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REPLY TO ALTAMONTE SPRINGS

August 13, 2002

VIA FEDERAL EXPRESS

Ms. Blanca Bayo
Commission Clerk and Administrative Services Director
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399

Re: Docket No. 020344-SU; Application of Key Haven Utility Corporation for Rate Increase in Monroe County, Florida
Our File No.: 26043.10

Dear Ms. Bayo:

Enclosed are the following for filing in the above-referenced docket:

- Sixteen (16) copies of the Application for Increase in Rates 08540-02
- Sixteen (16) copies of the minimum filing requirements (Exhibit "1") 08541-02
- Sixteen (16) copies of the Affidavit required by Rule 25-22.0407, Florida Administrative Code (Exhibit "2") 08542-02
- Two (2) copies of the Billing Analysis (Exhibit "3") 08543-02
- Two (2) copies of the additional engineering information (Exhibit "4") 08544-02
- One (1) detailed map (Exhibit "5") 08545-02

AUS Vandiver
CAF _____
CMP _____
COM 5
CTR _____
ECR MERCHANT
GCL JALGER
OPC _____
MMS _____
SEC _____
OTH _____

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

MAP TO ECR/MERCHANT

02 AUG 14 AM 10:00
DISTRIBUTION CENTER

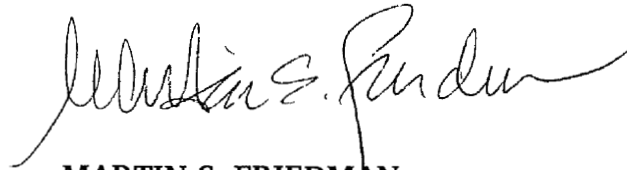
Initials of person who forwarded check:
AM

Ms. Blanca Bayo
August 13, 2002
Page 2

- The original and three (3) copies of the proposed Interim Rate Tariff Sheets (Exhibit "6") 08546-02
- The original and three (3) copies of the proposed Final Rate Tariff Sheets (Exhibit "7") 08547-02
- Our check in the amount of \$2,000.00 representing the appropriate filing fee.

Should you have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,



MARTIN S. FRIEDMAN
For the Firm

MSF:dmp
Enclosures

cc: Mr. Wayne Lujan
Robert C. Nixon, CPA
Chairman, Monroe County Board of County Commissioners

Key Haven\PSC Clerk (Bayo)01.ltr

ORIGINAL

CLASS B
WATER AND/OR WASTEWATER UTILITIES

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

OF

Company: Key Haven Utility Corporation

Exact Legal Name of Utility

VOLUME II



DOCUMENT NUMBER-DATE

08544 AUG 14 8

FPSC-COMMISSION CLERK

EXHIBIT "F"

FOR THE

Test Year Ended: December 31, 2001

CLASS B
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS

OF

Company: Key Haven Utility Corporation

Exact Legal Name of Utility

VOLUME II



DOCUMENT NUMBER-DATE

08544 AUG 14 88

FPSC-COMMISSION CLERK

FOR THE

Test Year Ended: December 31, 2001

KEY HAVEN UTILITY CORPORATION

Additional Engineering Information
Docket No. 020344-SU

Index

Required by Rule 25-30.440

- 1.) Detailed map – filed separately.
- 2.) List of chemicals used and dosage rate.
- 3.) Chemical analysis for water system – not applicable.
- 4.) Wastewater operating reports for the test year and year preceding test year (2001 and 2000).
- 5.) Most recent DEP inspection reports.
- 6.) Copies of DEP operating and construction permits.
- 7.) Notices of violation and letters of notice received during the previous five years.
- 8.) List of field employees, duties and responsibilities.
- 9.) List and description of vehicles owned and leased.
- 10.) List of customer complaints.

Supplemental Information

- A.) Collection System Evaluation Report prepared by Weiler Engineering Corporation – March 2001.
- B.) Engineer's Collection System priority listing and quotes to complete 2002 improvements included in rate base.

KEY HAVEN UTILITY CORPORATION
 ADDITIONAL ENGINEERING INFORMATION
 SCHEDULE OF CHEMICALS USED AND DOSAGE RATES

LINE NO.	VENDOR	DATE OF PURCHASE	INVOICE AMOUNT	QUANTITY (LBS)	COST PER LB.	TYPE
1	SYNAGRO	3/12/01	\$380	600	\$0.63	CHLORINE GAS
2	SYNAGRO	5/3/01	190	300	0.63	CHLORINE GAS
3	SYNAGRO	6/13/01	285	450	0.63	CHLORINE GAS
4	SYNAGRO	8/25/01	190	300	0.63	CHLORINE GAS
5	SYNAGRO	8/25/01	34			SHIPPING
6	SYNAGRO	11/19/01	287	450	0.64	CHLORINE GAS
7	SYNAGRO	11/19/01	285	450	0.63	CHLORINE GAS
8	SYNAGRO	12/27/01	285	450	0.63	CHLORINE GAS
9	TOTAL		<u>\$1,936</u>	<u>3,000</u>	<u>\$0.65</u>	

10 KEY HAVEN USES CHLORINE ONLY. THE DOSAGE RATE IS 10 LBS. PER DAY.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEP LIMITS/REPLACES FORM

PERMITTEE NAME: Key Haven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040
 FACILITY: Key Haven
 LOCATION: Key Haven Road

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: January 2001
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: Minor GMS #:
 FACILITY ID: 5244000469 DISCHARGE POINT #:
 TEST SITE: WAFR SYSTEM ID #:
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY		0.09077	0.14300	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
CBOD5, INFLUENT INFLUENT GROSS VALUE		*****	*****	*****	*****	180.67	210.00	(19) mg/L	0	3 / 30	GRAB
TSS, INFLUENT INFLUENT GROSS VALUE		*****	*****	*****	*****	164.67	180.00	(19) mg/L	0	3 / 30	GRAB
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE		*****	*****	*****	*****	4.33	10.20	(19) mg/L	0	3 / 30	GRAB
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE		*****	*****	*****	*****	2.67	3.60	(19) mg/L	0	3 / 30	GRAB
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE		*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YYMMDD)
ED CASTLE	<i>ed castle</i>	305-852-5103	01/04/01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

PERMITTEE NAME: Key Haven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040
 0
 FACILITY: Key Haven
 LOCATION: Key Haven Road
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: January 2001
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5244000469
 TEST SITE:
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001
 GROUP: Domestic
 GMS #
 DISCHARGE POINT #
 WAFR SYSTEM ID #

ATTN: Wayne Lujan

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.7	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement				MINIMUM			SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement						DAILY MAX	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	1.0	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement				MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement						DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	13.4	(19) mg/L		3 / 30	GRAB
	Permit Requirement						DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		NTU			
	Permit Requirement							DAILY MAX	NTU		SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name) ED CASTLE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Ed Castle</i>	TELEPHONE NO 305-852-5103	DATE (Y/MM/DD) 01/02/01
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

FACILITY ID: 5244000469

11/11/01 Month Average Daily Flow 0.09556

Month / Year: January 2001

Daily Flow % of Permitted Capacity 41.75%

Days of the Month	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	
Flow (MGD)	0.1230	0.1160	0.1210	0.1190	0.0980	0.0430	0.1050	0.1430	0.1090	0.0930	0.0980	0.0990	0.0730	0.1030	0.0770	0.0740	0.0390	0.0640	0.0970	0.0880	0.1020	0.1140	0.0800	0.0770	0.0690	0.0600	0.0810	0.0430	0.1120	0.0900	0.0920	
Chlorine Residual after Contact(mg/L as Cl ₂)	4.6	1.0	5.0	5.0	5.0	5.0	4.0	5.0	4.1	4.6	4.8	3.3	2.8	3.0	2.6	3.6	4.9	5.0	4.8	4.5	5.0	3.6	5.0	5.0	5.0	4.1	4.0	4.0	2.9	4.2	4.4	
CODS Influent (mg/L as O ₂)			210.0													156.0															176.0	
TSS Influent (mg/L)			154.0													180.0															160.0	
CODS Effluent (mg/L as O ₂)			10.2													1.4															1.4	
TSS Effluent (mg/L)			3.6													2.8															1.6	
NO ₃ Effluent (mg/L as N)																																
Total N Effluent (mg/L as N)			5.1													13.4															8.7	
Fecal Coliform (#/100ML)			<20													<20															<20	
pH effluent (SU)	7.2	7.1	7.4	7.3	7.0	7.0	7.0	7.2	7.1	7.2	7.0	7.0	7.0	7.0	7.1	7.0	6.9	6.7	6.7	6.7	6.7	6.9	6.8	6.7	6.9	6.9	6.9	6.9	7.0	6.9	7.0	
Turbidity (N.T.U.)																																
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)			G														G														G	
TIME OF SAMPLE			11:00																													12:00
Total Phosphorus (mg/L)			3.39														3.14															3.53

PLANT STAFFING

Day Shift Operator	Class:		Certificate No.:		Name:	
Evening Shift Operator	Class:	N/A	Certificate No.:	N/A	Name:	N/A
Evening Shift Operator	Class:		Certificate No.:		Name:	
Night Shift Operator	Class:	N/A	Certificate No.:	N/A	Name:	N/A
Lead Operator	Class:	C	Certificate No.:	C9747	Name:	Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators.

