	The facility had an inflow and infiltration problem causing collection system issues and/or operational issues.	ININ
<input type="checkbox"/>	Operation and Maintenance	Management Practice Violations - No Licensed/Certified Operator	The facility was being operated without a certified operator or by an operator that is not licensed for the size of plant.	ONCO
<input type="checkbox"/>	*Effluent Quality	Effluent Violations - Failed Toxicity Test	Persistent acute toxicity has been documented through follow-up tests.	EATX
<input type="checkbox"/>	*Effluent Quality	Effluent Violations - Failed Toxicity Test	Persistent chronic toxicity has been documented through follow-up tests.	ECTX
<input type="checkbox"/>	*Effluent Quality	Effluent Violations - Failed Toxicity Test	Persistent acute or chronic toxicity has been documented in the effluent through the use of routine and follow-up tests.	ETOX
<input type="checkbox"/>	Effluent Quality	Effluent Violations - Narrative Effluent Violation	The facility violated a permit or enforcement narrative effluent limit.	XNEV
<input type="checkbox"/>	*Effluent Quality	Effluent Violations - Reported Fish Kill	The facility had a discharge of wastewater that resulted in a fish kill.	XFSH
<input type="checkbox"/>	Sanitary Sewer Overflow Survey	WW SSO - Discharge to Waters	A sewage spill from any components of a collection/transmission system or from a treatment plant reached surface waters including stormwater conveyance system or drainage ditch.	SSO1
<input type="checkbox"/>	Sanitary Sewer Overflow Survey	WW SSO - Failure to Maintain Records or Meet Record Keeping Requirements	The facility failed to keep routine documentation and reporting records of spills, and/or operation and maintenance activities on the collection/transmission system.	SSO2
<input type="checkbox"/>	Sanitary Sewer Overflow Survey	WW SSO - Failure to monitor	The facility failed to collect and/or analyze bacteriological samples for sewage spills that reached surface waters.	SSO3
<input type="checkbox"/>	Sanitary Sewer Overflow Survey	WW SSO - Failure to report violation that may endanger public health 122.41(1)(7)	The facility failed to report a sewage spill within 24 hours of discovery.	SSO4
<input type="checkbox"/>	Sanitary Sewer Overflow Survey	WW SSO - Improper Operation and Maintenance	The facility failed to perform routine preventative maintenance to keep the collection/transmission system in good working order.	SSO5
<input type="checkbox"/>	Sanitary Sewer Overflow Survey	WW SSO - Overflow to Dry Land	A sewage spill from any part of a collection/transmission system or treatment plant that did not make it to surface waters, i.e., stormwater collection system, drainage ditch, stream, pond, or lake.	SSO6



**WASTEWATER  
SIGNIFICANT NONCOMPLIANCE (SNC) DOCUMENTATION**

<b>Facility:</b>	Key West Resort Utility, Corp.		<b>Inspection Date:</b>	3/20/24	
<b>Inspector:</b>	Elsa Portanyi	<b>Facility ID:</b>	FLA014951	<b>Permitted Capacity:</b>	.0849 MGD

**1. Permit**

- Operating without a valid wastewater permit
- Unpermitted discharge with a high potential for water quality or health impacts
- Unauthorized bypass with a high potential for water quality or health impacts
- Unpermitted collection system with a high potential for water quality or health impacts
- Unauthorized substantial plant modification placed into service
- Unauthorized residuals or sludge disposal with a high potential for water quality or health impacts

**2. Compliance Schedule**

- Start Construction milestone exceeded by 90 days or more
- End construction milestone exceeded by 90 days or more
- Attainment of final compliance milestone exceeded by 90 days or more
- Failure to meet any other enforcement order or compliance schedule milestones by 90 days or more

**3. Records and Reports**

- Surface Water Discharge Monitoring Report (DMR) late by 30 or more days
- Land-Application Effluent Discharge Monitoring Reports – 2 or more non-submittals in 6 mo. window
- Falsification of any record or report
- Compliance schedule report or final compliance report late by 30 or more days
- Pretreatment reports late by 30 or more days

**4. Operation and Maintenance**

- Improper operation resulting in a high potential for water quality or health impacts
- Failure to perform maintenance resulting in a high potential for water quality or health impacts
- Missing equipment resulting in a high potential for water quality or health impacts
- Failure to replace malfunctioning equipment resulting in a high potential for water quality or health impacts

**5. Effluent**

- Limit exceeded by Technical Review Criteria 2 out of 6 consecutive months  
[TRC for Group I (CBOD, TSS, fats, oil, grease) = Limit x 1.4, TRC for Group II (all others except pH) = Limit x 1.2]
- Limit exceeded 4 out of 6 months (chronic effluent violation)
- Total Residual Chlorine for Disinfection below minimum 10% or more of the time in a rolling 6 month period
- Persistent acute toxicity through follow up tests
- Persistent chronic toxicity through follow up tests
- Pollutant passthrough with a high potential for water quality or health impacts (pretreatment)
- Any other violation with a high potential for water quality or health impacts

**6. Effluent Disposal Method**

- Operation of unauthorized disposal system
- Disposal system failure with a high potential for water quality or health impacts
- Failure to operate disposal system as designed with a high potential for water quality or health impacts
- Unauthorized modification of disposal system placed into service

**7. Other Violations**

- Any violation not listed above, or pattern of noncompliance, resulting in a high potential for water quality or health impacts – (Comments or Details supporting SNC finding must be provided.)

Comments/Details:

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- Failure to implement pretreatment program or enforce indirect users where industrial contributions cause effluent limit or disposal violations
- Any violation considered Significant by Secretary, Deputy Secretary, Director of District Management, or the Division Director

**Facility Treatment Summary:** Facility is an existing 0.849 million gallons per day (MGD) annual average daily flow (AADF) advanced wastewater treatment (AWT) domestic wastewater treatment plant (WWTP). The Facility consists of three treatment trains with screening, aeration, anoxic stage, clarifiers, sand filtration, chlorine disinfection, and aerobic digesters. Effluent disposal is via four Class V underground injection wells or by public access reuse.

**Permit:** In-Compliance

Current Permit available on-site?	Yes
Date Permit issued	1/6/2022
Date Permit Effective	2/23/2022
Date Permit Expires	2/22/2027
Permit Renewal Application due by	8/22/2026
Administrative or Judicial Orders?	N/A

- 1.1 Observation: A physical copy of the permit was available on site during the time of inspection.
- 1.2 Observation: No permit revisions have been issued since the permit renewal became effective.
- 1.3 Observation: The facility’s current permit does not require a Capacity Management and Operation and Maintenance Plan (CMOM). Rule 62-600.705, effective June 28, 2023, requires a CMOM to be submitted with the permit renewal application due 8/22/2026. The facility stated via email on 4/23/24 that they have begun the preparation to include the CMOM in their 2027 permit renewal.

**2. Compliance Schedules:** Not Applicable

Compliance Schedule in Permit met?	N/A
Compliance Schedules in Order are being met?	N/A

- 2.1 Observation: This facility does not have an order, and the permit has no compliance schedule other than the requirement to apply for permit renewal in a timely manner.

**3. Laboratory:** Not Evaluated

Contract Lab Name and Certification #	Eurofins (E35834) expiring 6/30/2024
Facility NELAC Certification #	NA

- 3.1 Observation: The contract labs were not evaluated as part of this inspection.
- 3.2 Observation: Lab certifications were up to date until June 30, 2024. Copies of the new certifications are to be posted upon receipt.

**4. Sampling:** In-Compliance

Sampling conducted during inspection?	No
Sampling observed during inspection?	No
Sampling conducted at locations identified by the permit?	Yes
Safe access to sampling locations?	Yes

- 4.1 Observation: Buffers, standards, pH etc. all up to date with new supply already in stock.
- 4.2 Observation: Facility has continuous monitoring for chlorine and turbidity. Grab samples are collected daily and composite samples are collected weekly or biweekly as required.

**5. Records and Reports:** In-Compliance

Documents/Records reviewed	Time frame
Discharge Monitoring Reports (DMRs)	From 12/1/2021 to 3/20/2024

- 5.1 Observation: DMR database needs updating to allow facility to upload DMRs per new permit.
- 5.2 Observation: All DMRs within this time period were submitted timely and completely.
- 5.3 Observation: This facility’s Annual Biosolids Reports have been submitted in a timely manner.
- 5.4 Observation: Daily Operator’s Logs were available on site.
- 5.5 Observation: The Operator’s license was available on site.

**6. Facility Site Review:** In-Compliance

- 6.1 Observation: The facility had no signs of excessive wear and was well maintained.
- 6.2 Observation: The site grounds were well maintained, and vegetation was managed to ensure easy access and operation of the plant.
- 6.3 Observation: The facility was free from excess odors emanating from the facility.
- 6.4 Observation: Facility had spare blower on site in case of emergency.
- 6.5 Observation: The facility informed the Department that all piping, except for the above ground ductile iron piping at the Cross St. Bridge, is made of C900 PVC pipe which was installed in 2002/2003. The piping is lined with an epoxy cure in place pipe liner (CIPP) from the Cross St. Bridge north to the Key West Golf Course and from the Cross St. Bridge south to the intersection of 5<sup>th</sup> Ave. and Cross St., installed in 2006. The life expectancy for C900 is in excess of 100 years and the life expectancy for the CIPP is in excess of 50 years.
- 6.6 Observation: The Department received a copy of water sampling results from a concerned environmental advocacy group that stated the samples had been taken from

a nearby golf course's ponds and surface waters surrounding the area where this wastewater treatment facility is located. The reported results showed the presence of sucralose in the surface water and the golf course's ponds. Sampling procedures and chain of custody documents were not provided with the results. While the presence of sucralose is an indicator of anthropogenic sources, there is no surface water quality standard established for it under 62-302, F.A.C. Notwithstanding, the Department reviewed the results received. Presence of sucralose in the golf course ponds is expected as the wastewater treatment process does not treat or remove sucralose. Additionally, the irrigation of the golf course using reclaimed water from the wastewater treatment plant will result in the presence of sucralose in surrounding surface waters. Moreover, there are other potential sources in the surrounding areas, such as a significant number of liveboards moored within the same surface waters that have no pump outs readily available, a significant number of remaining septic systems and a heavily used riparian property that is not connected to sewer. Currently, there is no substantiated evidence that KWRU's shallow wells are a source of direct effluent discharges to surface waters. If such information becomes available, the Department will continue to look into this matter.

- 6.7 Observation: Reclaim pond piping appears to be adequately maintained. The facility provided a synopsis of the daily, weekly, monthly, quarterly, and annual schedules via email on 4/29/24.
- 6.8 Observation: The Department received an odor complaint stating that raw sewage odor was emanating from Key West Resort Utilities. A complaint inspection was conducted at a neighboring property, Safe Harbor Seafood, on July 9<sup>th</sup>, 2024. The inspector walked the property and determined that odor detected did not appear to be related to sewer operations and could not be traced back to Key West Resort Utilities. Safe Harbor Seafood confirmed that the property is not currently connected to sewer. No mist, droplets, foam, liquid, or particulate materials were observed migrating from the wastewater treatment plant to the adjacent Safe Harbor Seafood property. Furthermore, Department staff were onsite on June 20, 2024 and did not observe this either.

**7. Flow Measurement:** In-Compliance

Flow meter present and location as per permit?	Yes
Easy access to flow meter?	Yes
Date of last flow meter calibration	11/21/2023
Were all flowmeters accurate to within $\pm$ 10% at calibration?	Yes

- 7.1 Observation: Calibrated by Nearshore Electric Inc.
- 7.2 Observation: Meters were well maintained and easy to read.

**8. Operation and Maintenance:** In-Compliance

Facility being operated as per permit?	Yes
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- 8.1 Observation: A Class A operator manages the facility with sufficient frequency to meet the permitted requirement.
- 8.2 Observation: The O&M manual was available in the office onsite in the form of a hard copy.
- 8.3 Observation: The facility stated via email on 4/23/24 that The Asset Management Plan and Piping Maintenance Plan will be included into the CMOM/Collection System Action Plan as part of their 2027 permit renewal.
- 8.4 Observation: As of 2019, the Facility uses a Computer Maintenance Management System (CMMS) to auto-generate work order for maintenance activities on the collection system which are assigned to the staff for completion. During the inspection, staff were shown the current year’s work orders as well as a quick demonstration of the CMMS program. Part of the daily maintenance comprises a visual inspection of every lift station, sewer or reclaim owned and operated by the Facility. Elapsed time meters are read and recorded from every lift station to determine if there are any problems affecting the flows in the collection system. All lift station panel breakers, contactors, and overloads are inspected to ensure these are operating correctly. The reclaim pond lift station is also visited daily when there is reuse flow. Also, the on duty licensed operator is consulted by maintenance staff and informed of the level of the pond at the Key West Golf Course so that any necessary changes can be made. Weekly, a jet rudder is used to clean and inspect the gravity sewer mains. After the mains are cleaned, the lift stations are dip netted to remove debris and grease. On a monthly basis, maintenance personnel visually inspect the entirety of the system that’s above the piping, including valving which also gets exercised.

KWRU owns approximately 15,200 linear feet of gravity sewer mains. Prior to 2022, about two thirds of the gravity mains had been inspected and it was determined that the sewer mains were in good condition. The remaining 1/3 of the gravity mains are scheduled to be inspected in the 4<sup>th</sup> quarter of 2024 or early 2025. Furthermore, in 2022, an outside contractor was hired to clean and perform video inspections on approximately 10,000 linear feet of gravity sewer mains. The following additional maintenance projects have been completed by KWRU:

- 2019 - replaced one of the lift stations located in the Lincoln Gardens neighborhood. The other lift station was replaced a few years earlier.
- 2021 – The main AIRVAC control panel was replaced.
- 2021 – replaced valves on sections of the collection system
- 2021 – Installed cementous material and epoxy coating to lift stations and manholes
- 2023 – replaced Busch vacuum pumps.

- 2024 – replaced reclaim flow meter for the reclaim water sent to the Monroe County Detention Center
- 2024 – replaced plant headwork piping on the North WWTP
- 2024 – hired a contractor to install cementous material and epoxy coating to lift stations and manholes.

**9. Effluent Quality:** In-Compliance

DMRs review period	From 12/1/2021 to 3/20/2024
Any exceedances?	Yes

9.1 Observation: The most recent exceedance was a single sample for Total Nitrogen in September 2022. The facility previously had an issue with their lab where sample analyses were suspected, but it is unknown whether this exceedance was a lab or sampling error. No exceedances have occurred since then.

**10. Effluent Disposal:** In-Compliance

Facility discharging?	Yes
Discharge location(s) as per permit?	Yes

10.1 Observation: No unauthorized discharge was observed.

10.2 Observation: A complaint was received by the Department regarding potential issues with the containment of the reuse water from the Facility at the Key West Golf Course. No breach of containment was observed at the time of the inspection and there was no indication that issues with reclaim containment existed.

**11. Biosolids:** In-Compliance

11.1 Observation: The permit identifies biosolid disposal at Medley Class I Landfill (in Miami-Dade County). An alternative Class I solid waste landfill is also allowed without permit modification. On 8/23/2023, the facility notified the Department that an agreement had been made with Synagro to transfer and treat the facility’s biosolids to Class AA.

11.2 Observation: The facility maintains biosolids disposal records for the required five years.

11.3 Observation: Biosolids quantities transferred or landfilled are reported on the permittee's DMR for Monitoring Group RMP-Q.

**12. Groundwater Quality:** Not Applicable

DMRs review period	From Date to Date
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Any exceedances?	Not Applicable
All monitoring wells accessible, secured & locked?	Not Applicable

12.1 Observation: This facility is not required by its permit to monitor groundwater.

**13. SSO Survey:** Out-of-Compliance

Does the facility have an Operation and Maintenance Manual for their collection system?	Yes
Does the facility track spills in their collection system?	Yes
Are there written procedures for minimizing spills?	Yes
Are there written procedures for notifications?	Yes
Are there written procedures for sampling surface waters?	Yes
Are those procedures adequate?	Yes
Are those procedures included in the Operation and Maintenance Manual or in a separate document?	See Observation
How often is the manual or other document updated?	Annually

SSO Details Table:

Location	Spill Date	SWO Number	Spill Volume (gallons)	Volume Recovered (gallons)	Impacted Area surface water/ ground water
Intersection of Cross St and County Rd in Stock Island	12/2/2022	N/A	25	0	None
6450 East College Rd., Key West FL 33040	1/9/2023	N/A	800	0	N/A
Cross St bridge in Stock Island, FL	7/2/2023	2023-5357	5,000	0	Unnamed Creek
400 County Rd in Stock Island, FL	10/30/2023	N/A	300	0	None

13.1 Deficiency: The facility has had unauthorized discharges (SSO, sanitary sewer overflow) of wastewater.

Rule/Permit Reference: Rule 62-604.130 , Florida Administrative Code, prohibits the release or disposal of wastewater without providing the degree of treatment required by Department rules.