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME
MAILING ADDRESS

KeyHaven Utility
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: February 2001

LIMIT Final

GROUP: Domestic

CLASS SIZE Minor

GMS #

FACILITY

Key Haven

FACILITY ID 5244000469

DISCHARGE POINT #

LOCATION

Key Haven Road

TEST SITE

WAFR SYSTEM ID #

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE | | ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.08434	0.14700	(03) MGD	*****	*****	*****	*****	0	6 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	0.2 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	243.00	270.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	182.00	202.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	1.10	1.20	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	2.00	2.40	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<20	<20	<20	(13) #/25mL	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	01/09/01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 DDFP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME
 MAILING ADDRESS

KeyHaven Utility
 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER DO44-227439
 MONITORING PERIOD

Month / Year: February 2001

LIMIT Final
 CLASS SIZE Minor
 FACILITY ID 5244000469

GROUP Domestic
 GMS #
 DISCHARGE POINT #
 WAFR SYSTEM ID #

FACILITY
 LOCATION

Key Haven
 Key Haven Road

TEST SITE
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.7	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	3.5	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	27.9	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852 5103	02/03/01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

FACILITY ID: 5244000469

Three-month Average Daily Flow 0 09218

Month / Year: February 2001

Daily Flow % of Permitted Capacity 46.59%

Days of the Month	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	
Flow (MGD)	2.217	0.0710	0.0570	0.0480	0.0640	0.0710	0.1120	0.0430	1.09	0.0770	0.0860	0.1144	0.0760	0.0620	0.1050	0.0790	0.1040	0.0690	0.1000	0.1120	0.0920	0.0580	0.1230	0.0890	0.0720	0.1470	0.0770					
Chlorine Residual after Contact (mg/L as Cl ₂)	3.6	4.1	4.5	4.5	4.3	5.0	5.0	5.0	5.0	5.0	5.0	4.4	5.0	5.0	4.1	5.0	4.5	4.5	5.0	5.0	5.0	4.7	3.5	3.5	5.0	5.0	5.0	5.0				
CBOD ₅ Influent (mg/L as O ₂)															270.0															216.0		
TSS Influent (mg/L)															162.0															202.0		
CBOD ₅ Effluent (mg/L as O ₂)															1.2															1.0		
TSS Effluent (mg/L)															2.4															1.6		
NO ₃ Effluent (mg/L as N)																															1.8	
Total N Effluent (mg/L as N)															27.9																1.8	
Fecal Coliform (#/100ML)															<20																<20	
pH effluent (SU)	7.0	7.2	7.1	7.1	7.0	6.7	6.9	6.9	7.1	7.0	6.9	6.8	7.0	6.7	6.9	6.9	6.9	6.9	6.7	7.0	6.9	7.0	7.1	7.0	6.9	6.9	7.0	6.9				
Turbidity (N.T.U.)																																
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)															G																G	
TIME OF SAMPLE															9:50																9:45	
Total Phosphorus (mg/L)															9.1																2.73	

PLANT STAFFING

Shift	Class	Certificate No.	Name
Day Shift Operator	Class	Certificate No.	Name
Evening Shift Operator	Class N/A	Certificate No	N/A Name N/A
Evening Shift Operator	Class	Certificate No	Name
Night Shift Operator	Class: N/A	Certificate No	N/A Name N/A
Lead Operator	Class C	Certificate No . C9747	Name Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse. BORE HOLES

Limited Wet Weather Discharge Activated. Yes: No Not Applicable X If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEP PERMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040
 FACILITY: Key Haven
 LOCATION: Key Haven Road

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: March 2001
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: Minor GMS #
 FACILITY ID: 5244000469 DISCHARGE POINT #.
 TEST SITE: WAFR SYSTEM ID #.
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001


ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	50053	0.09935	0.12900	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
MONTHLY AVERAGE DAILY	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM CAPACITY	REPORT MONTHLY MGD	REPORT MONTHLY MINIMUM	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT	INFLUENT GROSS VALUE	*****	*****	*****	*****	172.00	210.00	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS	REPORT MONTHLY MINIMUM	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	INFLUENT GROSS VALUE	*****	*****	*****	*****	189.00	218.00	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS	REPORT MONTHLY MINIMUM	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	EFFLUENT GROSS VALUE	*****	*****	*****	*****	2.00	2.00	(19) mg/L	0	2 / 30	GRAB
EFFLUENT GROSS VALUE	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS	REPORT MONTHLY MINIMUM	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	EFFLUENT GROSS VALUE	*****	*****	*****	*****	1.70	3.00	(19) mg/L	0	2 / 30	GRAB
EFFLUENT GROSS VALUE	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS	REPORT MONTHLY MINIMUM	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	EFFLUENT GROSS VALUE	*****	*****	*****	*****		20.00	(13)	0	2 / 30	GRAB
EFFLUENT GROSS VALUE	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY UNITS	REPORT WEEKLY AVERAGE	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	REPORT UNITS #25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	3/1/01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: LIMIT: Final
 CLASS SIZE: Mtnor
 FACILITY ID: 5244000469
 TEST SITE: PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

Month / Year: March 2001
 GROUP: Domestic
 GMS #: DISCHARGE POINT #
 WAFR SYSTEM ID #

FACILITY: Key Haven
 LOCATION: Key Haven Road
 0

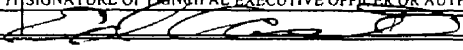
ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.8	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	2.0	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	15.6	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		NTU			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	NTU		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	01/08/19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow 0.0918

Daily Flow % of Permitted Capacity 49.09%

Facility ID: 5244000469

Month / Year: March 2001

Days of the Month	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	
Flow (MGD)	0.1080	0.0830	0.0960	0.1060	0.0940	0.0440	0.0850	0.0890	0.1290	0.1190	0.1040	0.1070	0.1170	0.1070	0.0900	0.1090	0.0840	0.1080	0.1140	0.1050	0.1100	0.1100	0.0850	0.0990	0.1050	0.1150	0.0470	0.0940	0.1160	0.0930	0.0780	
Chlorine Residual after Contact(mg/L as Cl ₂)	4.0	5.0	5.0	5.0	5.0	5.0	3.0	3.6	3.1	2.0	3.7	2.7	3.4	2.3	3.8	3.1	3.5	3.5	2.7	2.1	5.0	2.8	5.0	5.0	4.5	5.0	5.0	5.0	5.0	4.6	4.5	
BOD5 Influent (mg/L as O ₂)															210.0																134.0	
SS Influent (mg/L)															218.0																160.0	
BOD5 Effluent (mg/L as O ₂)															2.0																2.0	
SS Effluent (mg/L)															3																0.4	
O ₃ Effluent (mg/L as N)																																
Total N Effluent (mg/L as N)															15.6																2.8	
Total Coliform (#/100ML)															20																<20	
Total Effluent (SU)	7.2	7.1	7.1	7.0	6.9	6.9	7.0	7.0	7.0	7.1	7.1	7.0	7.0	7.0	6.9	6.9	6.9	6.9	6.9	6.9	6.9	7.0	6.9	6.9	6.9	7.0	6.8	7.0	6.8	7.1	7.0	
Turbidity (N.T.U)																																
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)															G																G	
TIME OF SAMPLE															9:50																9:45	
Total Phosphorus (mg/L)															2.87																2.98	

Shift	Operator	Class	Certificate No.	Name
Day Shift	Operator	Class	Certificate No.	Name
Evening Shift	Operator	Class	N/A	Name N/A
Evening Shift	Operator	Class	Certificate No :	Name
Night Shift	Operator	Class	N/A	Name N/A
Lead	Operator	Class	C	Certificate No : 5535 Name: Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES
 Permitted Wet Weather Discharge Activated Yes No. Not Applicable X If Yes, cumulative days of wet weather discharge

Attach additional sheets if necessary to list all certified operators

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME KeyHaven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, Fl 33040