Corrective Action: The facility submitted required notifications for each SSO and a final 5-day report as required. These reports were reviewed by the Department using its SSO Evaluation Tool as they occurred and were addressed accordingly. No further response is required at this time.

13.2 Observation: Facility has a hard copy of SSOP on site.

**14. Other:** Not Evaluated

14.1 Observation: No other compliance areas were observed.

**Inspection Photos**



Micro-screen



Dual train aeration and anoxic tank



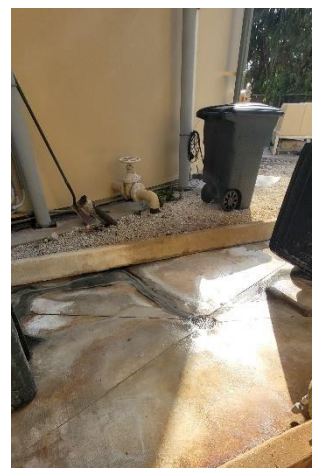
Dual train clarifier



Dual train reaeration tank



Dual train grit and screening collection



Dual train leachate drain





Composite sampler without thermometer



Composite sampler without thermometer



Chlorine analyzer



Chart recorders: flow, turbidity, and chlorine



Flow meter



Chemical storage



Chlorine contact chamber



Blower 1



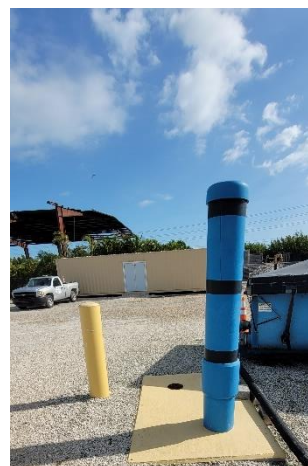
Blower 2



Blower 3



Spare blower



Injection well 1



Injection well 2



Injection well 3



Injection well 4 and treatment Train 3



Train 3 influent



Train 3 screen



Train 3 aeration and anoxic tank



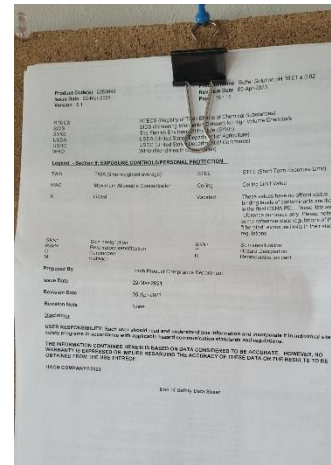
Train 3 reaeration



Drying beds



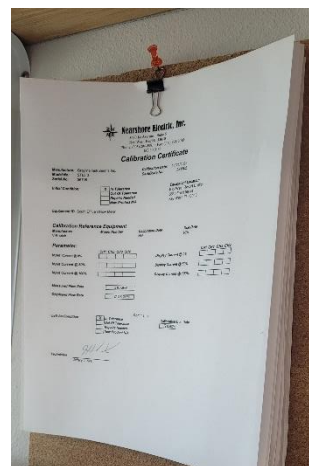
Operator licenses



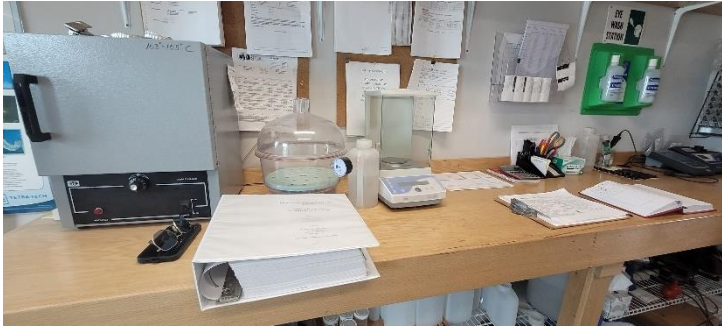
Hach product safety sheet



Facility permit



Flow calibration documents



Work bench



SSOP



Records and O&M manuals

All health department and DEP construction and operating permits.

Rule 25-30.437(3)(f), F.A.C.



# FLORIDA DEPARTMENT OF Environmental Protection

South District Office  
2295 Victoria Ave, Suite 364  
Ft. Myers, Florida 33901-3875

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Shawn Hamilton**  
Interim Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

Key West Resort Utility, Corp.

**RESPONSIBLE OFFICIAL:**

Christopher Johnson  
6630 Front St.  
Key West, Florida 33040-6050  
(305) 295-3301  
[chris@kwru.com](mailto:chris@kwru.com)

**PERMIT NUMBER:** FLA014951  
**FILE NUMBER:** FLA014951-018-DW1P  
**ISSUANCE DATE:** January 6, 2022  
**EFFECTIVE DATE:** February 23, 2022  
**EXPIRATION DATE:** February 22, 2027

**FACILITY:**

Key West Resort Utility WWTP  
6630 Front St., Stock Island  
Key West, FL 33045  
Monroe County  
Latitude: 24°34' 2.4058" N      Longitude: 81°44' 0.7186" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above-named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

**WASTEWATER TREATMENT:**

Operate an existing 0.849 million gallons per day (MGD) annual average daily flow (AADF) advanced wastewater treatment (AWT) domestic wastewater treatment plant (WWTP) consisting of three treatment trains, two of which are piped together to allow the facility to operate as a single unit. The dual train (with design flows of 0.249 MGD and 0.25 MGD) collection system influent flows to a splitter box which divides the flow to the separate treatment trains. Each train consists of: a bar screen, a 116,250-gallon aeration basin, a 109,910-gallon anoxic tank, a 23,840-gallon re-aeration basin, and a 53,011-gallon clarifier. There are three (3) aerobic digesters; one integrated into each of the treatment trains and a stand-alone digester. A third train consists of the following: a 0.350 MGD AADF treatment, which includes: a 90-foot diameter tank consisting of influent screening, a 105,554-gallon influent equalization tank, a 163,000-gallon aeration chamber, a 154,725-gallon post-anoxic chamber, a 32,525-gallon re-aeration zone, 112,602-gallon clarifier, and a 317,950-gallon digester. Effluent from all trains passes through a sand filter system and two chlorine contact chambers.

A reclaimed water sump sends reuse water to the Key West Golf Club, the Monroe County Detention Center, and Bernstein Park located on Stock Island, or can be gravity discharged to the four injection wells. This WWTP has been modified to meet the advanced wastewater treatment (AWT) standards of Florida Law 403.086 (10).

**REUSE OR DISPOSAL:**

**Underground Injection U-001:** An existing 0.849 MGD annual average daily flow permitted capacity underground injection well system consisting of 4 Class V underground injection wells permitted under Department permit number 184940-026-UO, WACS ID number 80580, discharging to Class G-III ground water. Underground Injection Well System U-001 is located approximately at latitude 24°33' 55" N, longitude 81°44' 51" W.

**Land Application R-001:** An existing 0.849 MGD annual average daily flow permitted capacity slow-rate public access system. R-001 is a reuse system which consists of an existing 0.849 MGD annual average daily flow permitted capacity

PERMITTEE: Key West Resort Utility, Corp.  
FACILITY: Key West Resort Utility

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slow-rate public access system. R-001 consists of an existing system for golf course irrigation (including two interconnected Lakes) at the Key West Golf Course, toilet flushing, AC makeup water and fire protection for the Monroe County Detention Center, and for irrigation at Bernstein Park which is located on Stock Island.

**IN ACCORDANCE WITH:** The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part X on pages 1 through 23 of this permit.



**I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

**A. Underground Injection Control Systems**

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge effluent to Underground Injection Well System U-001 located approximately at latitude 24°33'55", longitude 81°44'51". Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.C.8.:

Parameter	Units	Max. /Min	Reclaimed Water Condition		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow	MGD	Max Max	0.849 Report	Annual Average Monthly Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-002	See I.A.3
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max Max	5.0 6.25 7.5 10.0	Annual Average Monthly Average Weekly Average Single Sample	Bi-weekly; every 2 weeks	8-hr FPC	EFA-001	
Solids, Total Suspended	mg/L	Max Max Max Max	5.0 6.25 7.5 10.0	Annual Average Monthly Average Weekly Average Single Sample	Bi-weekly; every 2 weeks	8-hr FPC	EFA-001	
Coliform, Fecal	#/100mL	Max	25	Single Sample	Bi-weekly; every 2 weeks	Grab	EFA-001	See I.A.4
pH	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-001	
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	5 Days/Week	Grab	EFA-001	See I.A.5
Nitrogen, Total	mg/L	Max Max Max Max	3.0 3.75 4.5 6.0	Annual Average Monthly Average Weekly Average Single Sample	Bi-weekly; every 2 weeks	8-hr FPC	EFA-001	
Phosphorus, Total (as P)	mg/L	Max Max Max Max	1.0 1.25 1.5 2.0	Annual Average Monthly Average Weekly Average Single Sample	Bi-weekly; every 2 weeks	8-hr FPC	EFA-001	

2. Effluent samples shall be taken at the monitoring site locations listed in Permit Condition I.A.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-002	Flow measurement for effluent discharge into the injection wells.
EFA-001	After chlorination and prior to the disposal system R-001.

3. A Recording Flow Meter with Totalizer shall be utilized to measure flow and calibrated at least once every 12 months. [62-600.200(25)]

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 FACILITY: Key West Resort Utility

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4. To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(6)(a)]
5. Total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-600.440(5)(c) and (6)(b)]
6. The permittee shall monitor to ensure proper process control in accordance with the operator sampling and testing schedule included in the facility's Operation and Maintenance Manual. This monitoring may be performed using methods other than those in Chapter 62-160, F.A.C., as long as this data is for process control purposes and is not reported on the Discharge Monitoring Report. [62-620.320(6)]

**B. Reuse and Land Application Systems**

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.C.8.:

Parameter	Units	Max. /Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow	MGD	Max	0.774	Annual Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-003	See I.B.3
Flow	MGD	Max	0.06	Annual Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-004	
Flow	MGD	Max	0.015	Annual Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-005	
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Weekly	8-hr FPC	EFA-001	
Solids, Total Suspended	mg/L	Max	5.0	Single Sample	Daily; 24 hours	Grab	EFB-001	
Coliform, Fecal	#/100mL	Max	25	Single Sample	Daily; 24 hours	Grab	EFA-001	
Coliform, Fecal, % less than detection	percent	Min	75	Monthly Total	Daily; 24 hours	Calculated	EFA-001	See I.B.4
pH	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-001	
Chlorine, Total Residual (For Disinfection)	mg/L	Min	1.0	Single Sample	Continuous	Meter	EFA-001	See I.B.5 and I.B.8
Turbidity	NTU	Max	Report	Single Sample	Continuous	Meter	EFB-001	See I.B.6 and I.B.8
Giardia	cysts/100 L	Max	Report	Single Sample	Every 5 years	Grab	EFA-001	See I.B.9
Cryptosporidium	oocysts/100L	Max	Report	Single Sample	Every 5 years	Grab	EFA-001	See I.B.9

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- Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I.B.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-003	Flow measurement of reclaimed water sent to the Key West Golf Course.
FLW-004	Flow measurement of reclaimed water sent to the Monroe County Detention Center.
FLW-005	Flow measurement of reclaimed water to Bernstein Park.
EFA-001	After chlorination and prior to the disposal system R-001.
EFB-001	Turbidity samples are taken immediately after filtration from a common feed line to the turbidity analyzer.

- A recording flow meter with totalizer shall be utilized to measure flow and calibrated at least once every 12 months. [62-600.200(25)]
- To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(6)(a)]
- The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(6)(b)][62-610.460(2)][62-610.463(2)]
- The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2)]
- The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to the following permitted alternate discharge system: U-001. [62-610.320(6) and 62-610.463(2)]
- Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2)]
- Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. [62-610.463(4)]

**C. Other Limitations and Monitoring and Reporting Requirements**

- During the period beginning on the effective date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.C.8.:

Parameter	Units	Max. /Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow	MGD	Max Max Max	0.849 Report Report	Annual Average Monthly Average 3-Month Rolling Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-001	See I.C.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly	5/Month	Calculated	CAL-001	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Weekly	16-hr FPC	INF-001	See I.C.3 and I.C.15

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Parameter	Units	Max. /Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Weekly	16-hr FPC	INF-001	See I.C.3 and I.C.15

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I.C.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-001	FLW-002 + FLW-003 + FLW-004 + FLW-005 will be added together and then recorded as FLW-001.
CAL-001	Calculation using Monthly FLW-001= (TMADF divided by permitted capacity) x 100
INF-001	Influent taken at either bar screen.

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-600.660(4)(a)]
4. A recording flow meter with totalizer shall be utilized to measure flow and calibrated at least once every 12 months. [62-600.200(25)]
5. Sampling results for giardia and cryptosporidium shall be reported on DEP Form 62-610.300(4)(a)4, Pathogen Monitoring, which is attached to this permit. This form shall be submitted to the Department's South District Office and to DEP's Wastewater Management Program in Tallahassee. [62-610.300(4)(a)]
6. The sample collection, analytical test methods, and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-600, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (November 10, 2020)" is available at <https://floridadep.gov/dear/quality-assurance/content/quality-assurance-resources>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
  - a. The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
  - b. The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
  - c. If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-

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referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

7. The permittee shall provide safe access points for obtaining representative samples which are required by this permit. [62-600.650(2)]
8. Monitoring requirements under this permit are effective on the first day of the second month following the effective date of the permit. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements. If not already registered to use the Department's Ez Discharge Monitoring Report (EzDMR) system, the permittee should register now in order to begin using the EzDMR system when the monitoring requirements under this permit are effective. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Unless specified otherwise in this permit, monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below. DMRs shall be submitted for each required monitoring period including periods of no discharge.

REPORT Type on DMR	Monitoring Period	Submit by
Monthly	First day of month - last day of month	28th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 - June 30	July 28
	July 1 - September 30	October 28
	October 1 - December 31	January 28
Semiannual	January 1 - June 30	July 28
	July 1 - December 31	January 28
Annual	January 1 - December 31	January 28

The permittee shall submit the completed DMR to the Department by the twenty-eighth (28th) of the month following the month of operation. Please contact the Department at (239) 344-5600 if you are unable to submit the completed DMR electronically using the EzDMR system.

The Department electronic EzDMR system at the time of permit issuance is available through the DEP Business Portal at: <http://www.fldepportal.com/go/submit-report/>

[62-620.610(18)] [62-600.680(1)]

9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for asbestos, total coliform, color, odor, and residual disinfectants). These monitoring results shall be reported to the Department annually on the DMR. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted with the signed DMR in lieu of performing the analysis. When such a certification is submitted with the DMR, monitoring not required this period should be noted on the DMR. The annual reclaimed water or effluent analysis report, and certification if applicable, shall be completed and submitted in a timely manner so as to be received by the Department at the address identified on the DMR by January 28 of each year. Approved analytical methods identified in Rule 62-620.100(3)(j), F.A.C., shall be used for the analysis. If no method is included for a parameter, methods specified in Chapter 62-550, F.A.C., shall be used. [62-600.660(2) and (3)(d)][62-600.680(2)][62-610.300(4)]
10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
11. Operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the

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Department's South District Office for review and approval upon revision of the operating protocol(s) and with each permit application. [62-610.320(6)][62-610.463(2)]

12. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department's South District Office at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5)]

13. Except as otherwise specified in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to the Department in a digital format when practicable. The Department's electronic mailing address is:

[SouthDistrict@FloridaDEP.gov](mailto:SouthDistrict@FloridaDEP.gov)

Please contact the Department at (239) 344-5600 if you are unable to submit electronically.

[62-620.610(11)]

14. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

15. Influent flow proportioned composite samples for CBOD<sub>5</sub>, total suspended solids, total nitrogen, total phosphorous, total ammonia nitrogen, total kjedahl nitrogen, and total organic nitrogen shall be taken on the same day, and composite periods shall be at the same time of day that the effluent samples are taken. [62-600.650(3)]

## II. BIOSOLIDS MANAGEMENT REQUIREMENTS

### A. Basic Requirements

1. Biosolids generated by this facility may be transferred to Medley Class I Landfill (in Miami-Dade County) or disposed of in a Class I solid waste landfill. Transferring biosolids to an alternative biosolids treatment facility does not require a permit modification. However, use of an alternative biosolids treatment facility requires submittal of a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the biosolids. [62-620.320(6), 62-640.880(1)]
2. The permittee shall monitor and keep records of the quantities of biosolids generated, received from source facilities, treated, distributed and marketed, land applied, used as a biofuel or for bioenergy, transferred to another facility, or landfilled. These records shall be kept for a minimum of five years. [62-640.650(4)(a)]
3. Biosolids quantities shall be monitored by the permittee as specified below. Results shall be reported on the permittee's Discharge Monitoring Report for Monitoring Group RMP-Q in accordance with Condition 8.

Parameter	Units	Max. /Min	Biosolids Limitation		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Biosolids Quantity (Landfilled)	dry tons	Max	Report	Monthly Total	Monthly	Calculated	RMP-01	
Biosolids Quantity (Transferred)	dry tons	Max	Report	Monthly Total	Monthly	Calculated	RMP-01	

[62-640.650(5)(a)1]

4. Biosolids quantities shall be calculated as listed in Permit Condition II.3 and as described below:

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Monitoring Site Number	Description of Monitoring Site Calculations
RMP-01	Calculated Monthly Total of Biosolids transferred or landfilled. (Per truck weight, flow measurements, calculated from total solids, etc.)

5. The treatment, management, transportation, use, land application, or disposal of biosolids shall not cause a violation of the odor prohibition in subsection 62-296.320(2), F.A.C. [62-640.400(6)]
6. Storage of biosolids or other solids at this facility shall be in accordance with the Facility Biosolids Storage Plan. [62-640.300(4)]
7. Biosolids shall not be spilled from or tracked off the treatment facility site by the hauling vehicle. [62-640.400(9)]

#### B. Disposal

1. Disposal of biosolids, septage, and "other solids" in a solid waste disposal facility, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(b) & (c)]

#### C. Transfer

1. The permittee shall not be held responsible for treatment and management violations that occur after its biosolids have been accepted by a permitted biosolids treatment facility with which the source facility has an agreement in accordance with subsection 62-640.880(1)(c), F.A.C., for further treatment, management, or disposal. [62-640.880(1)(b)]
2. The permittee shall keep hauling records to track the transport of biosolids between the facilities. The hauling records shall contain the following information:

Source Facility	Biosolids Treatment Facility or Treatment Facility
1. Date and time shipped	1. Date and time received
2. Amount of biosolids shipped	2. Amount of biosolids received
3. Degree of treatment (if applicable)	3. Name and ID number of source facility
4. Name and ID Number of treatment facility	4. Signature of hauler
5. Signature of responsible party at source facility	5. Signature of responsible party at treatment facility
6. Signature of hauler and name of hauling firm	

A copy of the source facility hauling records for each shipment shall be provided upon delivery of the biosolids to the biosolids treatment facility or treatment facility. The treatment facility permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of biosolids leaving the source facility and arriving at the biosolids treatment facility or treatment facility.

[62-640.880(4)]

#### D. Receipt

1. If the permittee intends to accept biosolids from other facilities, a permit revision is required pursuant to paragraph 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]

### III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

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**IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS**

**A. Part III Public Access System(s)**

1. This reuse system includes the following major user(s) of reclaimed water (i.e., using 0.1 MGD or more) and general service area(s):

Site Number	Username	User Type	Capacity (MGD)	Acreage
PAA-001	Key West Golf Club	Golf Courses	0.774	100.27
PAA-002	Monroe County Detention Center	Industrial Uses (Cooling Water, Process Water, and Wash Water at Industrial Facilities)	0.06	3
PAA-005	Bernstein Park	Athletic Complexes and Parks	0.015	4.12
Total			0.849	107.39

*[62-610.800(5)][62-620.630(10)(b)]*

2. Cross-connections to the potable water system are prohibited. *[62-610.469(7)]*
3. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use and shall be in compliance with the Rule 62-555.360, F.A.C. *[62-610.469(7)]*
4. The permittee shall conduct inspections within the reclaimed water service area to verify proper connections, to minimize illegal cross-connections, and to verify both the proper use of reclaimed water and that the proper backflow prevention assemblies or devices have been installed and tested. Inspections are required when a customer first connects to the reuse distribution system. Subsequent inspections are required as specified in the cross-connection control and inspection program. *[62-610.469(7)(h)]*
5. If an actual or potential (e.g. no dual check device on residential connections served by a reuse system) cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
  - a. Immediately discontinue potable water and/or reclaimed water service to the affected area if an actual cross-connection is discovered.
  - b. If the potable water system is contaminated, clear the potable water lines.
  - c. Eliminate the cross-connection and install a backflow prevention device as required by the Rule 62-555.360. F.A.C.
  - d. Test the affected area for other possible cross-connections.
  - e. Within 24 hours, notify the Department's South District Office's domestic wastewater and drinking water programs.
  - f. Within 5 days of discovery of an actual or potential cross-connection, submit a written report to the Department's South District Office detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur.

*[62-555.360] [62-620.610(20)]*



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6. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided, and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7)]*
7. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. *[62-610.471(3)]*
8. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. *[62-610.471(1), (2), (5), and (7)]*
9. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4)]*
10. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6)]*
11. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8)]*
12. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. *[62-610.468(2)]*
13. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. *[62-610.468, 62-610.469]*
14. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. *[62-610.468(6)]*
15. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414(8)]*
16. Overflows from emergency discharge facilities on storage ponds shall be reported as abnormal events in accordance with Permit Condition IX.20. *[62-610.800(9)]*

## V. OPERATION AND MAINTENANCE REQUIREMENTS

### A. Staffing Requirements

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of one or more operators certified in accordance with Chapter 62-602, F.A.C. In accordance with

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Chapter 62-699, F.A.C., this facility is a Domestic Wastewater Treatment, Category I, Class B facility. The facility utilizes a Supervisory Control and Data Acquisition (SCADA) system and is therefore allowed to operate under the reduced staffing allowance as described in rule 62-699.311(5)(b)2, F.A.C. At minimum, operators with appropriate certification must be on site as follows:

A Class C or higher operator 6 hours/day for 5 days/week, and one visit by a Class C or higher operator on each weekend day. If reuse water is produced on any weekend day, a Class C or higher operator shall be present 100% of the time that reuse water is being produced or 6 hours, whichever is less. The lead/chief operator must be a Class B operator, or higher.

It shall be noted that Variance FLA014951-015, Section 8.b. states, "Upon Completion of the modifications the facility: A Class C or higher operator for 8 hours per day for 5 days per week with the 8 hours per day of staffing occurring the 8-hour period of greatest influent flow". However, this requirement does not consider the allowance for reduced staffing as described in rule 62-699.311(5)(b)2, F.A.C., provided that the facility employs the use of a certified electronic control system (SCADA system). Since the facility does now employ the use of an electronic control system, the staffing requirements described in this section are thereby authorized by the Department.

2. The lead/chief operator shall be employed at the plant full time. "Full time" shall mean at least 4 days per week, working a minimum of 35 hours per week, including leave time. A licensed operator shall be on-site and in charge of each required shift for periods of required staffing time when the lead/chief operator is not on-site. An operator meeting the lead/chief operator class for the treatment plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. *[62-699.311(10), (6) and (1)]*
3. An operator meeting the lead/chief operator class for the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. *[62-699.311(1)]*

#### **B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements**

1. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*
2. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

#### **C. Recordkeeping Requirements**

1. The permittee shall maintain the following records and make them available for inspection at the following address: on the site of the permitted facility.
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
  - b. Copies of all reports required by this permit for at least three years from the date the report was prepared;
  - c. Records of all data, including reports and documents, used to complete the application for this permit for at least three years from the date the application was filed;
  - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
  - e. A copy of the current wastewater facility permit;

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- f. Copies of the current operation and maintenance manuals for the wastewater facility and the collection/transmission systems owned or operated by the wastewater facility permittee as required by Chapters 62-600 and 62-604, F.A.C.;
- g. A copy of any required record drawings for the wastewater facility and the collection/transmission systems owned or operated by the wastewater facility permittee;
- h. Copies of the licenses of the current certified operators;
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and license number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed; and
- j. Records of biosolids quantities, treatment, monitoring, and hauling for at least five years.

*[62-620.350, 62-604.500, 62-602.650, 62-640.650(4)]*

## VI. SCHEDULES

1. The permittee is not authorized to discharge to waters of the state after the expiration date of this permit, unless:
  - a. The permittee has applied for renewal of this permit at least 180 days before the expiration date of this permit using the appropriate forms listed in Rule 62-620.910, F.A.C., and in the manner established in the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C.; or
  - b. The permittee has made complete the application for renewal of this permit before the permit expiration date.

*[62-620.335(1)-(4)]*

## VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. *[62-625.500]*

## VIII. OTHER SPECIFIC CONDITIONS

1. In the event that the wastewater facilities or equipment, including collection/transmission systems, no longer function as intended, are no longer safe in terms of public health and safety (including inactive or abandoned facilities), or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by paragraphs 62-600.400(2)(a) and 62-604.400(2)(c), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in subsection 62-296.320(2), F.A.C. *[62-600.410(5), 62-604.500(3) and 62-640.400(6)]*
2. All collection/transmission systems shall be operated and maintained so as to provide uninterrupted service. *[62-604.500(2)]*
3. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(4)]*

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4. Cross-connection, as defined in Rule 62-550.200, F.A.C., between the wastewater facility, including the collection/transmission system, and a potable water system is prohibited. *[62-550.360][62-604.130(3)]*
5. The collection/transmission operation and maintenance manual shall be maintained and revised periodically in accordance with subsection 62-604.500(4), F.A.C., to reflect any alterations performed or to reflect experience resulting from operation. However, a new operation and maintenance manual is not required to be developed for each project if there is already an existing manual that is applicable to the facilities being constructed. *[62-604.500(4)]*
6. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
7. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
  - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.*[62-604.130(5)]*
8. The treatment facility, storage ponds for Part II systems, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-600.400(2)(b)]*
9. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
10. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. *[62-620.310(4)]*
11. The permittee shall provide verbal notice to the Department's South District Office as soon as practical after discovery of a sinkhole or other karst feature within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The permittee shall immediately implement measures appropriate to control the entry of contaminants and shall detail these measures to the Department's South District Office in a written report within 7 days of the sinkhole discovery. *[62-620.320(6)]*
12. The permittee shall provide notice to the Department of the following:
  - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C., if it were directly discharging those pollutants; and
  - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

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Notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility. If pretreatment becomes necessary, this permit may be modified to require the permittee to develop and implement a local pretreatment program in accordance with the requirements of Chapter 62-625, F.A.C.

*[62-620.625(2)]*

#### IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications, or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of, or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

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- a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
- b. Have access to and copy any records that shall be kept under the conditions of this permit;
- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

*[62-620.610(9)]*

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted, or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2), F.A.C., for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
  - a. A description of the anticipated noncompliance;
  - b. The period of the anticipated noncompliance, including dates and times; and

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- c. Steps being taken to prevent future occurrence of the noncompliance.

*[62-620.610(17)]*

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246 and Chapters 62-160, 62-600, and 62-610, F.A.C., and 40 CFR 136, as appropriate.
  - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
  - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
  - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
  - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
  - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
  - f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220, and 62-160.330, F.A.C.

*[62-620.610(18)]*

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance. For noncompliance events related to sanitary sewer overflows or bypass events, these reports must include the data described above (with the exception of time of discovery) as well as the type of event (sanitary sewer overflows or bypass events), type of sewer overflow (e.g., manhole), discharge volumes by the treatment works treating domestic sewage, types of human health and environmental impacts of the sewer overflow event, and whether the noncompliance was related to wet weather. The written submission may be provided electronically using the Department's Business Portal at <https://www.fldepportal.com/go/> (via "Submit" followed by "Report" or "Registration/Notification"). Notice required under paragraph (d) may be provided together with the written submission using the Business Portal. All noncompliance events related to sanitary sewer overflows or bypass events submitted after December 21, 2020 shall be submitted electronically.
  - a. The following shall be included as information which must be reported within 24 hours under this condition:
    - (1) Any unanticipated bypass which causes any reclaimed water or the effluent to exceed any permit limitation or results in an unpermitted discharge,
    - (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,

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- (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
  - (4) Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
- (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WATCH OFFICE TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Watch Office:
    - (a) Name, address, and telephone number of person reporting;
    - (b) Name, address, and telephone number of permittee or responsible person for the discharge;
    - (c) Date and time of the discharge and status of discharge (ongoing or ceased);
    - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
    - (e) Estimated amount of the discharge;
    - (f) Location or address of the discharge;
    - (g) Source and cause of the discharge;
    - (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
    - (i) Description of area affected by the discharge, including name of water body affected, if any; and
    - (j) Other persons or agencies contacted.
  - (2) Oral reports not otherwise required to be provided pursuant to subparagraph (b)1. above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.
- d. In accordance with Section 403.077, F.S., unauthorized releases or spills reportable to the State Watch Office pursuant to subparagraph (b)1. above shall also be reported to the Department within 24 hours from the time the permittee becomes aware of the discharge. The permittee shall provide to the Department information reported to the State Watch Office. Notice of unauthorized releases or spills may be provided to the Department through the Department's Public Notice of Pollution web page at <https://floridadep.gov/pollutionnotice>.
- (1) If, after providing notice pursuant to paragraph (d) above, the permittee determines that a reportable unauthorized release or spill did not occur or that an amendment to the notice is warranted, the permittee may submit additional notice to the Department documenting such determination.
  - (2) If, after providing notice pursuant to paragraph (d) above, the permittee discovers that a reportable unauthorized release or spill has migrated outside the property boundaries of the installation, the permittee must provide an additional notice to the Department that the release has migrated outside the property boundaries within 24 hours after its discovery of the migration outside of the property boundaries.

*[62-620.610(20)] [62-620.100(3)] [403.077, F.S.]*

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX.17., IX.18., or IX.19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX.20. of this permit. *[62-620.610(21)]*
22. Bypass Provisions.
  - a. "Bypass" means the intentional diversion of waste streams from any portion of a treatment works.
  - b. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:



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- (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
  - (2) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
  - (3) The permittee submitted notices as required under Permit Condition IX.22.c. of this permit.
- c. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible, at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX.20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
  - d. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX.22.b.(1) through (3) of this permit.
  - e. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX.22.b. through d. of this permit.

*[62-620.610(22)]*

### 23. Upset Provisions.

- a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
  - (1) An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.
  - (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology-based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.
- b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
  - (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
  - (2) The permitted facility was at the time being properly operated;
  - (3) The permittee submitted notice of the upset as required in Permit Condition IX.20. of this permit; and
  - (4) The permittee complied with any remedial measures required under Permit Condition IX.5. of this permit.
- c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- d. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

*[62-620.610(23)]*

## X. INJECTION WELLS

1. UIC General Conditions.
  - a. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to section 403.141, F.S.

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- b. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action.
- c. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
- d. This permit conveys no title to land, water, does not constitute State recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
- e. This permit does not relieve the permittee from liability for harm to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefrom; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
- f. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit or are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
- g. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
  - i. Have access to and copy any records that must be kept under conditions of this permit;
  - ii. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
  - iii. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.Reasonable time will depend on the nature of the concern being investigated.
- h. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
  - i. A description of and cause of noncompliance; and
  - ii. The period of noncompliance, including dates and times; or, if not corrected the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent the recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.
- i. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is proscribed by sections 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
- j. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

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- k. This permit is transferable only upon Department approval in accordance with rules 62-4.120 and 62-528.350, F.A.C. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
- l. This permit or a copy thereof shall be kept at the work site of the permitted activity.
- m. The permittee shall comply with the following:
  - i. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records shall be extended automatically unless the Department determines that the records are no longer required.
  - ii. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - iii. Records of monitoring information shall include:
    - 1. the date, exact place, and time of sampling or measurements;
    - 2. the person responsible for performing the sampling or measurements;
    - 3. the dates analyses were performed;
    - 4. the person responsible for performing the analyses;
    - 5. the analytical techniques or methods used;
    - 6. the results of such analyses.
  - iv. The permittee shall furnish to the Department, within the time requested in writing, any information which the Department requests to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, or to determine compliance with this permit.
  - v. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.
- n. All applications, reports, or information required by the Department shall be certified as being true, accurate, and complete.
- o. Reports of compliance or noncompliance with, or any progress reports on, requirements contained in any compliance schedule of this permit shall be submitted no later than 14 days following each scheduled date.
- p. Any permit noncompliance constitutes a violation of the Safe Drinking Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or for denial of a permit renewal application.
- q. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.
- r. The permittee shall take all reasonable steps to minimize or correct any adverse impact on the environment resulting from noncompliance with this permit.
- s. This permit may be modified, revoked and reissued, or terminated for cause, as provided in 40 C.F.R. sections 144.39(a), 144.40(a), and 144.41 (1998). The filing of a request by the permittee for a permit modification, revocation or reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.
- t. The permittee shall retain all records of all monitoring information concerning the nature and composition of injected fluid until five years after completion of any plugging and abandonment procedures specified under rule 62-528.435, F.A.C. The permittee shall deliver the records to the Department office that issued the permit at the conclusion of the retention period unless the permittee elects to continue retention of the records.