PERMIT NUMBER DO44-227439
 MONITORING PERIOD Month / Year: April 2001
 LIMIT Final GROUP Domestic
 CLASS SIZE Minor GMS #
 FACILITY ID 5244000469 DISCHARGE POINT #
 TEST SITE WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

FACILITY Key Haven
 LOCATION Key Haven Road

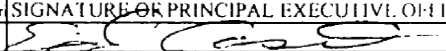
ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE | | ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.09960	0.15000	MGD (03)	*****	*****	*****	*****	0	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	128.00	150.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	117.50	128.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	2.00	2.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	0.80	1.20	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	5/10/01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME
MAILING ADDRESS

KeyHaven Utility
1104 Truman Avenue
Key West, Fl 33040
0

PERMIT NUMBER DO44-227439
MONITORING PERIOD
LIMIT Final
CLASS SIZE Minor
FACILITY ID 5244000469
TEST SITE
PLANT SIZE/TREATMENT TYPE EA/D3
TYPE OF EFFLUENT DISPOSAL U001

Month / Year: April 2001
GROUP Domestic
GMS #
DISCHARGE POINT #
WAFR SYSTEM ID #

FACILITY
LOCATION

Key Haven
Key Haven Road
0

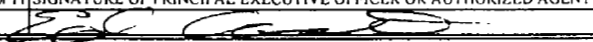
ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.7	*****	*****	(12) SU	0	1 / 17	GRAB
	Permit Requirement	*****	*****	*****	6 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	1 / 17	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	2.0	*****	*****	(19) mg/L	0	1 / 17	GRAB
	Permit Requirement	*****	*****	*****	0 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	DAILY MAX.	12.0 mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	6.1	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	04/07/01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

CILITY ID: 524400469

Three-month Average Daily Flow 0 09657

Month / Year: April 2001

Daily Flow % of Permitted Capacity 48.29%

Days of the Month	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
Flow (MGD)	0.1070	0.1500	0.1160	0.1220	0.0820	0.1170	0.0670	0.1180	0.1000	0.0680	0.0980	0.1060	0.0780	0.0850	0.1030	0.1170	0.1060	0.0920	0.0900	0.0400	0.0880	0.1080	0.1380	0.0670	0.0950	0.1140	0.0670	0.0940	0.1050	0.1100	
Free Residual after Contact (mg/L as Cl ₂)	4.0	3.3	4.3	3.8	2.4	3.3	2.5	2.0	3.9	5.0	4.9	3.6	5.0	4.5	4.0	3.5	4.5	5.0	5.0	5.0	5.0	5.0	4.7	5.0	5.0	4.0	4.3	4.0	4.2	5.0	
DO Influent (mg/L as O ₂)											106.0																				
Influent (mg/L)											128.0																				
DO Effluent (mg/L as O ₂)											2.0																				
Effluent (mg/L)											1.2																				
Total Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)											3.0																				
Total Coliform (#/100ML)											<20																				
Effluent (SU)	7.0	6.7	6.9	7.1	7.0	7.0	7.0	7.1	7.0	6.8	7.0	7.1	7.0	7.0	7.0	7.0	6.9	6.9	7.0	6.9	6.9	6.9	7.0	6.9	6.9	7.0	7.0	7.0	7.0	6.8	
Turbidity (NTU)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)											G																				
TIME OF SAMPLE											9:45																				
Total Phosphorus (mg/L)											8.54																				

ANT STAFFING

Shift	Operator	Class	Certificate No	Name
Day Shift	Operator	Class	N/A	Name
Evening Shift	Operator	Class	N/A	Name
Evening Shift	Operator	Class	N/A	Name
Night Shift	Operator	Class	N/A	Name
Lead	Operator	Class	5535	Mark Burkemper

type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Wet Weather Discharge Activated: Yes No Not Applicable X If Yes, cumulative days of wet weather discharge

Attach additional sheets if necessary to list all certified operators

DEP DISCHARGE REPORT FORM

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: May 2001
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: Minor GMS #:
 FACILITY ID: 5244000469 DISCHARGE POINT #:
 TEST SITE: WAFR SYSTEM ID #:
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

FACILITY: Key Haven
 LOCATION: Key Haven Road


ATTN: Wayne Lujan

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration			No Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW 50053 MONTHLY AVERAGE DAILY	0.11548	0.18600	MGD	(03)	*****	*****	*****	*****	0	7 / 7	GRAB
	REPORT MONTHLY AVERAGE	PERMIT MONTHLY AVERAGE	MGD	MGD	*****	*****	*****	*****	*****	SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	*****	*****	*****	*****	*****	139.50	153.00	(19) mg/L	0	2 / 30	GRAB
	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	mg/L	*****	*****	*****	*****	*****	SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	*****	*****	*****	*****	*****	112.00	176.00	(19) mg/L	0	2 / 30	GRAB
	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	mg/L	*****	*****	*****	*****	*****	SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	2.00	2.00	(19) mg/L	0	2 / 30	GRAB
	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	mg/L	*****	*****	*****	*****	*****	SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15.60	22.00	(19) mg/L	0	2 / 30	GRAB
	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	mg/L	*****	*****	*****	*****	*****	SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	*****	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL	*****	*****	*****	*****	*****	SEE PERMIT	GRAB

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	01/06/19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Key Haven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040
 0
 FACILITY: Key Haven
 LOCATION: Key Haven Road
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: May 2001
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: Minor GMS #:
 FACILITY ID: 5244000469 DISCHARGE POINT #
 TEST SITE: WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001


ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.8	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	1.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	1.8	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	12.1	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	05/06/01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

PERMIT ID: 92-4000-05

Three month Average Daily Flow

Month / Year: May 2001

Daily Flow % of Permitted Capacity 52.41%

Days of the Month	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	
Flow (MGD)	0.1160	0.1210	0.0980	0.1470	0.0870	0.1190	0.1860	0.0940	0.1310	0.1190	0.1120	0.1070	0.0980	0.1270	0.0950	0.0920	0.0960	0.1090	0.0790	0.1010	0.1360	0.1330	0.0810	0.1230	0.1310	0.1660	0.1110	0.1150	0.1210	0.0970	0.1120	
Chlorine Residual after Contact (mg/L as Cl2)	4.8	4.4	4.6	4.0	4.5	4.5	3.8	2.6	1.8	3.5	5.0	4.5	4.0	5.0	63.5	5.0	1.8	2.5	4.0	3.5	3.2	2.3	5.0	4.7	2.7	3.0	3.5	5.0	5.0	5.0	4.5	
CBOD5 Influent (mg/L as O2)									126.0														153.0									
TSS Influent (mg/L)									48.0														176.0									
CBOD5 Effluent (mg/L as O2)									2.0														2.0									
TSS Effluent (mg/L)									9.2														22									
NO3 Effluent (mg/L as N)																																
Total N Effluent (mg/L as N)									12.1														9.1									
Fecal Coliform (#/100ML)									<20														<20									
pH effluent (SU)	6.8	7.0	7.0	7.0	7.0	7.0	7.1	7.0	6.9	6.9	6.9	6.9	6.9	7.0	6.9	7.0	7.0	7.0	7.0	7.0	7.1	7.0	6.9	7.0	7.1	7.0	6.9	6.9	7.1	7.0	7.1	
Turbidity (N T U)																																
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)									G														G									
TIME OF SAMPLE									11:45														9:00									
Total Phosphorus (mg/L)									2.76														3.07									

PLANT STAFFING

Shift	Operator	Class	Certificate No	Name
Day Shift	Operator	Class	Certificate No	Name
Evening Shift	Operator	Class	N/A	Name N/A
Evening Shift	Operator	Class	Certificate No	Name
Night Shift	Operator	Class	N/A	Name N/A
Lead	Operator	Class	C	Certificate No 5535 Name Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated Yes No Not Applicable X If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040

PERMIT NUMBER DO44-227439

MONITORING PERIOD:

Month / Year: June 2001

LIMIT: Final

GROUP: Domestic

CLASS SIZE: Minor

GMS #:

FACILITY ID 5244000469

DISCHARGE POINT #:

TEST SITE:

WAFR SYSTEM ID #:

FACILITY: Key Haven
 LOCATION: Key Haven Road

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.10747	0.63000	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	REPORT PERMITTED CAPACITY	REPORT MGD	*****	*****	*****	*****	*****	SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	144.00	225.00	mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	*****	SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	105.00	128.00	mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	*****	SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	<2.0	<2.0	mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	*****	SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	1.40	2.00	mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	*****	SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#25mL	*****	SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	01/07/19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME KeyHaven Utility **PERMIT NUMBER** DO44-227439
MAILING ADDRESS 1104 Truman Avenue **MONITORING PERIOD:** Month / Year: June 2001
 Key West, Fl 33040 **LIMIT:** Final **GROUP:** Domestic
 0 **CLASS SIZE:** Minor **GMS #**
FACILITY Key Haven **FACILITY ID** 5244000469 **DISCHARGE POINT #**
LOCATION Key Haven Road **TEST SITE:** **WAFR SYSTEM ID #**
 0 **PLANT SIZE/TREATMENT TYPE** EA/D3
TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.3	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	2.0	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	3.8	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N.T.U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	01/07/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

FACILITY ID: 5244000469

Month / Year: June 2001

DAMPULT RTB

Three-month Average Daily Flow: 0.10752

Daily Flow % of Permitted Capacity: 53.75%

Days of the Month	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
Flow (MGD)	0.0930	0.0590	0.0450	0.1380	0.1020	0.4300	0.0840	0.0840	0.0810	0.0850	0.0790	0.0780	0.0580	0.0770	0.0570	0.0860	0.1020	0.0910	0.0860	0.0420	0.1220	0.0710	0.0700	0.1200	0.1180	0.1140	0.0600	0.1320	0.0860	0.1100	
Chlorine Residual after Contact (mg/L as Cl ₂)	5.0	5.0	5.0	4.0	2.9	2.0	2.2	5.0	2.8	4.4	5.0	2.3	5.0	2.1	2.1	2.3	3.8	5.0	5.0	5.0	2.0	5.0	5.0	2.5	4.0	5.0	5.0	2.4	5.0	5.0	
CODS Influent (mg/L as O ₂)						225.0															63.0										
TSS Influent (mg/L)						128.0															82.0										
CODS Effluent (mg/L as O ₂)						<2.0															<2.0										
TSS Effluent (mg/L)						2															0.8										
NO ₃ Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)						2.3															3.8										
Fecal Coliform (#/100ML)						<20															<20										
pH effluent (SU)	7.1	7.0	7.0	7.0	7.0	6.7	6.9	6.9	7.1	7.2	6.9	7.1	7.0	7.0	7.0	7.1	7.0	6.9	7.0	6.9	7.1	6.8	6.3	6.5	6.9	7.1	7.1	6.9	6.7	6.7	
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)						G															G										
TIME OF SAMPLE						10:30															9:45										
Total Phosphorus (mg/L)						3.09															2.78										

PLANT STAFFING

Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Evening Shift Operator	Class:	Certificate No.:	Name:
Night Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Lead Operator	Class: C	Certificate No.:	5535 Name: Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators.

EFFLUENT LIMITS (REQUIREMENTS FORM)

PERMITTEE NAME: Key Haven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: DO44-227439

MONITORING PERIOD:

Month / Year: July 2001

LIMIT: Final
 CLASS SIZE: Minor

GROUP: Domestic
 GMS #

FACILITY: Key Haven
 LOCATION: Key Haven Road

FACILITY ID: 5244000469

DISCHARGE POINT #

TEST SITE

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE | | ***

Parameter STORET CODE	Sample	Quantity or Loading			Quality or Concentration			No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
50053 MONTHLY AVERAGE DAILY	Sample			(03)				0		
	Permit Requirement	REPORT MONTHLY AVERAGE	REPORT PERMITTED CAPACITY	MGD	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****	*****	261.00	330.00	(19) mg/L	0	2 /30 GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****	*****	357.00	412.00	(19) mg/L	0	2 /30 GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****	*****	1.75	2.00	(19) mg/L	0	2 /30 GRAB
80082 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****	*****	6.20	10.00	(19) mg/L	0	2 /30 GRAB
900201 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 /30 GRAB
31616 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/25mL		SEE PERMIT GRAB

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	01/08/01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Key Haven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040
 0
 FACILITY: Key Haven
 LOCATION: Key Haven Road
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: July 2001
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: Minor GMS #
 FACILITY ID: 5244000469 DISCHARGE POINT #
 TEST SITE: WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

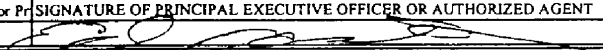
ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.6	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement				MINIMUM			SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement						DAILY MAX:	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	0.6	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement				MINIMUM		*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement						DAILY MAX:	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	22.5	(19) mg/L		2 / 30	GRAB
	Permit Requirement						REPORT DAILY MAX:	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		NTU			
	Permit Requirement						REPORT DAILY MAX:	NTU		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	7/16/21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

FACILITY ID: 5244000469

Three-month Average Daily Flow.

0.11090

Month / Year: July 2001

Daily Flow % of Permitted Capacity:

55.45%

Days of the Month	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	
Flow (MGD)	3.402																															
Chlorine Residual after Contact(mg/L as Cl ₂)	4.0	4.8	3.9	2.2	5.0	5.0	5.0	4.0	0.6	5.0	5.0	5.0	1.0	5.0	5.0	4.6	3.9	3.6	3.8	4.1	4.0	3.0	1.9	4.4	3.0	3.6	4.4	4.5	4.5	5.0	5.0	
CBOD5 Influent (mg/L as O ₂)					330.0													192.0														
TSS Influent (mg/L)					302.0													412.0														
CBOD5 Effluent (mg/L as O ₂)					1.5													2.0														
TSS Effluent (mg/L)					2.4													10														
NO ₃ Effluent (mg/L as N)																																
Total N Effluent (mg/L as N)					20.0													22.5														
Fecal Coliform (#/100ML)					<20													<20														
pH effluent (SU)	6.7	7.0	7.1	7.0	7.2	7.1	7.1	7.0	7.4	6.9	6.9	6.8	7.0	6.9	6.9	6.7	6.6	6.7	6.9	7.0	7.0	7.0	6.8	6.9	6.9	7.1	7.0	7.0	7.0	7.1	7.2	
Turbidity (N.T.U.)																																
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)					G													G														
TIME OF SAMPLE					10:00													8:30														
Total Phosphorus (mg/L)					2.04													2.4														

PLANT STAFFING

Shift	Operator	Class	Certificate No.	Name
Day Shift	Operator	Class	Certificate No.	Name
Evening Shift	Operator	Class	N/A	Name N/A
Evening Shift	Operator	Class	Certificate No.	Name
Night Shift	Operator	Class	N/A	Name N/A
Lead	Operator	Class	C	Name Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Activated Yes No. Not Applicable X If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
MAILING ADDRESS: 1104 Truman Avenue
Key West, Fl 33040

PERMIT NUMBER: DO44-227439

MONITORING PERIOD:

Month / Year: August 2001

LIMIT: Final

GROUP: Domestic

CLASS SIZE: Minor

GMS #:

FACILITY: Key Haven
LOCATION: Key Haven Road

FACILITY ID: 5244000469

DISCHARGE POINT #:

TEST SITE:

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001


ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.12931	0.21600	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	0.2 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	105.00	144.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	160.67	218.00	(19) mg/L	0	3 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	<3.0	<3.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	16.40	12.43	(19) mg/L	0	3 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	08/09/2001

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040
 0
 FACILITY: Key Haven
 LOCATION: Key Haven Road
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: August 2001
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: Minor GMS #:
 FACILITY ID: 5244000469 DISCHARGE POINT #
 TEST SITE WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001


ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.8	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	1.3	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	17.9	(19) mg/L		3 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	8/15/25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

CILITY ID: 5244000469

Three-month Average Daily Flow: 0.1155

Month / Year: August 2001

Daily Flow % of Permitted Capacity 57.25%

Days of the Month	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	
(MGD)	4.009	0.0900	0.0216	0.1600	0.1360	0.1430	0.2120	0.0970	0.1130	0.0550	0.0640	0.1220	0.1250	0.1320	0.1210	0.1390	0.2130	0.1320	0.1610	0.1230	0.2160	0.1660	0.1650	0.1450	0.1450	0.0440	0.0660	0.0600	0.1130	0.1390	0.1930	0.1910
Residual after Contact(mg/L as Cl ₂)	4.5	2.8	3.4	3.0	2.8	3.0	3.2	2.9	6.0	4.6	4.5	3.5	2.6	5.0	1.8	2.3	3.0	3.1	3.8	1.3	2.3	5.0	4.0	5.0	4.5	4.5	5.0	2.4	3.7	3.3	3.5	
DS Influent (mg/L as O ₂)	<42														66.0																	144.0
Influent (mg/L)	76.0														188.0																	218.0
DS Effluent (mg/L as O ₂)	<3														<3																	<3
Effluent (mg/L)	12.4														11.2																	7.6
Effluent (mg/L as N)																																17.9
IN Effluent (mg/L as N)	17.4														15.0																	
Coliform (#/100ML)	<20														<20																	<20
Effluent (SU)	7.2	7.3	7.1	7.1	7.1	7.1	7.1	7.1	6.9	7.1	7.1	7.1	7.0	6.8	7.1	7.2	6.8	7.0	6.9	7.1	7.1	7.0	7.0	7.0	7.0	7.0	7.0	6.9	7.0	7.1	7.1	7.0
Effluent (N.T.U)																																
Type OF SAMPLE (C=COMPOSITE, G=GRAB)	G														G																	G
Type OF SAMPLE	7.53														10.50																	10.45
Total Phosphorus (mg/L)	1.86														2.1																	2.03