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FACILITY: Key West Resort Utility

PERMIT NUMBER: FLA014951  
PA FILE NUMBER: FLA014951-018-DW1P

- u. All reports and other submittals required to comply with this permit shall be signed by a person authorized under rules 62-528.340(1) or (2), F.A.C. All reports shall contain the certification required in rule 62-528.340(4), F.A.C.
- v. The permittee shall notify the Department as soon as possible of any planned physical alterations or additions to the permitted facility. In addition, prior approval is required for activities described in rule 62-528.410(1)(h).
- w. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or injection activity which may result in noncompliance with permit requirements.
- x. The permittee shall report any noncompliance which may endanger health or the environment including:
  - i. Any monitoring or other information which indicates that any contaminant may cause an endangerment to an underground source of drinking water; or
  - ii. Any noncompliance with a permit condition or malfunction of the injection system which may cause fluid migration into or between underground sources of drinking water.

Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause, the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

## 2. UIC Operation.

- a. In accordance with rules 62-4.090(1) and 62-528.455(3)(a), F.A.C., the permittee shall submit an application for permit renewal at least 60 days prior to expiration of this permit.
- b. Proper operation and maintenance includes effective performance, adequate funding, adequate operator staffing and training, and adequate laboratory and process controls, including appropriate quality assurance procedures.
- c. The injection system shall be monitored in accordance with rules 62-528.425(1)(g) and 62-528.430(2), F.A.C. Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
- d. The permittee shall submit monthly to the Department the results of all injection well and monitor well data required by this permit no later than the last day of the month immediately following the month of record. The results shall be sent to the Department of Environmental Protection, South District Office, [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us). A copy of this report shall also be sent to the Department of Environmental Protection, Underground Injection Control Program, MS 3530, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.

## 3. UIC Abandonment.

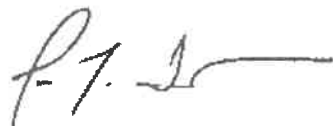
- a. When no longer used for their intended purpose, these wells shall be properly plugged and abandoned.
- b. In the event a well must be plugged or abandoned, the permittee shall obtain a permit from the Department as required by Chapter 62-528, Florida Administrative Code.

Executed in Ft. Myers, Florida.

PERMITTEE: Key West Resort Utility, Corp.  
FACILITY: Key West Resort Utility

PERMIT NUMBER: FLA014951  
PA FILE NUMBER: FLA014951-018-DW1P

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



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Jon M. Iglehart, Director of District Management

Attachments:  
Discharge Monitoring Report  
Statement of Basis  
"Pathogen Monitoring" Report Form



**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP R-001  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)	#/100mL		Daily; 24 hours	Grab
Coliform, Fecal, % less than detection	Sample Measurement									
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement				75 (Min.Mo.Total)		percent		Daily; 24 hours	Calculated
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement									
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement					Report (Max.)	NTU	0	Continuous	Meter
Flow	Sample Measurement									
PARM Code 50050 Q Mon. Site No. FLW-001	Permit Requirement		0.849 (An.Avg.)	MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement	Report (3Mo.Avg.)	Report (Mo.Avg.)	MGD				0	5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement									
PARM Code 00180 P Mon. Site No. CAL-001	Permit Requirement					Report (Mo.Avg.)	percent	0	5/Month	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement									
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L	0	5/Week	16-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement									
PARM Code 00530 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L	0	5/Week	16-hr FPC

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

When Completed submit this report to: <http://www.fldepportal.com/go/submit-report/>

PERMITTEE NAME:	Key West Resort Utility, Corp.	PERMIT NUMBER:	FLA014951-018-DW1P		
MAILING ADDRESS:	6630 Front St Key West, Florida 33040- 6050	LIMIT:	Final	REPORT FREQUENCY:	Monthly
		CLASS SIZE:	N/A	PROGRAM:	Domestic
FACILITY:	Key West Resort Utility	MONITORING GROUP NUMBER:	U-001		
LOCATION:	6630 Front St., Stock Island Key West, FL 33045-	MONITORING GROUP DESCRIPTION:	Two existing and two new Class V injection wells		
		RE-SUBMITTED DMR:	<input type="checkbox"/>		
		NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
COUNTY:	Monroe	MONITORING PERIOD	From: _____	To: _____	
OFFICE:	South District				

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement									
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	0.849 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo. Avg.)	MGD				0		5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				5.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement		10.0 (Max.)	7.5 (Max. Wk. Avg.)	6.25 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement				5.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement		10.0 (Max.)	7.5 (Max. Wk. Avg.)	6.25 (Mo. Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

ISSUANCE/REISSUANCE DATE: January 2022  
DMR EFFECTIVE DATE: April 1, 2022 - Permit expiration

DEP Form 62-620.910(10), Effective Nov. 29, 1994



**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-018-DW1P

NUMBER:

MONITORING PERIOD

From: \_\_\_\_\_

To: \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)		#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement										
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Min.)		8.5 (Max.)		s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement			0.5 (Min.)				mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement										
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement					3.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement										
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Max.)	4.5 (Max.Wk.Avg.)	3.75 (Mo.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement					1.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement										
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement			2.0 (Max.)	1.5 (Max.Wk.Avg.)	1.25 (Mo.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed submit this report to: [Http://www.fldepportal.com/go/submit-report/](http://www.fldepportal.com/go/submit-report/)

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951-018-DW1P	
MAILING ADDRESS: 6630 Front St Key West, Florida 33040- 6050	LIMIT: Final	REPORT FREQUENCY: Monthly
	CLASS SIZE: N/A	PROGRAM: Domestic
FACILITY: Key West Resort Utility	MONITORING GROUP NUMBER: RMP-Q	
LOCATION: 6630 Front St., Stock Island Key West, FL 33045-	MONITORING GROUP DESCRIPTION: Biosolids Quantity	
	RE-SUBMITTED DMR: <input type="checkbox"/>	
COUNTY: Monroe	NO DISCHARGE FROM SITE: <input type="checkbox"/>	
OFFICE: South District	MONITORING PERIOD From: _____ To: _____	

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement							
PARM Code B0008 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated
Biosolids Quantity (Transferred)	Sample Measurement							
PARM Code B0007 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

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

When Completed submit this report to: <http://www.fdepportal.com/go/submit-report/>

PERMITTEE NAME: Key West Resort Utility, Corp.	PERMIT NUMBER: FLA014951-018-DW1P	REPORT FREQUENCY: Annually
MAILING ADDRESS: 6630 Front St Key West, Florida 33040- 6050	CLASS SIZE: Final	PROGRAM: Domestic
FACILITY: Key West Resort Utility	MONITORING GROUP NUMBER: N/A	
LOCATION: 6630 Front St., Stock Island Key West, FL 33045-	MONITORING GROUP DESCRIPTION: RWS-A	
	RE-SUBMITTED DMR: <input type="checkbox"/>	Annual Reclaimed Water or Effluent Analysis
	NO DISCHARGE FROM SITE: <input type="checkbox"/>	
	MONITORING NOT REQUIRED: * <input type="checkbox"/>	
COUNTY: Monroe	MONITORING PERIOD From: _____	To: _____
OFFICE: South District		

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Antimony, Total Recoverable (GWS = 6)**	Sample Measurement							
PARM Code 01268 P	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Mon. Site No. RWS-A								
Arsenic, Total Recoverable (GWS = 10)	Sample Measurement							
PARM Code 00978 P	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Mon. Site No. RWS-A								
Barium, Total Recoverable (GWS = 2,000)	Sample Measurement							
PARM Code 01009 P	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Mon. Site No. RWS-A								
Beryllium, Total Recoverable (GWS = 4)	Sample Measurement							
PARM Code 00998 P	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Mon. Site No. RWS-A								
Cadmium, Total Recoverable (GWS = 5)	Sample Measurement							
PARM Code 01113 P	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Mon. Site No. RWS-A								
Chromium, Total Recoverable (GWS = 100)	Sample Measurement							
PARM Code 01118 P	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Mon. Site No. RWS-A								

\*THE "MONITORING NOT REQUIRED" CHECKBOX SHOULD BE SELECTED WHEN A CERTIFICATION STATEMENT IN ACCORDANCE WITH SUBSECTION 62-600.680(2), F.A.C., IS SUBMITTED WITH THIS DMR. SEE CERTIFICATION STATEMENT IN COMMENTS SECTION BELOW.  
 \*\*GROUND WATER STANDARD (GWS) FOR REFERENCE AND REVIEW ONLY.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

NO NEW NON-DOMESTIC WASTEWATER DISCHARGERS HAVE BEEN ADDED TO THE COLLECTION SYSTEM SINCE THE LAST RECLAIMED WATER OR EFFLUENT ANALYSIS WAS CONDUCTED. SIGN AND DATE:

ISSUANCE/REISSUANCE DATE: January 2022  
 DMR EFFECTIVE DATE: April 1, 2022 - Permit expiration

DEP Form 62-620.910(10), Effective Nov. 29, 1994

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Cyanide, Free (amen. to chlorination)(GWS = 200)	Sample Measurement							
PARM Code 00722 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
Fluoride, Total (as F) (GWS = 4.0/2.0)	Sample Measurement							
PARM Code 00951 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Lead, Total Recoverable (GWS = 15)	Sample Measurement							
PARM Code 01114 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Mercury, Total Recoverable (GWS = 2)	Sample Measurement							
PARM Code 71901 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Nickel, Total Recoverable (GWS = 100)	Sample Measurement							
PARM Code 01074 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Nitrogen, Nitrate, Total (as N) (GWS = 10)	Sample Measurement							
PARM Code 00620 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Nitrogen, Nitrite, Total (as N) (GWS = 1)	Sample Measurement							
PARM Code 00615 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Nitrite plus Nitrate, Total 1 det. (as N)(GWS = 10)	Sample Measurement							
PARM Code 00630 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Selenium, Total Recoverable (GWS =50)	Sample Measurement							
PARM Code 00981 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Sodium, Total Recoverable (GWS = 160)	Sample Measurement							
PARM Code 00923 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Thallium, Total Recoverable (GWS = 2) PARM Code 00982 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	24-hr FPC
1,1-dichloroethylene (GWS = 7) PARM Code 34501 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	Grab
1,1,1-trichloroethane (GWS = 200) PARM Code 34506 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	Grab
1,1,2-trichloroethane (GWS = 5) PARM Code 34511 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	Grab
1,2-dichloroethane (GWS = 3) PARM Code 32103 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	Grab
1,2-dichloropropane (GWS = 5) PARM Code 34541 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	Grab
1,2,4-trichlorobenzene (GWS = 70) PARM Code 34551 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	24-hr FPC
Benzene (GWS = 1) PARM Code 34030 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	Grab
Carbon tetrachloride (GWS = 3) PARM Code 32102 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	Grab
Cis-1,2-dichloroethene (GWS = 70) PARM Code 81686 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement							
				Report (Max.)	ug/L	0	Annually	Grab

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-018-DW1P

NUMBER:

MONITORING PERIOD

From: \_\_\_\_\_

To: \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Dichloromethane (methylene chloride)(GWS = 5)	Sample Measurement										
PARM Code 03821 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											
Ethylbenzene (GWS = 700)	Sample Measurement										
PARM Code 34371 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											
Monochlorobenzene (GWS = 100)	Sample Measurement										
PARM Code 34031 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											
1,2-dichlorobenzene (GWS = 600)	Sample Measurement										
PARM Code 34536 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											
1,4-dichlorobenzene (GWS = 75)	Sample Measurement										
PARM Code 34571 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											
Styrene, Total (GWS = 100)	Sample Measurement										
PARM Code 77128 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											
Tetrachloroethylene (GWS = 3)	Sample Measurement										
PARM Code 34475 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											
Toluene (GWS = 1,000)	Sample Measurement										
PARM Code 34010 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											
1,2-trans-dichloroethylene (GWS = 100)	Sample Measurement										
PARM Code 34546 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											
Trichloroethylene (GWS = 3)	Sample Measurement										
PARM Code 39180 P	Permit Requirement				Report (Max.)	ug/L	0	Annually	Grab		
Mon. Site No. RWS-A											

ISSUANCE/REISSUANCE DATE: January 2022  
DMR EFFECTIVE DATE: April 1, 2022 - Permit expiration

DEP Form 62-620.910(10), Effective Nov. 29, 1994

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-018-DW1P

NUMBER:

MONITORING PERIOD

From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Vinyl chloride (GWS = 1) PARM Code 39175 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement					0	Annually	Grab
Xylenes (GWS = 10,000) PARM Code 81551 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement				ug/L	0	Annually	Grab
2,3,7,8-tetrachlorodibenzo-p-dioxin(GWS = 3x10 <sup>-5</sup> ) PARM Code 34675 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement				ug/L	0	Annually	24-hr FPC
2,4-dichlorophenoxyacetic acid (GWS = 70) PARM Code 39730 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement				ug/L	0	Annually	24-hr FPC
Silvex (GWS = 50) PARM Code 39760 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement				ug/L	0	Annually	24-hr FPC
Alachlor (GWS = 2) PARM Code 39161 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement				ug/L	0	Annually	24-hr FPC
Atrazine (GWS = 3) PARM Code 39033 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement				ug/L	0	Annually	24-hr FPC
Benzo(a)pyrene (GWS = 0.2) PARM Code 34247 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement				ug/L	0	Annually	24-hr FPC
Carbofuran (GWS = 40) PARM Code 81405 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement				ug/L	0	Annually	24-hr FPC
Chlordane (tech mix. and metabolites)(GWS = 2) PARM Code 39350 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement				ug/L	0	Annually	24-hr FPC

ISSUANCE/REISSUANCE DATE: January 2022  
DMR EFFECTIVE DATE: April 1, 2022 - Permit expiration

DEP Form 62-620.910(10), Effective Nov. 29, 1994

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Dalapon (GWS = 200) PARM Code 38432 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Bis(2-ethylhexyl)adipate (GWS = 400) PARM Code 77903 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Bis (2-ethylhexyl) phthalate (GWS = 6) PARM Code 39100 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Dibromochloropropane (DBCP) (GWS = 0.2) PARM Code 82625 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
Dinoseb (GWS = 7) PARM Code 30191 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Diquat (GWS = 20) PARM Code 04443 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Endothall (GWS = 100) PARM Code 38926 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Endrin (GWS = 2) PARM Code 39390 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Ethylene dibromide (1,2-dibromoethane)(GWS = 0.02) PARM Code 77651 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
Glyphosate (GWS = 0.7) PARM Code 79743 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC



**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Heptachlor (GWS = 0.4) PARM Code 39410 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Heptachlor epoxide (GWS = 0.2) PARM Code 39420 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Hexachlorobenzene (GWS = 1) PARM Code 39700 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Hexachlorocyclopentadiene (GWS = 50) PARM Code 34386 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Gamma BHC (Lindane) (GWS = 0.2) PARM Code 39782 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Methoxychlor (GWS = 40) PARM Code 39480 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Oxamyl (vydate) (GWS = 200) PARM Code 38865 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Pentachlorophenol (GWS = 1) PARM Code 39032 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Picloram (GWS = 500) PARM Code 39720 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Polychlorinated Biphenyls (PCBs)(GWS = 0.5) PARM Code 39516 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Simazine (GWS = 4) PARM Code 39055 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Toxaphene (GWS = 3) PARM Code 39400 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Trihalomethane, Total by summation (GWS = 0.080) PARM Code 82080 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	mg/L	0	Annually	Grab
Radium 226 + Radium 228, Total (GWS = 5) PARM Code 11503 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	pCi/L	0	Annually	24-hr FPC
Alpha, Gross Particle Activity (GWS = 15) PARM Code 80045 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	pCi/L	0	Annually	24-hr FPC
Aluminum, Total Recoverable (GWS = 0.2) PARM Code 01104 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Chloride (as Cl) (GWS = 250) PARM Code 00940 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Iron, Total Recoverable (GWS = 0.3) PARM Code 00980 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Copper, Total Recoverable (GWS = 1,000) PARM Code 01119 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Manganese, Total Recoverable (GWS = 50) PARM Code 11123 P Mon. Site No. RWS-A	Sample Measurement Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Silver, Total Recoverable (GWS = 100)	Sample Measurement							
PARM Code 01079 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Sulfate, Total (GWS = 250)	Sample Measurement							
PARM Code 00945 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Zinc, Total Recoverable (GWS = 5,000)	Sample Measurement							
PARM Code 01094 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
pH (GWS = 6.5-8.5)	Sample Measurement							
PARM Code 00400 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	s.u.	0	Annually	Grab
Solids, Total Dissolved (TDS) (GWS = 500)	Sample Measurement							
PARM Code 70295 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Foaming Agents (GWS = 0.5)	Sample Measurement							
PARM Code 01288 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: \_\_\_\_\_

To: \_\_\_\_\_

Facility: Key West Resort Utility

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Flow MGD	Flow MGD	Flow MGD	Flow MGD	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L
<b>Code</b>	80082	50060	74055	50050	50050	50050	50050	50050	00600	00665	00530
<b>Mon. Site</b>	EFA-001	EFA-001	EFA-001	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	EFA-001	EFA-001	EFA-001
1											
2											
3											
4											
5											
6											
7											
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25											
26											
27											
28											
29											
30											
31											
<b>Total</b>											
<b>Mo. Avg.</b>											

**PLANT STAFFING:**

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: \_\_\_\_\_

To: \_\_\_\_\_

Facility: Key West Resort Utility

	Solids, Total Suspended mg/L	Turbidity NTU	pH s.u.						
Code	00530	00070	00400						
Mon. Site	EFB-001	EFB-001	EFA-001						
1									
2									
3									
4									
5									
6									
7									
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31									
Total									
Mo. Avg.									

**PLANT STAFFING:**

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT**

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28<sup>th</sup> of the month following the monitoring period. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shut down so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used, unless indicated otherwise in the permit or on the DMR:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g.  $< 0.001$ . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

**PART A -DISCHARGE MONITORING REPORT (DMR)**

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

**Resubmitted DMR:** Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)

**No Discharge From Site:** Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Sample Measurement:** Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units. Data qualifier codes are not to be reported on Part A.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**Frequency of Analysis:** The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

**Sample Type:** The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

**Signature:** This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

**Comment and Explanation of Any Violations:** Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

**PART B - DAILY SAMPLE RESULTS**

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.  
**Daily Monitoring Results:** Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.  
**Plant Staffing:** List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

**PART D - GROUND WATER MONITORING REPORT**

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.  
**Date Sample Obtained:** Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.  
**Time Sample Obtained:** Enter the time the sample was taken.  
**Sample Measurement:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Data qualifier codes are not to be reported on Part D.  
**Detection Limits:** Record the detection limits of the analytical methods used.  
**Analysis Method:** Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.  
**Sampling Equipment Used:** Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)  
**Samples Filtered:** Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).  
**Signature:** This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.  
**Comments and Explanation:** Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

**SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES**

**Flow (Limited Wet Weather Discharge):** Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).  
**Flow (Upstream):** Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.  
**Actual Stream Dilution Ratio:** To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.  
**No. of Days the SDF > Stream Dilution Ratio:** For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (\*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "\*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.  
**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> of the reclaimed water discharged during the period shown in duration of discharge.  
**TKN:** Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.  
**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.  
**Rainfall During Average Rainfall Year:** On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.  
**No. of Days LWWD Activated During Calendar Year:** Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.  
**Reason for Discharge:** Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

**STATEMENT OF BASIS  
FOR  
STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA014951-018  
FACILITY NAME: Key West Resort Utility WWTP  
FACILITY LOCATION: 6630 Front St., Stock Island, Key West, FL 33045  
Monroe County  
NAME OF PERMITTEE: Key West Resort Utility, Corp.  
PERMIT WRITER: Bill Robertson, P.E.

1. SUMMARY OF APPLICATION

a. Chronology of Application

Application Number: FLA014951-018-DW1P  
Application Submittal Date: August 16, 2021

b. Type of Facility

Domestic Wastewater Treatment Plant

Ownership Type: Private  
SIC Code: 4952

c. Facility Capacity

Existing Permitted Capacity:	0.849 mgd	Annual Average Daily Flow
Proposed Increase in Permitted Capacity:	0.000 mgd	Annual Average Daily Flow
Proposed Total Permitted Capacity:	0.849 mgd	Annual Average Daily Flow

d. Description of Wastewater Treatment

Operate an existing 0.849 million gallons per day (MGD) annual average daily flow (AADF) advanced wastewater treatment (AWT) domestic wastewater treatment plant (WWTP) consisting of three treatment trains, two of which are piped together to allow the facility to operate as a single unit. The dual train (with design flows of 0.249 MGD and 0.25 MGD) collection system influent flows to a splitter box which divides the flow to the separate treatment trains. Each train consists of: a bar screen, a 116,250-gallon aeration basin, a 109,910-gallon anoxic tank, a 23,840-gallon re-aeration basin, and a 53,011-gallon clarifier. There are three (3) aerobic digesters; one integrated into each of the treatment trains and a stand-alone digester. A third train consists of the following: a 0.350 MGD AADF treatment, which includes: a 90-foot diameter tank consisting of influent screening, a 105,554-gallon influent equalization tank, a 163,000-gallon aeration chamber, a 154,725-gallon post-anoxic chamber, a 32,525-gallon re-aeration zone, 112,602-gallon clarifier, and a 317,950-gallon digester. Effluent from all trains passes through a sand filter system and two chlorine contact chambers. A reclaimed water sump sends reuse water to the Key West Golf Club, the Monroe County Detention Center, and Bernstein Park located on Stock Island, or can be



gravity discharged to the four injection wells. This WWTP has been modified to meet the advanced wastewater treatment (AWT) standards of Florida Law 403.086 (10).

e. Description of Effluent Disposal and Land Application Sites (as reported by applicant)

Effluent is disposed of via R-001, an existing 0.849 MGD annual average daily flow permitted capacity slow-rate public access system and via U-001, an existing 0.849 MGD annual average daily flow permitted capacity underground injection well system consisting of 4 Class V underground injection wells.

2. SUMMARY OF SURFACE WATER DISCHARGE

This facility does not discharge to surface waters.

3. BASIS FOR PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

This facility is authorized to discharge reclaimed water to Underground Injection Well System U-001 which consists of 4 Class V injection wells discharging to Class G-III ground water based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	0.849	Annual Average	62-600.700(2)(b) FAC
		Max	Report	Monthly Average	62-600.700(2)(b) FAC
BOD, Carbonaceous 5 day, 20C	mg/L	Max	5.0	Annual Average	Chapter 99-395, Laws of Florida, Section 6, & 62-600.740(1)(b)1. a. FAC
		Max	6.25	Monthly Average	62-600.420(3)(a)2. FAC
		Max	7.5	Weekly Average	62-600.420(3)(a)3. FAC
		Max	10.0	Single Sample	62-600.420(3)(a)4. FAC
Solids, Total Suspended	mg/L	Max	5.0	Annual Average	62-600.740(2)(b)1 FAC
		Max	6.25	Monthly Average	62-600.740(2)(b)2 FAC
		Max	7.5	Weekly Average	62-600.740(2)(b)3 FAC
		Max	10.0	Single Sample	62-600.740(2)(b)4 FAC
Coliform, Fecal	#/100mL	Max	25	Single Sample	62-600.440(6)(a)2. FAC
pH	s.u.	Min	6.0	Single Sample	62-600.445 FAC
		Max	8.5	Single Sample	62-600.445 FAC
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	62-600.440(6)(b) FAC
Nitrogen, Total	mg/L	Max	3.0	Annual Average	Chapter 99-395, Laws of Florida, Section 6, & 62-600.740(1)(b)2. a. FAC
		Max	3.75	Monthly Average	62-600.740(1)(b)2. b. FAC
		Max	4.5	Weekly Average	62-600.740(1)(b)2. c. FAC
		Max	6.0	Single Sample	62-600.740(1)(b)2. d. FAC
Phosphorus, Total (as P)	mg/L	Max	1.0	Annual Average	Chapter 99-395, Laws of Florida, Section 6, & 62-600.740(1)(b)2. a. FAC
		Max	1.25	Monthly Average	62-600.740(1)(b)2. b. FAC
		Max	1.5	Weekly Average	62-600.740(1)(b)2.c. FAC
		Max	2.0	Single Sample	62-600.740(1)(b)2.d. FAC

This facility is authorized to direct reclaimed water to Reuse System R-001, a slow-rate public access system, based on the following:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	0.774	Annual Average	
Flow	MGD	Max	0.06	Annual Average	62-600.400(3)(b) FAC
Flow	MGD	Max	0.015	Annual Average	
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	Annual Average	62-610.460 & 62-600.420(3)(a)1. FAC
		Max	30.0	Monthly Average	62-610.460 & 62-600.420(3)(a)2. FAC
		Max	45.0	Weekly Average	62-610.460 & 62-600.420(3)(a)3. FAC
		Max	60.0	Single Sample	62-610.460 & 62-600.420(3)(a)4. FAC
Solids, Total Suspended	mg/L	Max	5.0	Single Sample	62-610.460(1) & 62-600.440(6)(a)3. FAC
Coliform, Fecal	#/100mL	Max	25	Single Sample	62-610.460 & 62-600.440(6)(a)2. FAC
Coliform, Fecal, % less than detection	percent	Min	75	Minimum Total	62-610.460 & 62-600.440(6)(a)1. FAC
pH	s.u.	Min	6.0	Single Sample	62-600.445 FAC
		Max	8.5	Single Sample	62-600.445 FAC
Chlorine, Total Residual (For Disinfection)	mg/L	Min	1.0	Single Sample	62-600.440(6)(b), 62-610.460(2), & 62-610.463(2) FAC
Turbidity	NTU	Max	Report	Single Sample	62-610.463(2) FAC
Giardia	cysts/100L	Max	Report	Single Sample	62-610.463(4) FAC
Cryptosporidium	oocysts/100L	Max	Report	Single Sample	62-610.463(4) FAC

Other Limitations and Monitoring Requirements:

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Flow	MGD	Max	0.849	Annual Average	62-600.700(2)(b) FAC
		Max	Report	Monthly Average	62-600.700(2)(b) FAC
		Max	Report	3-Month Rolling Average	62-600.700(2)(b) FAC
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly	62-600.405(4) FAC
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	62-600.660(1) FAC
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	62-600.660(1) FAC
Monitoring Frequencies and Sample Types	-	-	-	All Parameters	62-600 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Locations	-	-	-	All Parameters	62-600, 62-610.412, 62-610.463(1), 62-610.568, 62-610.613 FAC and/or BPJ of permit writer

4. DISCUSSION OF CHANGES TO PERMIT LIMITATIONS

The current wastewater permit for this facility FLA014951-018-DW1P expires on February 19, 2022.

There are no changes to permit limitations.

Evaluation for an NPDES Permit

This utility is not required to obtain an NPDES permit for its wastewater disposal. The injection wells are not direct discharges or functionally equivalent to direct discharges.

The information to make this determination was provided in Division of Administrative Hearing Case No. 14-5302 (OGC Case No. 14-0393) that was heard in April and May 2015. (The case is titled, “Last Stand (Protect Key West and the Florida Keys, d/b/a Last Stand), and George Halloran, Petitioners, vs KW Resort Utilities Corp. and State of Florida Department of Environmental Protection, Respondents”). The Petitioners challenged the issuance of the construction permit to expand the utility. The Petitioners’ expert, John Paul, Ph.D., acknowledged tracers in a similar test were diluted to 10<sup>-12</sup> times the concentration of injection. The permittee’s geologist, Michael Alfieri, P.G., determined the effluent travels through the ground at least one mile before meeting navigable waters. The Administrative Law Judge found Mr. Alfieri’s results the persuasive evidence. Based on the dilution in groundwaters and the diffuse and disperse transmission of the injectate into navigable waters, this injection does not constitute a point source discharge to surface waters.

5. BIOSOLIDS MANAGEMENT REQUIREMENTS

Biosolids generated by this facility may be transferred to Medley Class I Landfill (in Miami-Dade County) or disposed of in a Class I solid waste landfill.

See the table below for the rationale for the biosolids quantities monitoring requirements.

Parameter	Units	Max/Min	Limit	Statistical Basis	Rationale
Biosolids Quantity (Landfilled)	dry tons	Max	Report	Monthly Total	62-640.650(5)(a)1. FAC
Biosolids Quantity (Transferred)	dry tons	Max	Report	Monthly Total	62-640.650(5)(a)1. FAC
Monitoring Frequency			All Parameters		62-640.650(5)(a) FAC

6. GROUND WATER MONITORING REQUIREMENTS

This section is not applicable to this facility.

7. PERMIT SCHEDULES

No scheduled action items are listed in the permit.

8. INDUSTRIAL PRETREATMENT REQUIREMENTS

At this time, the facility is not required to develop an approved industrial pretreatment program. However, the Department reserves the right to require an approved program if future conditions warrant.

9. ADMINISTRATIVE ORDERS (AO) AND CONSENT ORDERS (CO)

This permit is not accompanied by an AO, and the permittee has not entered into a CO with the Department that affects this permit.

10. REQUESTED VARIANCES OR ALTERNATIVES TO REQUIRED STANDARDS

A variance to reduce staffing requirements was issued on, and effective on June 23, 2017.

11. THE ADMINISTRATIVE RECORD

The administrative record is available for public inspection electronically at <http://prodenv.dep.state.fl.us/DepNexus/public/electronic-documents/FLA014951/facility!search>, or during normal business hours at the location specified in item 12. Copies will be provided at a minimal charge per page.

12. DEP CONTACT

Additional information concerning the permit and proposed schedule for permit issuance may be obtained during normal business hours from:

Bill Robertson, P.E.  
Professional Engineer  
South District Office

2295 Victoria Ave  
Suite 364  
Ft. Myers, FL 33901-3875

Telephone No.: (239) 344-5657



## Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

### PATHOGEN MONITORING

#### Part I - Instructions

1. Completion of this report is required by Rules 62-610.463(4), 62-610.472(3)(d), 62-610.525(13), 62-610.568(11), 62-610.568(12), and 62-610.652(6)(c), F.A.C., for all domestic wastewater facilities that provide reclaimed water to certain types of reuse activities. The schedule for sampling and reporting shall be in accordance with the permit for the facility. If a schedule for sampling or re-sampling is not included in the permit, the following schedule shall apply:
  - a. Routine Sampling:

If sampling is required once every two years, this report shall be submitted on or before November 28 of each even numbered year (2006, 2008, 2010, etc.).

If sampling is required once every five years, this report shall be submitted with the application for permit renewal.

If sampling is required quarterly, this report shall be submitted on or before February 28, May 28, August 28, and November 28 of each year.
  - b. Subsequent Re-Sampling:

If subsequent re-sampling is required by Item 9 in Part I of this form, this form shall be submitted for the subsequent re-sampling(s) in accordance with the schedule established in Item 9 in Part I of this form.
2. Submit one copy of this form and a copy of the laboratory's final report for the analysis of *Giardia* and *Cryptosporidium* to each of the following two addresses:
  - a. The appropriate DEP district office (attention Domestic Wastewater Program). Addresses for the DEP district offices are available at [www.dep.state.fl.us/secretary/dist/default.htm](http://www.dep.state.fl.us/secretary/dist/default.htm).
  - b. DEP Water Reuse Coordinator  
Mail Station 3540  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400
3. Please type or print legibly.
4. In Part II, Items 7 through 12 need to be completed only if this is the first submittal of this report, if the information in Items 7 through 12 has changed since the last submittal, or if the information in any of these questions has not been previously provided.
5. Part III is to be used when sampling for *Giardia* and *Cryptosporidium* at the treatment plant. Part III is also to be used when sampling for *Giardia* and *Cryptosporidium* in a supplemental water supply (see Rule 62-610.472, F.A.C.).