OPERATOR STAFFING

Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Operator	Class: N/A	Certificate No.: N/A	Name: N/A
Evening Shift Operator	Class:	Certificate No.:	Name:
Night Shift Operator	Class: N/A	Certificate No.: N/A	Name: N/A
Lead Operator	Class: C	Certificate No.:	Name: Mark Burkemper

Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Wet Weather Discharge Activated: Yes: No: Not Applicable X If Yes, cumulative days of wet weather discharge:

Additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: DO44-227439

MONITORING PERIOD

Month / Year: September 2001

LIMIT: Final

GROUP: Domestic

CLASS SIZE: Minor

GMS #:

FACILITY ID: 5244000469

DISCHARGE POINT #:

TEST SITE

WAFR SYSTEM ID #

FACILITY: Key Haven
 LOCATION: Key Haven Road

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.15601	0.31300	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	0.2 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	117.00	156.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	104.00	120.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	<3.	<3.	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	5.60	6.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	5.00	5.00	10.00	(13)	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

high flows due to collection system construction on 9-2,9-3,9-4,9-14,9-15,9-19, 6" rain event & power outage on 9-29,9-30

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME KeyHaven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, Fl 33040
 0
 FACILITY Key Haven
 LOCATION Key Haven Road
 0

PERMIT NUMBER DO44-227439
 MONITORING PERIOD Month / Year: September 2001
 LIMIT: Final GROUP Domestic
 CLASS SIZE: Minor GMS #:
 FACILITY ID 5244000469 DISCHARGE POINT #
 TEST SITE: WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.8	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	1.6	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	13.0	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N.T.U.			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

FACILITY ID: 5244000469

Three-month Average Daily Flow: 0.1317

Month / Year: September 2001

Daily Flow % of Permitted Capacity: 65.84%

Days of the Month	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
Flow (MGD)	4.863	0.1400	0.2380	0.2520	0.2420	0.1590	0.1730	0.1640	0.0900	0.1150	0.0800	0.1030	0.0850	0.0142	0.2440	0.2480	0.1800	0.0480	0.1770	0.211166	0.1660	0.1520	0.1220	0.1330	0.1090	0.0970	0.1060	0.1150	0.1590	0.1000	0.3130
Chlorine Residual after Contact(mg/L as Cl2)	3.8	4.0	3.6	3.1	5.0	4.2	5.0	4.1	3.6	5.0	3.6	3.2	3.3	2.4	2.5	3.4	3.2	1.8	2.9	3.9	2.6	2.4	2.6	2.3	2.5	1.7	2.0	2.5	1.6	2.0	
CBOOS Influent (mg/L as O2)												78.0														156.0					
TSS Influent (mg/L)												120.0														88.0					
CBOOS Effluent (mg/L as O2)												<3.														<3.					
TSS Effluent (mg/L)												5.2														6					
NO3 Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)												13.0														10.3					
Fecal Coliform (#/100ML)												<20														10					
pH effluent (SU)	7.0	7.0	7.1	7.0	6.9	7.0	7.0	6.8	7.1	7.0	7.0	6.8	6.9	7.1	7.0	6.9	6.9	7.1	6.8	6.9	7.2	7.1	7.1	7.2	7.0	7.2	7.6	7.2	7.3	7.2	
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)												G														G					
TIME OF SAMPLE												11:20														10:50					
Total Phosphorus (mg/L)												1.66														2.36					

PLANT STAFFING

Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Evening Shift Operator	Class:	Certificate No.:	Name:
Night Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Lead Operator	Class: C	Certificate No.: 5535	Name: Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

(DEPARTMENTAL REPLACES WORK FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: DO44-227439

MONITORING PERIOD:

Month / Year: October 2001

LIMIT: Final
 CLASS SIZE: Minor

GROUP: Domestic

GMS #:

FACILITY: Key Haven
 LOCATION: Key Haven Road

FACILITY ID 5244000469

DISCHARGE POINT #:

TEST SITE:

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.15935	0.25700	(03) MGD	*****	*****	*****	*****	2x	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	95.25	105.00	mg/L	0	2 / 30	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	82.50	86.00	mg/L	0	2 / 30	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	<3	<3	mg/L	0	0 / 30	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	6.35	7.60	mg/L	0	2 / 30	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	25.00	25.00	40.00	(13)	0	2 / 30	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARK BURKEMER DANIEL SAUS	<i>[Signature]</i>	305-852-5103	01/11/22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

High flows due to heavy rain & construction work
 DEP Form 62-620 910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: KeyHaven Utility PERMIT NUMBER: DO44-227439
 MAILING ADDRESS: 1104 Truman Avenue MONITORING PERIOD: Month / Year: October 2001
 Key West, FL 33040 LIMIT Final GROUP Domestic
 0 CLASS SIZE: Minor GMS #
 FACILITY: Key Haven FACILITY ID: 5244000469 DISCHARGE POINT #
 LOCATION: Key Haven Road TEST SITE WAFR SYSTEM ID #
 0 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample Measurement	*****	*****	*****	6.9	*****	*****	(12) SU	0	7 / 7	GRAB
900241 MINIMUM	Permit Requirement				MINIMUM			SU		SEE PERMIT	SEE PERMIT
pH	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
900242 MAXIMUM	Permit Requirement						DAILY MAX	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.0	*****	*****	(19) mg/L	0	7 / 7	GRAB
50060 EFFLUENT GROSS VALUE	Permit Requirement				MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement						DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600	Sample Measurement	*****	*****	*****	*****	*****	10.8	(19) mg/L		2 / 30	GRAB
EFFLUENT GROSS VALUE	Permit Requirement						REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N.T.U.			
	Permit Requirement						REPORT DAILY MAX	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARK BURKEMPER DANIEL SAUS		305-852-5103	01/11/27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

FACILITY ID: 524400469

Key Haven

Three-month Average Daily Flow

0.014

Month / Year: October 2001

Daily Flow % of Permitted Capacity

50.71%

Days of the Month	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	
Flow (MGD)	4.940	0.1230	0.1490	0.1570	0.1570	0.1640	0.1590	0.1860	0.1190	0.1470	0.1690	0.1500	0.2000	0.1330	0.2570	0.1890	0.1950	0.1690	0.1030	0.1700	0.1830	0.1920	0.2220	0.1520	0.1840	0.1510	0.1730	0.0890	0.1240	0.1350	0.1130	0.1260
Chlorine Residual after Contact(mg/L as Cl ₂)	2.1	1.0	5.0	5.0	4.5	4.0	4.2	5.0	3.5	2.1	2.3	5.0	4.5	2.5	2.7	2.5	5.0	5.0	5.0	5.0	5.0	4.0	5.0	2.8	4.2	5.0	5.0	5.0	5.0	5.0	3.8	
CBOD ₅ Influent (mg/L as O ₂)										105.0														85.5								
TSS Influent (mg/L)										86.0														79.0								
CBOD ₅ Effluent (mg/L as O ₂)										<3														<3								
TSS Effluent (mg/L)										7.6														5.1								
NO ₃ Effluent (mg/L as N)																																
Total N Effluent (mg/L as N)										5.3														10.8								
Fecal Coliform (#/100ML)										40														<20								
pH effluent (SU)	7.8	7.9	7.2	7.7	7.5	7.4	7.4	7.6	7.6	7.8	7.5	7.6	7.5	7.6	7.6	7.8	7.7	7.5	7.7	7.5	7.5	7.8	7.7	7.7	7.1	7.0	7.1	7.0	7.0	6.9	6.9	
Turbidity (N.T.U.)																																
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)										G														G								
TIME OF SAMPLE										9.45														11.00								
Total Phosphorus (mg/L)										1.62														1.78								

PLANT STAFFING

Day Shift Operator	Class:	Certificate No.	Name
Evening Shift Operator	Class: N/A	Certificate No.	N/A Name: N/A
Evening Shift Operator	Class:	Certificate No.	Name:
Night Shift Operator	Class: N/A	Certificate No.	N/A Name: N/A
Lead Operator	Class: C	Certificate No. 5535	Name: Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Activated: Yes: No Not Applicable X If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD:

Month / Year: November 2001

FACILITY: Key Haven
 LOCATION: Key Haven Road

LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5244000469

GROUP: Domestic
 GMS #:
 DISCHARGE POINT #:
 WAFR SYSTEM ID #:

TEST SITE:
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.12910	0.31300	(03) MGD	*****	*****	*****	*****	3	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	0.2 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	75.75	97.50	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	170.00	232.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	<3.	<3.	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	3.15	4.50	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Pr)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER	<i>Mark Burkemper</i>	305-852-5103	01-12-02

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

High flows due to Hurricane Michele

DEP Form 62-620 910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040
 0
 FACILITY: Key Haven
 LOCATION: Key Haven Road
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: November 2001
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5244000469
 TEST SITE:
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

GROUP: Domestic
 GMS #:
 DISCHARGE POINT #:
 WAFR SYSTEM ID #:

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.8	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	1.8	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	35.5	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARK BURKEMPER		305-852-5103	01-12-01

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

Days of the Month	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
Flow (MGD)	3.873	0.1110	0.1450	0.1690	0.1710	0.2080	0.3130	0.3010	0.1890	0.1430	0.0820	0.1480	0.1800	0.1300	0.0950	0.1610	0.0850	0.1050	0.1240	0.1480	0.1290	0.0980	0.1310	0.0640	0.0840	0.0900	0.0210	0.0930	0.0670	0.0500	0.0380
Chlorine Residual after Contact(mg/L as Cl ₂)	3.8	4.5	4.0	3.8	1.8	4.6	4.8	5.0	5.0	5.0	5.0	3.1	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
CBOD ₅ Influent (mg/L as O ₂)													97.5								54.0										
TSS Influent (mg/L)													108.0								232.0										
CBOD ₅ Effluent (mg/L as O ₂)													<3								<3										
TSS Effluent (mg/L)													4.5								1.8										
NO ₃ Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)													16.0								35.5										
Fecal Coliform (#/100ML)													<20								<20										
pH Effluent (SU)	7.0	7.0	7.0	7.1	6.8	7.0	6.9	6.8	6.9	6.9	7.0	7.1	7.0	7.1	7.0	7.1	7.1	7.0	7.1	7.1	6.9	6.9	7.0	6.9	6.9	7.0	6.9	6.9	7.0	7.0	
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)													G								G										
TIME OF SAMPLE													11:30								11:10										
Total Phosphorus (mg/L)													1.57								3.37										

PLANT STAFFING

Day Shift Operator	Class:	Certificate No.	Name
Evening Shift Operator	Class: N/A	Certificate No. N/A	Name: N/A
Evening Shift Operator	Class:	Certificate No.:	Name:
Night Shift Operator	Class: N/A	Certificate No. N/A	Name: N/A
Lead Operator	Class: C	Certificate No. 5535	Name: Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated. Yes. No Not Applicable X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: December 2001
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: Minor GMS #
 FACILITY ID: 5244000469 DISCHARGE POINT #
 TEST SITE: WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

FACILITY: Key Haven
 LOCATION: Key Haven Road

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration			No Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.08058	0.15700	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	0.2 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	138.00	210.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	86.00	100.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	3.50	3.50	(19) mg/L	0	1 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	3.40	5.20	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25ml		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARK BURKEMPER		305-852-5103	02 01 15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040
 0
 FACILITY: Key Haven
 LOCATION: Key Haven Road
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: December 2001
 LIMIT Final
 CLASS SIZE Minor
 FACILITY ID: 5244000469
 TEST SITE:
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001
 GROUP Domestic
 GMS #
 DISCHARGE POINT #
 WAFR SYSTEM ID #

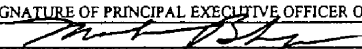
ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.7	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	0.5	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	29.3	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N.T.U.			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARK BURKEMPER		305-852-5103	02-01-15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Key Haven

Three-month Average Daily Flow

0.1230

Month / Year: December 2001

Daily Flow % of Permitted Capacity

61.51%

Days of the Month	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		
Flow (MGD)	2.198																																
Chlorine Residual after Contact(mg/L as Cl2)	5.0	4.0	1.2	0.6	1.2	5.0	5.0	5.0	5.0	2.4	5.0	0.5	5.0	5.0	5.0	5.0	5.0	4.5	5.0	5.0	4.5	5.0	5.0	4.9	4.6	5.0	4.5	5.0	3.1	2.3	1.8		
CBOD5 Influent (mg/L as O2)						210.0													66.0														
TSS Influent (mg/L)						100.0													72.0														
CBOD5 Effluent (mg/L as O2)						<3													3.5														
TSS Effluent (mg/L)						1.6													5.2														
NO3 Effluent (mg/L as N)																																	
Total N Effluent (mg/L as N)						29.3													13.3														
Fecal Coliform (#/100ML)						<1													<20														
pH effluent (SU)	7.0	7.0	6.9	6.9	7.0	7.0	7.1	7.1	7.1	7.2	7.1	7.1	6.9	7.2	7.0	6.9	7.0	7.2	6.7	7.0	6.9	6.9	7.0	6.9	7.0	6.9	6.9	6.8	7.0	7.1	7.2		
Turbidity (N T U)																																	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)						G													G														
TIME OF SAMPLE						10:30													9:30														
Total Phosphorus (mg/L)						2.32													4.04														

PLANT STAFFING

Day Shift Operator	Class:	Certificate No	Name
Evening Shift Operator	Class: N/A	Certificate No	N/A Name: N/A
Evening Shift Operator	Class:	Certificate No	Name:
Night Shift Operator	Class: N/A	Certificate No :	N/A Name: N/A
Lead Operator	Class: C	Certificate No	5535 Name: Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Activated: Yes No Not Applicable: X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B

Plant ID: Key Haven
 Month/Year: 1/2000

Three-month Average Daily Flow: 125 MGD
 Daily Flow % of Permitted Capacity: 63%

Days of the Month	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		
Flow (MGD)	141	136	144	128	123	117	111	105	120	132	110	112	108	112	102	100	113	130	131	148	189	189	103	182	187	137	121	116	102	117	136	
Chlorine Residual after Contact (mg/L as Cl ₂)	3.4	3.8	4.0	4.0	3.5	3.6	3.8	5.0	5.0	3.5	4.1	4.2	4.0	4.0	3.8	1.5	3.0	3.2	3.5	3.1	1.75	2.4	1.6	1.2	1.1	1.0	1.76	1.92	2.5	3.2	2.15	
DO ₂ Influent (mg/L as O ₂)						210													138													
DO ₂ Influent (mg/L)						196													124													
DO ₂ Effluent (mg/L as O ₂)						4.2													15.0													
DO ₂ Effluent (mg/L)						6.2													13.5													
Ammonia Effluent (mg/L as N)																																
Total N Effluent (mg/L as N)						101													54													
Total Coliform (#/100ML)						220													120													
pH Effluent	6.9	6.9	6.8	6.9	6.7	6.7	7.2	7.0	6.9	6.7	6.7	6.9	6.8	6.7	6.8	6.8	6.7	7.0	6.8	6.8	6.7	7.1	7.1	6.7	6.7	6.8	6.8	6.7	6.9	6.9	6.8	
Total P Effluent (mg/l as P)						6.71													2.73													
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)						G													G													
TIME OF SAMPLE						9:30													9:13													

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: B Certificate No.: 8959 Name: Dan Stus

Use of Effluent Disposal or Reclaimed Water Reuse:
 Wet Weather Discharge Activated: Yes No Not Applicable: If yes, cumulative days of wet weather discharge:
 Attach additional sheets if necessary to list all certified operators.