**DEP Form 62-610.300(4)(a)4**

**March 9, 2006**

**Page 1 of 8**

6. For each sample, record the sample volume obtained in liters.
7. For *Giardia*, record the concentrations in cysts per 100 liters. For *Cryptosporidium*, record the concentrations in oocysts per 100 liters. Sufficient sample volumes shall be collected and processed such that the detection limit is no greater than 5 cysts or oocysts per 100 liters. Detection levels on the order of 1 cyst or oocyst per 100 liters are recommended. If an observation is less than the detection limit, make an entry in the form "<2" (where 2 per 100 liters is the detection limit in this example). The actual detection limit will be dictated by the volumes of sample obtained, filtered, and processed. Do NOT record nondetectable values as zero.
8. EPA Method 1623 or other approved methods for reclaimed water or nonpotable waters, adjusted appropriately to accommodate the detection limit requirements, shall be used. Methods previously allowed for EPA's Information Collection Rule (ICR) shall not be used. The full requirements of the approved method, including quality assurance and quality control, are to be met. Quality assurance and sampling requirements in Chapter 62-160, F.A.C., shall apply.

Two concentrations of *Giardia* and *Cryptosporidium* shall be recorded on Part III of this form:

- a. Total cysts and oocysts shall be enumerated using EPA Method 1623 or other approved methods.
  - b. Potentially viable cysts and oocysts shall be enumerated using the DAPI staining technique contained in EPA Method 1623 or similar enumeration techniques included in other approved methods. Cysts and oocysts that are stained DAPI positive or show internal structure by D.I.C. shall be considered as being potentially viable. If the laboratory reports separate values for DAPI positive and for cysts or oocysts having internal structure, the larger of the two concentrations will be reported as being potentially viable.
9. If the number of potentially viable cysts of *Giardia* reported exceeds 5 per 100 liters, a subsequent sample shall be taken and analyzed using EPA Method 1623 or other approved methods and reported using this form. If the number of potentially viable oocysts of *Cryptosporidium* reported exceeds 22 per 100 liters, a subsequent sample shall be taken and analyzed using EPA Method 1623 or other approved methods and reported using this form. This subsequent sample shall be collected within 90 days of the date the initial sample was taken, analyzed for both *Giardia* and *Cryptosporidium*, and the results of the subsequent analysis shall be submitted to DEP using this form within 60 days of sample collection.
  10. Rule 62-160.300, F.A.C., requires that all laboratories generating environmental data for submission to the DEP shall hold certification from the Department of Health's (DOH) Environmental Laboratory Certification Program (ELCP). Certification by the ELCP for analysis of *Giardia* and *Cryptosporidium* using EPA Method 1623 for non-potable waters is required. If other approved methods are used, certification by the ELCP is required for the specific method and for the test matrix. Lists of certified laboratories can be found at [www.dep.state.fl.us/labs/cgi-bin/aams/index.asp](http://www.dep.state.fl.us/labs/cgi-bin/aams/index.asp)
  11. Samples shall be collected during peak flow periods (normally between the hours of 8:00 a.m. and 6:00 p.m.).
  12. Recognizing that concentrations of these pathogens generally increase during the late summer through fall period, it is recommended that utilities sample during the August through October time period.
  13. If the wastewater treatment facility uses chlorination for disinfection, samples obtained for analysis of *Giardia* and *Cryptosporidium* shall be dechlorinated.
  14. When sampling at the treatment facility, obtain a grab sample for total suspended solids (TSS) that is representative of the water leaving the filters at the treatment facility during the period when pathogen

samples are being obtained. In addition, record the highest turbidity and the lowest total chlorine residual observed during the period when pathogen samples are being obtained.

15. When sampling a supplemental water supply, obtain a grab sample for total suspended solids (TSS) that is representative of the surface water or treated stormwater as it is added to the reclaimed water system. This TSS sample shall be taken during the period when pathogen samples are being obtained. In addition, record the lowest total chlorine residual observed during the period when pathogen samples are being obtained.

**Part II - General Information**

1. DEP wastewater facility identification number: **FLA014951-018**

Wastewater facility name: Key West Resort Utility

Permittee name: Key West Resort Utility, Corp.

2. Person completing this form:

Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

3. Sampling and analysis:

Date samples were taken: \_\_\_\_\_

Organization collecting the samples: \_\_\_\_\_

Was the sample dechlorinated in the field?  Yes  No

Was the sample refrigerated or kept on ice during shipment to the laboratory?  Yes  No

Date samples delivered to laboratory: \_\_\_\_\_

Date analytical work was done: \_\_\_\_\_

Laboratory doing the analysis: \_\_\_\_\_

Laboratory's DOH Identification Number: \_\_\_\_\_

Approved method used:

EPA Method 1623

Other approved method: \_\_\_\_\_

Contact person at the laboratory: \_\_\_\_\_

Email address of the lab contact person: \_\_\_\_\_

4. Is this the first time that this form has been submitted for the facility?

Yes [Please complete Questions 7 through 16.]

No [Proceed to Question 5.]



5. Is this a report of "subsequent re-sampling" required by Item 9 in Part I of this form based on concentrations of potentially viable cysts or oocysts in a previous sampling?

No [Proceed to Question 6.]

Yes [Attach a description of any facility or operational changes made to the treatment facilities since the time of the previous sampling and proceed to Question 6.]

6. Has the information requested in Questions 7 through 12 (below) changed since the last submittal of this form?

Yes [Please complete Questions 7 through 16.]

No [Proceed to Questions 13 through 16 of Part II of this form. You do not need to complete Questions 7 through 12.]

7. Type of secondary treatment system:

Conventional activated sludge

Extended aeration

Contact stabilization

Biological nutrient removal (such as Bardenpho)

Other: \_\_\_\_\_

8. Does this treatment facility nitrify (convert ammonia nitrogen to nitrate)?  Yes  No

9. Filter type:

Deep bed, single media

Deep bed, multiple media

Shallow bed, automatic backwash

Upflow (including Dynasand)

Slow rate sand filter

Diatomaceous earth filter

Fabric filter

Cartridge filter

Membranes (microfiltration, ultrafiltration, membrane bioreactor, reverse osmosis)

Other: \_\_\_\_\_

10. Filter Media (complete for each type of media provided):

Top layer of media: Media type: \_\_\_\_\_

Effective size: \_\_\_\_\_ mm

Uniformity coefficient: \_\_\_\_\_

Bed depth: \_\_\_\_\_ inches

Middle layer of media: Media type: \_\_\_\_\_  
 Effective size: \_\_\_\_\_ mm  
 Uniformity coefficient: \_\_\_\_\_  
 Bed depth: \_\_\_\_\_ inches

Bottom layer of media: Media type: \_\_\_\_\_  
 Effective size: \_\_\_\_\_ mm  
 Uniformity coefficient: \_\_\_\_\_  
 Bed depth: \_\_\_\_\_ inches

11. Filter backwash water:

- Backwash water is returned to the headworks of the treatment plant.
- Backwash water is returned to the aeration basin.
- Other. Please describe: \_\_\_\_\_

12. Disinfection system:

- Chlorination, gas                       Hypochlorite
- Chlorine dioxide                       Chlorination, other \_\_\_\_\_
- Ultraviolet                               Ozone
- Other: \_\_\_\_\_

13. Is chlorine added before the filters?     No     Yes    Dose: \_\_\_\_\_ mg/L

14. During the period that samples were taken, did you add a coagulant, coagulant aid, polyelectrolyte, or other chemical to enhance filtration?

- No
- Yes. Please list the chemicals being added and their dose.

Chemical 1 - Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg/L

Chemical 2 - Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg/L

Chemical 3 - Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg/L

15. Wastewater treatment plant permitted capacity: \_\_\_\_\_ MGD

16. Wastewater flow being treated at the time samples were collected: \_\_\_\_\_ MGD

### PART III - PATHOGEN MONITORING REPORT

**FACILITY ID:** FLA014951

**FACILITY NAME:** Key West Resort Utility

**FACILITY ADDRESS:** 6630 Front St., Stock Island, Key West, FL 33045

**PERMITTEE NAME:** Key West Resort Utility, Corp.

**MAILING ADDRESS:** 6630 Front St, Key West, Florida 33040- 6050

**DATE OF SAMPLING:** \_\_\_\_\_

Parameter	Quantity or Loading		Quality or Concentration	
	Sample Measurement	Units	Sample Measurement	Units
Treatment Plant: After Filter Monitoring Site No.				
Turbidity PARM Code 00070				NTU
TSS PARM Code 00530				mg/L
Treatment Plant: After Disinfection Monitoring Site No.				
Total Chlorine Residual PARM Code 50060				mg/L
Volume Collected PARM Code 71994		Liters		
<i>Giardia</i> , total count * PARM Code GIARD				total cysts/100 L
<i>Giardia</i> , potentially viable cysts * PARM Code VGIAR				potentially viable cysts/100 L
<i>Cryptosporidium</i> , total count * PARM Code CRYPT				total oocysts/100 L
<i>Cryptosporidium</i> , potentially viable oocysts * PARM Code VCRYP				potentially viable oocysts/100 L
Supplemental Water Supply (surface water or stormwater): After Treatment & Disinfection Monitoring Site No.				
TSS PARM Code 00530				mg/L
Total Chlorine Residual PARM Code 50060				mg/L
Volume Collected PARM Code 71994		Liters		
<i>Giardia</i> (total count) * PARM Code GIARD				total cysts/100 L
<i>Giardia</i> , potentially viable cysts * PARM Code VGIAR				potentially viable cysts/100 L
<i>Cryptosporidium</i> , total count * PARM Code CRYPT				total oocysts/100 L
<i>Cryptosporidium</i> , potentially viable oocysts * PARM Code VCRYP				potentially viable oocysts/100 L

\* Data entries must be made for both total and potentially viable cysts and oocysts.

## PART IV - CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Name/Title of Principle Executive Officer or Authorized Agent (Type or Print)	Signature of Principle Executive Officer or Authorized Agent	Telephone No.	Date (YY/MM/DD)
Email Address			

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

**When Completed submit this report to:** [Http://www.fldepportal.com/go/submit-report/](http://www.fldepportal.com/go/submit-report/)

PERMITTEE NAME: Key West Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front St  
 Key West, Florida 33040- 6050

PERMIT NUMBER: FLA014951-018-DW1P

FACILITY: Key West Resort Utility  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: Reuse, with Influent

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

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

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement									
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	0.774 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 I Mon. Site No. FLW-004	Permit Requirement	0.06 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 P Mon. Site No. FLW-005	Permit Requirement	0.015 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)		mg/L		Weekly	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement					5.0 (Max.)	mg/L		Daily; 24 hours	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP R-001  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement										
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)	#/100mL			Daily; 24 hours	Grab
Coliform, Fecal, % less than detection	Sample Measurement										
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement				75 (Min.Mo.Total)		percent			Daily; 24 hours	Calculated
pH	Sample Measurement										
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.			5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement										
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)		mg/L			Continuous	Meter
Turbidity	Sample Measurement										
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement					Report (Max.)	NTU	0		Continuous	Meter
Flow	Sample Measurement										
PARM Code 50050 Q Mon. Site No. FLW-001	Permit Requirement		0.849 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement										
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement	Report (3Mo.Avg.)	Report (Mo.Avg.)	MGD				0		5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 P Mon. Site No. CAL-001	Permit Requirement					Report (Mo.Avg.)	percent	0		5/Month	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement										
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L	0		5/Week	16-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement										
PARM Code 00530 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L	0		5/Week	16-hr FPC

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

**When Completed submit this report to:** [Http://www.fldepportal.com/go/submit-report/](http://www.fldepportal.com/go/submit-report/)

**PERMITTEE NAME:** Key West Resort Utility, Corp.  
**MAILING ADDRESS:** 6630 Front St  
 Key West, Florida 33040- 6050

**PERMIT NUMBER:** FLA014951-018-DW1P

**FACILITY:** Key West Resort Utility  
**LOCATION:** 6630 Front St., Stock Island  
 Key West, FL 33045-

**LIMIT:** Final  
**CLASS SIZE:** N/A  
**MONITORING GROUP NUMBER:** U-001  
**MONITORING GROUP DESCRIPTION:** Two existing and two new Class V injection wells

**REPORT FREQUENCY:** Monthly  
**PROGRAM:** Domestic

**COUNTY:** Monroe  
**OFFICE:** South District

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

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement									
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	0.849 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				0		5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				5.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement				5.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-018-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)	#/100mL		Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement									
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement				3.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement									
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Max.)	4.5 (Max.Wk.Avg.)	3.75 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement				1.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement									
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement			2.0 (Max.)	1.5 (Max.Wk.Avg.)	1.25 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC



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

**When Completed submit this report to:** [Http://www.fldepportal.com/go/submit-report/](http://www.fldepportal.com/go/submit-report/)

**PERMITTEE NAME:** Key West Resort Utility, Corp.  
**MAILING ADDRESS:** 6630 Front St  
 Key West, Florida 33040- 6050

**PERMIT NUMBER:** FLA014951-018-DW1P

**FACILITY:** Key West Resort Utility  
**LOCATION:** 6630 Front St., Stock Island  
 Key West, FL 33045-

**LIMIT:** Final  
**CLASS SIZE:** N/A  
**MONITORING GROUP NUMBER:** RMP-Q  
**MONITORING GROUP DESCRIPTION:** Biosolids Quantity

**REPORT FREQUENCY:** Monthly  
**PROGRAM:** Domestic

**COUNTY:** Monroe  
**OFFICE:** South District

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

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement							
PARM Code B0008 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated
Biosolids Quantity (Transferred)	Sample Measurement							
PARM Code B0007 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

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

When Completed submit this report to: [Http://www.fldepportal.com/go/submit-report/](http://www.fldepportal.com/go/submit-report/)

PERMITTEE NAME: Key West Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front St  
 Key West, Florida 33040- 6050

PERMIT NUMBER: FLA014951-018-DW1P

FACILITY: Key West Resort Utility  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RWS-A  
 MONITORING GROUP DESCRIPTION: Annual Reclaimed Water or Effluent Analysis

REPORT FREQUENCY: Annually  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING NOT REQUIRED:\*   
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Antimony, Total Recoverable (GWS = 6)** PARM Code 01268 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Arsenic, Total Recoverable (GWS = 10) PARM Code 00978 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Barium, Total Recoverable (GWS = 2,000) PARM Code 01009 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Beryllium, Total Recoverable (GWS = 4) PARM Code 00998 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Cadmium, Total Recoverable (GWS = 5) PARM Code 01113 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Chromium, Total Recoverable (GWS =100) PARM Code 01118 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC

\*THE "MONITORING NOT REQUIRED" CHECKBOX SHOULD BE SELECTED WHEN A CERTIFICATION STATEMENT IN ACCORDANCE WITH SUBSECTION 62-600.680(2), F.A.C., IS SUBMITTED WITH THIS DMR. SEE CERTIFICATION STATEMENT IN COMMENTS SECTION BELOW.

\*\*GROUND WATER STANDARD (GWS) FOR REFERENCE AND REVIEW ONLY.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

NO NEW NON-DOMESTIC WASTEWATER DISCHARGERS HAVE BEEN ADDED TO THE COLLECTION SYSTEM SINCE THE LAST RECLAIMED WATER OR EFFLUENT ANALYSIS WAS CONDUCTED.  
 SIGN AND DATE:

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Cyanide, Free (amen. to chlorination)(GWS = 200) PARM Code 00722 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
Fluoride, Total (as F) (GWS = 4.0/2.0) PARM Code 00951 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Lead, Total Recoverable (GWS = 15) PARM Code 01114 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Mercury, Total Recoverable (GWS = 2) PARM Code 71901 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Nickel, Total Recoverable (GWS = 100) PARM Code 01074 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Nitrogen, Nitrate, Total (as N) (GWS = 10) PARM Code 00620 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Nitrogen, Nitrite, Total (as N) (GWS = 1) PARM Code 00615 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Nitrite plus Nitrate, Total I det. (as N)(GWS = 10) PARM Code 00630 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Selenium, Total Recoverable (GWS =50) PARM Code 00981 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Sodium, Total Recoverable (GWS = 160) PARM Code 00923 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-018-DW1P

NUMBER:

MONITORING PERIOD

From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Thallium, Total Recoverable (GWS = 2)	Sample Measurement							
PARM Code 00982 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
1,1-dichloroethylene (GWS = 7)	Sample Measurement							
PARM Code 34501 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
1,1,1-trichloroethane (GWS = 200)	Sample Measurement							
PARM Code 34506 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
1,1,2-trichloroethane (GWS = 5)	Sample Measurement							
PARM Code 34511 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
1,2-dichloroethane (GWS = 3)	Sample Measurement							
PARM Code 32103 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
1,2-dichloropropane (GWS = 5)	Sample Measurement							
PARM Code 34541 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
1,2,4-trichlorobenzene (GWS = 70)	Sample Measurement							
PARM Code 34551 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Benzene (GWS = 1)	Sample Measurement							
PARM Code 34030 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
Carbon tetrachloride (GWS = 3)	Sample Measurement							
PARM Code 32102 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
Cis-1,2-dichloroethene (GWS = 70)	Sample Measurement							
PARM Code 81686 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-018-DW1P

NUMBER:

MONITORING PERIOD

From: \_\_\_\_\_

To: \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Dichloromethane (methylene chloride)(GWS = 5) PARM Code 03821 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
Ethylbenzene (GWS = 700) PARM Code 34371 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
Monochlorobenzene (GWS = 100) PARM Code 34031 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
1,2-dichlorobenzene (GWS = 600) PARM Code 34536 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
1,4-dichlorobenzene (GWS = 75) PARM Code 34571 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
Styrene, Total (GWS = 100) PARM Code 77128 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
Tetrachloroethylene (GWS = 3) PARM Code 34475 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
Toluene (GWS = 1,000) PARM Code 34010 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
1,2-trans-dichloroethylene (GWS = 100) PARM Code 34546 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
Trichloroethylene (GWS = 3) PARM Code 39180 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-018-DW1P

NUMBER:

MONITORING PERIOD

From: \_\_\_\_\_

To: \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Vinyl chloride (GWS = 1) PARM Code 39175 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
Xylenes (GWS = 10,000) PARM Code 81551 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	Grab	
2,3,7,8-tetrachlorodibenzo-p-dioxin(GWS = 3x10 <sup>-5</sup> ) PARM Code 34675 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	24-hr FPC	
2,4-dichlorophenoxyacetic acid (GWS = 70) PARM Code 39730 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	24-hr FPC	
Silvex (GWS = 50) PARM Code 39760 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	24-hr FPC	
Alachlor (GWS = 2) PARM Code 39161 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	24-hr FPC	
Atrazine (GWS = 3) PARM Code 39033 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	24-hr FPC	
Benzo(a)pyrene (GWS = 0.2) PARM Code 34247 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	24-hr FPC	
Carbofuran (GWS = 40) PARM Code 81405 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	24-hr FPC	
Chlordane (tech mix. and metabolites)(GWS = 2) PARM Code 39350 P Mon. Site No. RWS-A	Sample Measurement										
	Permit Requirement					Report (Max.)	ug/L	0	Annually	24-hr FPC	

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-018-DW1P

NUMBER:

MONITORING PERIOD

From: \_\_\_\_\_

To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Dalapon (GWS = 200) PARM Code 38432 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Bis(2-ethylhexyl)adipate (GWS = 400) PARM Code 77903 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Bis (2-ethylhexyl) phthalate (GWS = 6) PARM Code 39100 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Dibromochloropropane (DBCP) (GWS = 0.2) PARM Code 82625 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
Dinoseb (GWS = 7) PARM Code 30191 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Diquat (GWS = 20) PARM Code 04443 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Endothall (GWS = 100) PARM Code 38926 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Endrin (GWS = 2) PARM Code 39390 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Ethylene dibromide (1,2-dibromoethane)(GWS = 0.02) PARM Code 77651 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	Grab
Glyphosate (GWS = 0.7) PARM Code 79743 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP: RWS-A  
 NUMBER:  
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA014951-018-DW1P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Heptachlor (GWS = 0.4) PARM Code 39410 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Heptachlor epoxide (GWS = 0.2) PARM Code 39420 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Hexachlorobenzene (GWS = 1) PARM Code 39700 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Hexachlorocyclopentadiene (GWS = 50) PARM Code 34386 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Gamma BHC (Lindane) (GWS = 0.2) PARM Code 39782 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Methoxychlor (GWS = 40) PARM Code 39480 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Oxamyl (vydate) (GWS = 200) PARM Code 38865 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Pentachlorophenol (GWS = 1) PARM Code 39032 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Picloram (GWS = 500) PARM Code 39720 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Polychlorinated Biphenyls (PCBs)(GWS = 0.5) PARM Code 39516 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC



## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-018-DWIP

NUMBER:

MONITORING PERIOD

From:

To:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Simazine (GWS = 4) PARM Code 39055 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Toxaphene (GWS = 3) PARM Code 39400 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Trihalomethane, Total by summation(GWS = 0.080) PARM Code 82080 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	Grab
Radium 226 + Radium 228, Total (GWS = 5) PARM Code 11503 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	pCi/L	0	Annually	24-hr FPC
Alpha, Gross Particle Activity (GWS = 15) PARM Code 80045 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	pCi/L	0	Annually	24-hr FPC
Aluminum, Total Recoverable (GWS = 0.2) PARM Code 01104 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Chloride (as Cl) (GWS = 250) PARM Code 00940 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Iron, Total Recoverable (GWS = 0.3) PARM Code 00980 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Copper, Total Recoverable (GWS = 1,000) PARM Code 01119 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Manganese, Total Recoverable (GWS = 50) PARM Code 11123 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-018-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Silver, Total Recoverable (GWS = 100) PARM Code 01079 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
Sulfate, Total (GWS = 250) PARM Code 00945 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Zinc, Total Recoverable (GWS = 5,000) PARM Code 01094 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	ug/L	0	Annually	24-hr FPC
pH (GWS = 6.5-8.5) PARM Code 00400 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	s.u.	0	Annually	Grab
Solids, Total Dissolved (TDS) (GWS = 500) PARM Code 70295 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC
Foaming Agents (GWS = 0.5) PARM Code 01288 P Mon. Site No. RWS-A	Sample Measurement							
	Permit Requirement			Report (Max.)	mg/L	0	Annually	24-hr FPC

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: \_\_\_\_\_

To: \_\_\_\_\_

Facility: Key West Resort Utility

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Flow MGD	Flow MGD	Flow MGD	Flow MGD	Flow MGD	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L
Code	80082	50060	74055	50050	50050	50050	50050	50050	00600	00665	00530
Mon. Site	EFA-001	EFA-001	EFA-001	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	EFA-001	EFA-001	EFA-001
1											
2											
3											
4											
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25											
26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

**PLANT STAFFING:**

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-018-DW1P  
From: \_\_\_\_\_ To: \_\_\_\_\_

Facility: Key West Resort Utility

Code	Solids, Total Suspended mg/L	Turbidity NTU	pH s.u.						
Mon. Site	00530 EFB-001	00070 EFB-001	00400 EFA-001						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

**PLANT STAFFING:**

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT**

Read these instructions before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28<sup>th</sup> of the month following the monitoring period. Facilities who submit their DMR(s) electronically through eDMR do not need to submit a hardcopy DMR. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shut down so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used, unless indicated otherwise in the permit or on the DMR:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g.  $<0.001$ . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

**PART A -DISCHARGE MONITORING REPORT (DMR)**

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

**Resubmitted DMR:** Check this box if this DMR is being re-submitted because there was information missing from or information that needed correction on a previously submitted DMR. The information that is being revised should be clearly noted on the re-submitted DMR (e.g. highlight, circle, etc.)

**No Discharge From Site:** Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Sample Measurement:** Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units. Data qualifier codes are not to be reported on Part A.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**Frequency of Analysis:** The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

**Sample Type:** The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

**Signature:** This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

**Comment and Explanation of Any Violations:** Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

## PART B - DAILY SAMPLE RESULTS

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Daily Monitoring Results:** Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.

**Plant Staffing:** List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

## PART D - GROUND WATER MONITORING REPORT

**Monitoring Period:** Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

**Date Sample Obtained:** Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

**Time Sample Obtained:** Enter the time the sample was taken.

**Sample Measurement:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Data qualifier codes are not to be reported on Part D.

**Detection Limits:** Record the detection limits of the analytical methods used.

**Analysis Method:** Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

**Sampling Equipment Used:** Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

**Samples Filtered:** Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

**Signature:** This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

**Comments and Explanation:** Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

## SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

**Flow (Limited Wet Weather Discharge):** Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

**Flow (Upstream):** Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

**Actual Stream Dilution Ratio:** To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > Stream Dilution Ratio:** For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (\*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "\*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> of the reclaimed water discharged during the period shown in duration of discharge.

**TKN:** Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

**Rainfall During Average Rainfall Year:** On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD Activated During Calendar Year:** Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

**Reason for Discharge:** Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

Any Notices of Violation, Consent Orders, Letters of Notice, or Warning Letters from the health department or the DEP in the previous five years

Rule 25-30.437(3)(g), F.A.C.

NONE

A list of all field employees, their duties, responsibilities and certificates held, and an explanation of each employee's salary allocation method to the utility's capital or expense accounts.

Rule 25-30.437(3)(h), F.A.C.



Method of allocation. Christopher Johnson and Greg Wright's salary is allocated to 703 Officer Salaries. All other employees carry out the operations and maintenance work on behalf of the Utility therefore each of their salaries are allocated to 701.

Christopher Johnson – President - State of Florida Class A WWTP Operator (# A0013917)  
AIRVAC Certification #1020, Professional Engineer Intern (Illinois License #061-030504)

Provide operational and administrative management and oversight for the KW Resort Utilities wastewater utility. Operational responsibilities include the management of the one of the largest wastewater treatment plants in the Keys, and a public sewer system comprised of both vacuum and force main systems. Other responsibilities include, compliance with State regulations, facilities management, and management of one of the largest reclaimed water systems in the Keys.

Administrative responsibilities include overseeing budgeting, capital planning, information systems, data management, billing, financial planning and reporting, and reporting to a Board of Directors. Capital project responsibilities including the review of bid packages, design, contractor qualifications, submitted bids, financing, and bonding. Additional responsibilities include personnel management, development of strategic partnerships, and contract negotiation. On call to assist staff after hours and on weekends as situations arise. Maintains off hour availability to assist staff and other contractors or parties working for the Utility. During off hours monitors and controls the wastewater treatment plant remotely using a smart phone, as well as receiving and acknowledging alarms. Has 23 years of institutional knowledge working for KW Resort Utilities Corp dating back to 2002.

Greg Wright - Vice-President - State of Florida Class A WWTP Operator (#A0020501)  
AIRVAC Certified

Provide operational and administrative management and oversight for the KW Resort Utilities wastewater utility. Operational responsibilities include the management of the third largest wastewater treatment plant in the Keys, and a public sewer system comprised of both vacuum and force main systems. Other responsibilities include, compliance with State regulations, facilities management, and management of one of the largest reclaimed water systems in the Keys.

Administrative responsibilities include capital planning, information systems, data management, billing, financial planning and reporting, and reporting to a Board of Directors. Capital project responsibilities including the review of bid packages, design, contractor qualifications, submitted bids, financing, and bonding. Additional responsibilities include personnel management, development of strategic partnerships, and contract negotiation. On call to assist field technicians and plant operators after hours and on weekends as situations arise. Maintains off hour availability to assist staff and other contractors/parties working for the Utility. During off hours monitors and controls the wastewater treatment plant remotely using a smart phone, as well as receiving and acknowledging alarms. Has 13 years of institutional knowledge working for KW Resort Utilities Corp dating back to 2011.

Andrew Pfeiffer — State of Florida Class A Operator (#0026821) – Wastewater Plant Manager/Lead Operator and Safety Officer - AIRVAC Certified

Lead Plant operator in charge of day-to-day operations of treatment plant, process control decisions, plant laboratory, sampling, data collection and trend analysis, DEP Permit compliance, SCADA monitoring, and plant maintenance scheduling. Manages all Plant Operator's and oversees them in their mission of running an efficient and fully compliant treatment plant. Duties also include regulatory reporting and directly reporting to the Utility's Officers. Holds regular safety meetings with all maintenance staff jointly with the Maintenance Manager and is responsible for safety documentation, signage, and safety protocols. Scheduled "on call duty, as Plant Operator 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis. Maintains off hour availability to assist his plant operator staff and other contractors/parties working for the Utility. During off hours monitors and controls the wastewater treatment plant remotely using a smart phone, as well as receiving and acknowledging alarms.

Jeremy Nase — State of Florida Class C Operator (#0030403) — Plant Operator/Maintenance Mechanic - AIRVAC Certified

Scheduled Wastewater Plant Operator duty, as required, depending on staffing. As Plant Operator, responsible for conducting day to day operations of treatment plant, process control testing, plant laboratory, sampling, calibration, DEP Permit compliance, SCADA monitoring, and assisting with the development of maintenance protocols and procedures and the documentation thereof.

Maintenance mechanic assigned to perform maintenance on the wastewater treatment plant and all unit processes inclusive of the pneumatic, electrical, and mechanical equipment and systems that are ancillary systems to the treatment plants and/or unit processes.

Scheduled "on call duty, as Plant Operator 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis. Maintains off hour availability to assist plant operator staff and other contractors/parties working for the Utility with regard to the pneumatic, electrical, and mechanical equipment and systems at the wastewater treatment plant. During off hours monitors and controls the wastewater treatment plant remotely using a smart phone, as well as receiving and acknowledging alarms.

Brian "Kyle" Hinton – State of Florida Class C Operator (# 0029766) AIRVAC Certified

Plant operator performing day-to-day operations of treatment plant, process control, plant laboratory, sampling, data collection and trend analysis, DEP Permit compliance, SCADA monitoring, and provides input to shape plant maintenance

scheduling. Duties also include assisting Lead Operator with regulatory reporting and identifying issues to be reported to the Utility's Officers. Scheduled "on call duty, as Plant Operator 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis. Maintains off hour availability to assist the plant operator staff and other contractors/parties working for the Utility. During off hours monitors and controls the wastewater treatment plant remotely using a smart phone, as well as receiving and acknowledging alarms.

## Joel Postma – Maintenance Manager and Safety Officer

Supervisor in charge of tracking, scheduling, and documenting all preventative maintenance on Wastewater Treatment Plant, Vacuum Station, and entire collection system. In charge of ordering all parts for plant and collection system. Utilizes a Computerized Maintenance Management System (CMMS) to generate Work Orders and assign them to the technicians according to their trade skills and experience. Uses CMMS to track, schedule, document, and perform maintenance activities (with SOP's/ Checklists/work instructions) on the Wastewater Plants and in the collection systems. Employs CMMS to track asset purchase dates, warranty periods, lifespans, and maintenance history which can be used to identify when service issues are most likely to occur so that proactive measures can be taken ahead of the service event. Responsible for electrical and mechanical equipment/materials/parts (inventory, coordinate emergency repairs, supervise and coordinate with specialized outside vendors/contractors). Supervise outside contractors working on the WWTP and collection systems.

Holds regular safety meetings with all maintenance staff jointly with the Lead Operator and is responsible for safety documentation, signage, and safety protocols. Maintains off hour availability to assist his maintenance staff and other contractors or parties working for the Utility. During off hours monitors and controls the wastewater treatment plant remotely using a smart phone, as well as receiving and acknowledging alarms. Scheduled "on call duty, 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis.