Form 65-620-910(10), Effective November 29, 1993

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 W. P. D. Office

07/25/2002 11:51 3052892314 FDEP-MARATHON PAGE 02/03

DAILY SAMPLE RESULTS - PART B

Plant ID: Key Haven
 Month/Year: 6/2000

Three-month Average Daily Flow:
 Daily Flow % of Permitted Capacity:

Days of the Month:	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
Flow (MGD)	.107	.111	.109	.119	.138	.108	.125	.144	.123	.115	.110	.138	.116	.136	.120	.114	.119	.126	.125	.117	.121	.154	.104	.113	.127	.111	.122	.130	.127	
Chlorine Residual after Contact (mg/L as Cl ₂)	1.40	.80	1.02	1.25	2.3	4.7	1.54	3.0	1.58	1.53	1.64	2.0	1.9	1.71	3.2	2.8	2.5	2.8	2.2	5.0	3.0	1.02	1.00	1.94	2.17	3.0	3.0	3.5	1.64	
CBOD, Influent (mg/L as O ₂)	173														285															
TSS Influent (mg/L)	1.4														100															
CBOD, Effluent (mg/L as O ₂)	1.0														6.0															
TSS Effluent (mg/L)	6.0														20															
NO ₃ Effluent (mg/L as N)																														
Total N Effluent (mg/L as N)	1.0														2.3															
Fecal Coliform (#/100ML)	20														20															
pH effluent	6.7	6.7	6.8	6.7	7.4	7.1	6.6	6.7	6.8	6.8	6.8	6.9	7.0	6.8	6.9	6.8	6.8	6.7	6.6	6.8	6.7	6.7	6.5	6.8	7.0	7.3	7.3	6.9	7.0	
Total P Effluent (mg/l as P)	2.4														2.34															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)	G														G															
TIME OF SAMPLE	1:05														1:05															

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: B Certificate No.: 8949 Name: Dan Saus

Type of Effluent Disposal or Reclaimed Water Reuse:
 Permitted Wet Weather Discharge Activated: Yes No: Not Applicable: If yes, cumulative days of wet weather discharge:
 Attach additional sheets if necessary to list all certified operators.

Form 66-620.910(10), Effective November 29, 1994

RECEIVED
 MAR 28 2000
 D.E.P. Marathon

07/25/2002 11:51 3052892314 FDEP-MARATHON PAGE 03/03

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME KeyHaven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: March 2000

LIMIT: Final

GROUP: Domestic

CLASS SIZE: Minor

GMS #:

FACILITY ID. 5244000469

DISCHARGE POINT #:

TEST SITE:

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

FACILITY: Key Haven
 LOCATION: Key Haven Road

ATTN: Wayne Lujan

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

*Jan '99 - 4 ml
 Feb '99 - 4 ml*

*x days in
 month
 3.80897*

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.12287	0.23900	(03) MGD	*****	*****	*****	*****	2	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	0.2 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	152.00	172.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	115.00	134.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	3.15	4.80	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	7.40	14.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT EELY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	<i>Ed Castle</i>	305-852-5103	03/04/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME
 MAILING ADDRESS

KeyHaven Utility
 1104 Truman Avenue
 Key West, Fl 33040
 0

PERMIT NUMBER DO44-227439
 MONITORING PERIOD
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5244000469
 TEST SITE:
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

Month / Year: March 2000
 GROUP: Domestic
 GMS #:
 DISCHARGE POINT #
 WAFR SYSTEM ID #

FACILITY:
 LOCATION:

Key Haven
 Key Haven Road
 0

ATTN: Wayne Lujan

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.4	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	5.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	0.8	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	3.8	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	N T U		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	6/24/19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Three month Average Daily Flow 0.12229

Month / Year: March 2000

Daily Flow % of Permitted Capacity 815.27%

Days of the Month	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	
Flow (MGD)	0.10300	0.11100	0.10700	0.11700	0.12300	0.12200	0.12300	0.08100	0.07300	0.14500	0.12200	0.15800	0.23900	0.16200	0.11400	0.11900	0.09300	0.10500	0.10900	0.16100	0.11800	0.08100	0.12200	0.09600	0.09900	0.12300	0.14800	0.20200	0.11900	0.12000	0.09700	
Chlorine Residual after Contact(mg/L as Cl2)	1.2	3.5	1.2	2.5	2.6	4.0	3.5	4.0	1.9	2.0	3.0	5.0	3.5	3.0	1.3	1.9	1.0	0.8	1.9	1.8	4.0	1.6	1.3	1.4	2.0	2.0	1.7	1.9	2.1	3.0	0.8	
CBOD5 Influent (mg/L as O2)														172.0																	132.0	
TSS Influent (mg/L)														134.0																	96.0	
CBOD5 Effluent (mg/L as O2)														1.5																	4.8	
TSS Effluent (mg/L)														14																	0.8	
NO3 Effluent (mg/L as N)																																
Total N Effluent (mg/L as N)														2.8																	3.8	
Fecal Coliform (#/100ML)														<20																	<20	
pH effluent (SU)	6.9	6.7	7.2	7.3	7.1	6.8	6.8	6.7	6.9	6.9	6.9	6.9	6.7	6.9	6.9	6.7	6.8	6.8	6.8	6.6	6.6	6.6	6.7	6.8	6.9	6.9	6.7	6.8	6.6	6.6	6.4	
Turbidity (NTU)																																
TYPE OF SAMPLE (C = COMPOSITE, G = GRAB)														G																	G	
TIME OF SAMPLE														12:16																	11:59	
Total Phosphorus (mg/L)														2.34																	3.81	

PLANT STAFFING

Day Shift Operator	Class	Certificate No	Name
Evening Shift Operator	Class N/A	Certificate No	N/A Name N/A
Evening Shift Operator	Class	Certificate No	Name
Night Shift Operator	Class N/A	Certificate No	N/A Name N/A
Lead Operator	Class C	Certificate No C9747	Name Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Activated Yes No Not Applicable X If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: DO44-227439

MONITORING PERIOD:

Month / Year: April 2000

LIMIT: Final

GROUP: Domestic

CLASS SIZE: Minor

GMS #:

FACILITY ID: 5244000469

DISCHARGE POINT #:

TEST SITE:

WAFR SYSTEM ID #:

FACILITY: Key Haven
 LOCATION: Key Haven Road

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY		0.11880	0.16000	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	174.50	196.00	(19) mg/L	0	2 / 30	GRAB
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	154.00	160.00	(19) mg/L	0	2 / 30	GRAB
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	1.40	1.60	(19) mg/L	0	2 / 30	GRAB
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	15.20	18.80	(19) mg/L	0	2 / 30	GRAB

3.564

NAME/TITLE OF PERSON RESPONSIBLE FOR DATA: _____ DATE (YY/MM/DD): 04/01/00

ED (CASTLE) _____ TELEPHONE NO.: 305-352-2123

NAME/TITLE OF PERSON RESPONSIBLE FOR DATA: _____ DATE (YY/MM/DD): _____

TELEPHONE NO.: _____

COMMENTS AND EXPLANATION OF DATA: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, Fl 33040
 0
 FACILITY: Key Haven
 LOCATION: Key Haven Road
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: April 2000
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: Minor GMS #
 FACILITY ID: 5244000469 DISCHARGE POINT #.
 TEST SITE: WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORE CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Measurement	*****	*****	*****	6.6	*****	*****	(12) SU	0	7 / 7	GRAB
900241 MINIMUM											
pH	Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
900242 MAXIMUM											
CHLORINE, TOTAL RESIDUAL	Measurement	*****	*****	*****	0.6	*****	*****	(19) mg/L	0	7 / 7	GRAB
50060 EFFLUENT GROSS VALUE											
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600	Measurement	*****	*****	*****	*****	*****	9.2	(19) mg/L		1 / 30	GRAB
EFFLUENT GROSS VALUE											
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Measurement	*****	*****	*****	*****	*****		N.T.U			

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	<i>Ed Castle</i>	305-852-5103	20/05/23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Three-month Average Daily Flow: 0.11922

Month / Year: April 2000

Daily Flow % of Permitted Capacity 59.61%

Days of the Month	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
Flow (MGD)	0.09900	0.10800	0.12500	0.13400	0.12000	0.14000	0.10700	0.09800	0.13500	0.13100	0.09100	0.11400	0.13600	0.05900	0.12300	0.12100	0.13700	0.12200	0.12900	0.14400	0.10300	0.11300	0.13200	0.14000	0.11500	0.12300	0.09700	0.10900	0.09100	0.10700	
Chlorine Residual after Contact(mg/L as Cl2)	0.7	1.9	3.0	3.0	0.6	3.0	3.0	3.0	2.5	3.0	3.5	3.0	3.0	5.0	4.0	3.0	1.2	3.5	3.0	3.0	3.0	3.0	2.5	1.8	0.7	3.0	3.5	2.8	2.2	2.4	
CBOOS Influent (mg/L as O2)											196.0														153.0						
TSS Influent (mg/L)											160.0															148.0					
CBOOS Effluent (mg/L as O2)											1.6															1.2					
TSS Effluent (mg/L)											18.8															11.6					
NO3 Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)											9.2																				
Fecal Coliform (#/100ML)											<20															<20					
pH effluent (SU)	6.9	6.6	6.6	6.6	6.9	6.6	6.8	6.7	6.7	6.7	6.6	6.7	6.7	6.7	6.7	6.8	6.8	6.8	6.9	6.8	6.7	6.8	6.8	6.9	6.9	6.8	6.6	6.7	6.9	6.9	
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)											G															G					
TIME OF SAMPLE											12:05															11:15					
Total Phosphorus (mg/L)											3.6																				