## Pierre Amboise – Senior Field Technician AIRVAC Certified

Daily visits to all lift stations, each daily visit is documented utilizing run time sheets. Run time data is analyzed at the lift station to identify problems or potential problems and to take the proper troubleshooting steps to determine the root cause of the problem. All problems are reported to the Maintenance Manager. Performs maintenance and repairs in the vacuum system (vacuum pits, buffer tanks, vacuum vessel, vacuum station), lift stations, gravity system, and at the wastewater treatment plant. Documents maintenance by completing Work Orders, Disconnect/Reconnect forms, inspection forms, and checklists per the Utility's practices and policies. Trade skills include electrical, mechanical, plumbing, pneumatic, carpentry, painting, underground, pipefitting, welding, fiberglass, general construction, concrete work, equipment maintenance and repair, machine operation (skid steer, crane truck, forklift/telehandler, industrial generators, backhoes, tractors, aerial work platforms manlifts boom/scissor, industrial compressors, industrial pumps). Serves as a mentor for the junior members of the maintenance team. Scheduled "on call duty", 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis. During hurricanes/tropical depressions/or other abnormal events maintains off hour availability to assist plant operators, maintenance staff and other contractors/parties working for the Utility if called upon.

#### Michael Russo – Field Technician – AIRVAC Certified

Daily visits to all lift stations, each daily visit is documented utilizing run time sheets. Run time data is analyzed at the lift station to identify problems or potential problems and to take the proper troubleshooting steps to determine the root cause of the problem. All problems are reported to the Maintenance Manager. Performs maintenance and repairs in the vacuum system (vacuum pits, buffer tanks, vacuum vessel, vacuum station), lift stations, gravity system, and at the wastewater treatment plant. Documents maintenance by completing Work Orders, Disconnect/Reconnect forms, inspection forms, and checklists per the Utility's practices and policies. Trade skills include electrical, mechanical, plumbing, pneumatic, carpentry, painting, underground, pipefitting, welding, fiberglass, general construction, concrete work, equipment maintenance and repair, machine operation (skid steer, crane truck, forklift/telehandler, industrial generators, backhoes, tractors, aerial work platforms manlifts boom/scissor, industrial compressors, industrial pumps). Scheduled "on call duty", 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis. During hurricanes/tropical depressions/or other abnormal events maintains off hour availability to assist plant operators, maintenance staff and other contractors/parties working for the Utility if called upon.

#### Jarred Sawyer – Field Technician

Daily visits to all lift stations, each daily visit is documented utilizing run time sheets. Run time data is analyzed at the lift station to identify problems or potential problems and to take the proper troubleshooting steps to determine the root cause of the problem. All problems are reported to the Maintenance Manager. Performs maintenance and repairs in the vacuum system (vacuum pits, buffer tanks, vacuum vessel, vacuum station), lift stations, gravity system, and at the wastewater treatment plant. Documents maintenance by completing Work Orders, Disconnect/Reconnect forms, inspection forms, and checklists per the Utility's practices and policies. Trade skills include electrical, mechanical, plumbing, pneumatic, carpentry, painting, underground, pipefitting, welding, fiberglass, general construction, concrete work, equipment maintenance and repair, machine operation (skid steer, crane truck, forklift/telehandler, industrial generators, backhoes, tractors, aerial work platforms manlifts boom/scissor, industrial compressors, industrial pumps). Scheduled "on call duty", 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis. During hurricanes/tropical depressions/or other abnormal events maintains off hour availability to assist plant operators, maintenance staff and other contractors/parties working for the Utility if called upon.

#### Gerald Jean – Field Technician

Daily visits to all lift stations, each daily visit is documented utilizing run time sheets. Run time data is analyzed at the lift station to identify problems or potential problems and to

take the proper troubleshooting steps to determine the root cause of the problem. All problems are reported to the Maintenance Manager. Performs maintenance and repairs in the vacuum system (vacuum pits, buffer tanks, vacuum vessel, vacuum station), lift stations, gravity system, and at the wastewater treatment plant. Documents maintenance by completing Work Orders, Disconnect/Reconnect forms, inspection forms, and checklists per the Utility's practices and policies. Trade skills include electrical, mechanical, plumbing, pneumatic, carpentry, painting, underground, pipefitting, welding, fiberglass, general construction, concrete work, equipment maintenance and repair, machine operation (skid steer, crane truck, forklift/telehandler, industrial generators, backhoes, tractors, aerial work platforms manlifts boom/scissor, industrial compressors, industrial pumps). Scheduled "on call duty", 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis. During hurricanes/tropical depressions/or other abnormal events maintains off hour availability to assist plant operators, maintenance staff and other contractors/parties working for the Utility if called upon.

#### Marvin Maritatta – Field Technician

Daily visits to all lift stations, each daily visit is documented utilizing run time sheets. Run time data is analyzed at the lift station to identify problems or potential problems and to take the proper troubleshooting steps to determine the root cause of the problem. All problems are reported to the Maintenance Manager. Performs maintenance and repairs in the vacuum system (vacuum pits, buffer tanks, vacuum vessel, vacuum station), lift stations, gravity system, and at the wastewater treatment plant. Documents maintenance by completing Work Orders, Disconnect/Reconnect forms, inspection forms, and checklists per the Utility's practices and policies. Trade skills include electrical, mechanical, plumbing, pneumatic, carpentry, painting, underground, pipefitting, welding, fiberglass, general construction, concrete work, equipment maintenance and repair, machine operation (skid steer, crane truck, forklift/telehandler, industrial generators, backhoes, tractors, aerial work platforms manlifts boom/scissor, industrial compressors, industrial pumps). Scheduled "on call duty", 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis. During hurricanes/tropical depressions/or other abnormal events maintains off hour availability to assist plant operators, maintenance staff and other contractors/parties working for the Utility if called upon.

#### **EMPLOYEES WHO RESIGNED DURING THE TEST YEAR**

Codie St John - Field Technician    Resigned August 14, 2023    AIRVAC Certified

Performed daily visits to all lift stations, each daily visit is documented utilizing run time sheets. Run time data is analyzed at the lift station to identify problems or potential problems and to take the proper troubleshooting steps to determine the root cause of the problem. All problems are reported to the Maintenance Manager. Performed maintenance and repairs in the vacuum system (vacuum pits, buffer tanks, vacuum vessel, vacuum station), lift stations, gravity system, and at the wastewater treatment

plant. Documented maintenance by completing Work Orders, Disconnect/Reconnect forms, inspection forms, and checklists per the Utility's practices and policies. Trade skills include electrical, mechanical, plumbing, pneumatic, carpentry, painting, underground, pipefitting, welding, fiberglass, general construction, concrete work, equipment maintenance and repair, machine operation (skid steer, crane truck, forklift/telehandler, industrial generators, backhoes, tractors, aerial work platforms manlifts boom/scissor, industrial compressors, industrial pumps). Was scheduled "on call duty", 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis. During hurricanes/tropical depressions/or other abnormal events maintained off hour availability to assist plant operators, maintenance staff and other contractors/parties working for the Utility if called upon.

Ray Garcia, Jr. - Maintenance Manager Resigned August 11, 2023 AIRVAC Certified

Supervisor previously in charge of tracking, scheduling, and documenting all preventative maintenance on Wastewater Treatment Plant, Vacuum Station, and entire collection system. Previously in charge of ordering all parts for plant and collection system. Utilized a Computerized Maintenance Management System (CMMS) to generate Work Orders and assign them to the technicians according to their trade skills and experience. Used CMMS to track, schedule, document, and perform maintenance activities (with SOP's/ Checklists/work instructions) on the Wastewater Plants and in the collection systems. Employed CMMS to track asset purchase dates, warranty periods, lifespans, and maintenance history which can be used to identify when service issues are most likely to occur so that proactive measures can be taken ahead of the service event. Was responsible for electrical and mechanical equipment/materials/parts (inventory, coordinate emergency repairs, supervise and coordinate with specialized outside vendors or contractors). Supervised outside contractors working on the WWTP and collection systems.

Held regular safety meetings with all maintenance staff jointly with the Lead Operator and is responsible for safety documentation, signage, and safety protocols. Maintained off hour availability to assist his maintenance staff and other contractors or parties working for the Utility. During off hours he monitored and controlled the wastewater treatment plant remotely using a smart phone, as well as receiving and acknowledging alarms. Was scheduled "on call duty", 13 weeks (minimum) per year and scheduled duty on weekends and holidays on a rotating basis.

A list, by serial number and description, of all vehicles owned or leased by the utility showing the original cost or annual lease expense, who the vehicle is assigned to, and the method of allocation to the utility

Rule 25-30.437(3)(i), F.A.C.



**KWRU Vehicle List**

Item#	Year	Make	Purchase Date	Color	Driver	VIN#	Value	Purpose
1	1997	Dodge Ram 2500	9/15/2014	Brown	Fleet	3B7KC23W6VM581925	\$ 4,500.00	On Call
2	2012	Chevy Silverado 1500	10/21/2012	Brown	Fleet	1GCRCPEX7CZ310966	\$ 27,339.00	On Call
3	2013	Chevy Silverado 1500	1/11/2016	Gray	Fleet	1GCNCPEX9DZ347663	\$ 19,318.78	On Call
4	2011	Ford F450	12/8/2017	White	Fleet	1FD0X4GT9BEB16026	\$ 40,163.02	On Call Crane truck
5	2019	Dodge Ram 1500	7/25/2019	White	Fleet	1C6RR6FG3KS665350	\$ 25,421.03	On Call
6	2019	Dodge Ram 1500	7/25/2019	White	Fleet	1C6RR6FG5KS665351	\$ 25,421.03	On Call
7	2021	Dodge Ram 2500	4/30/2021	White	Joel Postma	3C6UR4CJ2MG578287	\$ 32,300.85	On Call
8	2017	Ford F150	10/26/2022	Black	Andrew Pfiffer	1FTEW1CF0HFB67638	\$ 27,000.00	On Call
9	2024	Chevy Silverado 1500	1/31/2024	White	Greg Wright	3GCPABEK6RG151242	\$ 44,684.99	On Call
10	2024	Chevy Silverado 1500	1/31/2024	White	Chris Johnsonn	1GCPABEK3RZ104346	\$ 42,140.99	On Call

Year	Make	Purchase Date	Original Value	Sale Date	Sale Price	Color	Driver	VIN#	Purpose	Note
2011	Dodge Ram 1500	2/16/2015	\$ 12,000.00	1/31/2024	\$ 2,000.00	White	Fleet	3D7JB1EK9BG538652	On Call	14 yr old vehicle replaced by Item#10
2008	Chevy Silverado 1500	3/21/2016	\$ 8,932.00	1/31/2024	\$ 2,400.00	White	Fleet	1GCEC14X18Z216991	On Call	17 yr old vehicle replaced by Item#9

A list, by customer, of all complaints received during the test year,  
with an explanation of how each complaint was resolved.

Rule 25-30.437(3)(j), F.A.C.

Private customer information has been redacted and an unredacted  
copy will be made available to Staff and OPC in a ShareFile

Date	Notification	Time	Location	Technician	Time	Description of Problem and Resolution	Customer Name
8/4/2023	Customer Service - Email	5:03 PM		Melinda/Chris	N.A.	Customer emailed the Utility 8-1-2023 requesting 4,500 gallons be subtracted from the usage on his bill that was to fill his pool. Customer Service investigated the account and didn't find a dedicated FKAA meter/deduct meter associated with the service address. An email from Customer Service on 8-4-2023 advised that water meters shall be used to bill usage unless the water utility (FKAA) provides an abatement along with the adjusted gallons. Mr. Owens replied via email FKAA refused to give an abatement/adjusted gallons. Customer Service emailed that the Utility must bill according to consumptive water use as measured by FKAA meter. Customer then contacted PSC to file a Complaint on 8/7/2023. On 8-9-2023 the Utility sent an email to the customer and the PSC Analyst stating the Utility is required to bill usage as measured by FKAA water meters. If a property owner has usage where water will not be returned to the sewer, the water company (FKAA) offers deduct meters.	
10/21/2023	Answering Service	11:00 AM		Mike	2 hours	Received call from service address reporting sewage backup. Arrived and located the AIRVAC vacuum pit that serves the property. Manually activated the AIRAC controller, it failed to activate. Replaced controller with a new and performed a full functional test and the system was found in proper working order.	
12/21/2023	Other	6:00 PM		Mike	2 hours	Received call from service address reporting sewage backup. Arrived and located the AIRVAC vacuum pit that serves the property. Manually activated the AIRAC controller, it failed to activate. Visual inspection revealed moisture in the controller and in the valve; both were replaced with new. Breather was replaced with a new and after a full functional test the system was in proper working order.	
2/11/2024	Operator	2:00 PM		Kyle and Marvin	1.5 hours	The Utility received call from service address reporting sewage backup. Arrived and located the AIRVAC vacuum pit that serves the property. Manually activated the AIRAC controller, the controller activated properly. All other verification and inspections showed the Utility system to be in good order. The customer was on site and the Field Technician explained to the customer that the Utility could not identify a problem after a full system check and the system is functioning properly.	
2/11/2024	Operator	2:00 PM		Kyle and Marvin	1.5 hours	Received call from service address, customer reporting problem, sewerage not flowing from the house to the street. KWRU technician used K50 sectional drain cleaner from Utility's cleanout in the Right of Way to the clean out at the house to clear blockage in the lateral.	
2/28/2024	Other	3:50 PM		Kyle and Marvin	2 hours	Received call from service address reporting sewage backup. Arrived and found the customer under house snaking his line. Customer was unable to find his cleanout (he built 2 new structures and 2 chicken coops). Field Technician checked adjacent properties; all were good with no evidence of backup. The main's on 8th avenue were inspected manhole by manhole and all were good. Customer was notified by Tech that problem is in their lateral/ plumbing.	
3/1/2024	Other	4:00 PM		Kyle, Marvin	2 hours	Received call from service address reporting sewage backup. Arrived and manually activated the AIRAC controller, the controller didn't activate properly so it was replaced with a new controller. However, once the new controller was activated the problem remained in the lateral. Technician let customer know that the problem is in their lateral/ plumbing.	
3/13/2024	Answering Service	9:45 PM		Jeremy and Jarred	2 hours	Received call from service address reporting a sewer problem. Arrived and manually activated the AIRAC controller, it activated properly. All other verification and inspections showed the Utility system to be in good order. Customer was notified that the Utility's system was checked and found to be properly functioning.	
3/23/2024	Operator	10:00 AM		Mike	2 hours	Received call from service address reporting a sewer problem. Technician checked adjacent properties (upstream and downstream), manholes, and the lift station and all were properly functioning. Customer was advised.	
4/6/2024	Other	3:30 PM		Jarred, Pierre and Jeremy	2 hours	Received call from service address reporting a sewer problem. Arrived on site, found buffer tank full of wastewater. After the tank was pumped down, the Technician observed moisture in controller and valve, both were replaced. The area immediately around the buffer tank was cleaned and left in good order. Customer was advised the system has been restored to a fully functional state.	
4/8/2024	Main Office	3:30 PM		Mike and Marvin	1 hour	Received call from service address reporting a sewer problem. Arrived on site, found the vacuum pit to be full of wastewater. After the tank was pumped down, the Technician observed moisture in controller and valve, both were replaced. The area immediately around the vacuum was cleaned and left in good order. CVS employee was advised the system has been restored to a fully functional state.	
5/20/2024	Answering Service	5:30 PM		Mike	2 hours	Received call from service address, customer states toilet unable to flush. Arrived at residence to find the customer not at home. Called the contact number and got a number out of service recording. Field Technician checked adjacent properties; all were good with no evidence of backup. The main on Robyn avenue was inspected manhole by manhole and the main was functioning properly. Checked the system the following day and the system was in good order. Attempted to follow-up and contact customer with the same results.	
5/23/2024	Operator	10:30 PM		Mike	2 hours	Received call from service address customer reporting sewerage backup. Arrived and located vacuum pit that serves the property and manually activated the controller, it failed to activate. Inspection revealed moisture in controller and valve; both were replaced with new. After a full functional test the system was in proper working order and the customer flushed toilets and ran water and reported everything was working.	
5/24/2024	Answering Service	8:57 PM		Mike and Gerald	2 hours	Received call from service address customer reporting sewerage backup. Arrived and manually activated the controller, it failed to activate. Inspection revealed moisture in controller and valve; both were replaced with new. Fernco fitting was tightened and hoses and clamps were checked for tightness. After a full functional test the system was in proper working order.	
5/26/2024	Operator	10:06 AM		Mike and Gerald	2 hours	Received call from service address, customer reporting sewerage backup. Arrived and observed the pit full of water. After clearing water from the pit, grease (grease is being improperly disposed of via sewer at this property) was observed in the sensor tubing. Technician replaced valve and controller with new and reinstated the sensor assembly after thoroughly cleaning it. Full functional test verified the system was in proper working order. Technician advised customer on site of grease causing the problem and that the system is fully functional.	