PLANT STAFFING

Day Shift Operator	Class:	Certificate No :	Name:
Evening Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Evening Shift Operator	Class:	Certificate No.	Name.
Night Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Lead Operator	Class: C	Certificate No.:	C9747 Name: Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse. BORE HOLES

Limited Wet Weather Discharge Activated: Yes No Not Applicable X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:
MAILING ADDRESS

KeyHaven Utility
1104 Truman Avenue
Key West, FL 33040
0
Key Haven
Key Haven Road
0

PERMIT NUMBER: DO44-227439
MONITORING PERIOD
LIMIT Final
CLASS SIZE: Minor
FACILITY ID 5244000469
TEST SITE
PLANT SIZE/TREATMENT TYPE EA/D3
TYPE OF EFFLUENT DISPOSAL U001

Month / Year: May 2000
GROUP Domestic
GMS #
DISCHARGE POINT #
WAFR SYSTEM ID #

FACILITY
LOCATION

ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.6	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	1.0	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	14.7	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Pr ED CASTLE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO 305-852-5103	DATE (YY/MM/DD) 06/16/22
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME. KeyHaven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, Fl 33040

PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: May 2000

LIMIT Final

GROUP: Domestic

CLASS SIZE Minor

GMS #

FACILITY Key Haven
 LOCATION Key Haven Road

FACILITY ID 5244000469

DISCHARGE POINT #.

TEST SITE

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE () ***

3.6239

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	0.11690	0.17700	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
50053 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVERAGE	REPORT PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****	*****	100.00	108.00	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****	*****	113.00	114.00	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****	*****	2.00	2.00	(19) mg/L	0	2 / 30	GRAB
80082 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****	*****	12.40	19.20	(19) mg/L	0	2 / 30	GRAB
900201 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
31616 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Pr)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	5/16/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Three-month Average Daily Flow 0.11952

Month / Year: May 2000

Daily Flow % of Permitted Capacity 59.76%

Days of the Month	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	
Flow (MGD)	0.15300	0.04700	0.04200	0.11900	0.10700	0.14900	0.12500	0.07500	0.10400	0.10700	0.10000	0.11500	0.11300	0.10100	0.11900	0.12300	0.11000	0.12700	0.09900	0.13000	0.10200	0.12400	0.13600	0.10500	0.11300	0.13000	0.11600	0.11200	0.13500	0.17700		
Chlorine Residual after Contact(mg/L as Cl2)	2.5	2.8	2.8	2.5	2.4	4.4	4.1	3.5	2.8	2.5	1.8	2.5	3.0	2.5	2.8	2.8	1.4	2.5	2.5	2.5	1.3	2.8	2.5	1.0	2.5	2.8	3.0	2.5	3.0	1.4	3.0	
CBOD5 Influent (mg/L as O2)									92.0														108.0									
TSS Influent (mg/L)									112.0														114.0									
CBOD5 Effluent (mg/L as O2)									2.0														2.0									
TSS Effluent (mg/L)									5.6														19.2									
NO3 Effluent (mg/L as N)																																
Total N Effluent (mg/L as N)									14.7														11.1									
Fecal Coliform (#/100ML)									<20														<20									
pH effluent (SU)	6.8	6.7	6.7	6.7	6.7	6.8	7.0	6.8	6.6	6.7	6.6	6.8	6.6	6.6	6.7	6.9	6.9	6.9	6.9	6.9	7.0	6.7	6.7	6.9	6.8	6.7	6.7	6.7	6.7	6.8	6.8	
Turbidity (N.T.U.)																																
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)									G														G									
TIME OF SAMPLE									1:00														12:20									
Total Phosphorus (mg/L)									3.4														3.68									

PLANT STAFFING

Day Shift Operator	Class	Certificate No	Name
Evening Shift Operator	Class N/A	Certificate No	N/A Name N/A
Evening Shift Operator	Class	Certificate No	Name
Night Shift Operator	Class N/A	Certificate No	N/A Name N/A
Lead Operator	Class C	Certificate No. C9747	Name Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes No Not Applicable X If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME KeyHaven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, Fl 33040
 FACILITY LOCATION Key Haven
 Key Haven Road

PERMIT NUMBER DO44-227439
 MONITORING PERIOD Month / Year: June 2000
 LIMIT Final GROUP: Domestic
 CLASS SIZE Minor GMS #
 FACILITY ID 5244000469 DISCHARGE POINT #
 TEST SITE WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE |] ***

4.3989

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Measurement	0.14663	0.21000	(03) MGD	*****	*****	*****	*****	1	7 / 7	GRAB
50053 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVERAGE	0.2 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT	Measurement	*****	*****	*****	*****	113.00	138.00	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Measurement	*****	*****	*****	*****	92.00	112.00	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Measurement	*****	*****	*****	*****	3.20	5.20	(19) mg/L	0	2 / 30	GRAB
80082 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Measurement	*****	*****	*****	*****	7.90	11.20	(19) mg/L	0	2 / 30	GRAB
900201 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
31616 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name) ED CASTLE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 305-852-5103	DATE (YY/MM/DD) 06/02/00
---	--	------------------------------	-----------------------------

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
 FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME
 MAILING ADDRESS

 FACILITY
 LOCATION

KeyHaven Utility
 1104 Truman Avenue
 Key West, FL 33040
 0
 Key Haven
 Key Haven Road
 0

PERMIT NUMBER DO44-227439
 MONITORING PERIOD
 LIMIT Final
 CLASS SIZE Minor
 FACILITY ID 5244000469
 TEST SITE
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

Month / Year: June 2000
 GROUP Domestic
 GMS #
 DISCHARGE POINT #
 WAFR SYSTEM ID #

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE | ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration			No Ex	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.7	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	0.9	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	11.5	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		NTU			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	06/07/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

Days of the Month	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
Flow (MGD)	0.1630	0.1260	0.1760	0.1870	0.1880	0.1670	0.1540	0.1340	0.1760	0.1660	0.1450	0.1400	0.1890	0.0980	0.1390	0.1190	0.1460	0.1480	0.1590	0.1720	0.0670	0.1410	0.0950	0.1000	0.1160	0.1370	0.1400	0.1590	0.1420	0.2100	
Chlorine Residual after Contact(mg/L as Cl ₂)	3.0	1.1	2.0	1.9	2.0	2.8	1.5	1.7	2.5	2.8	2.5	2.5	2.2	###	3.2	3.0	3.0	4.2	3.5	3.2	3.0	2.8	3.0	2.5	2.0	3.0	1.0	0.9	1.8	2.5	
CBOD5 Influent (mg/L as O ₂)						88.0														138.0											
TSS Influent (mg/L)						72.0														112.0											
CBOD5 Effluent (mg/L as O ₂)						1.2														5.2											
TSS Effluent (mg/L)						4.6														11.2											
NO ₃ Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)						11.5														9.8											
Fecal Coliform (#/100ML)						<20														<20											
pH effluent (SU)	6.7	6.9	7.0	6.9	6.8	6.7	6.9	6.8	6.8	6.8	6.8	6.8	6.8	6.9	6.8	6.9	6.8	6.9	7.0	7.0	6.9	6.8	6.8	6.9	6.9	6.9	7.1	7.0	7.0	6.9	
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)						G														G											
TIME OF SAMPLE						13:00														15:45											
Total Phosphorus (mg/L)						2.58														2.39											

PLANT STAFFING

Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Evening Shift Operator	Class:	Certificate No.:	Name:
Night Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Lead Operator	Class: C	Certificate No.:	C9747 Name: Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME KeyHaven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER DO44-227439
 MONITORING PERIOD

Month / Year: July 2000

LIMIT Final
 CLASS SIZE Minor
 FACILITY ID 5244000469

GROUP Domestic
 GMS #

FACILITY Key Haven
 LOCATION Key Haven Road

TEST SITE
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

DISCHARGE POINT #
 WAFR SYSTEM ID #.

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE | | ***

4.23.212

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	0.13652	0.21800	(03) MGD	*****	*****	*****	*****	1	7 / 7	GRAB	
	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY AVG	REPORT MONTHLY AVG	REPORT MONTHLY MAX	REPORT MONTHLY MAX	SEE PERMIT	SEE PERMIT	SEE PERMIT	
CBOD5, INFLUENT INFLUENT GROSS VALUE	*****	*****	*****	*****	88.50	105.00	(19) mg/L	0	2 / 30	GRAB	
	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	SEE PERMIT	SEE PERMIT	SEE PERMIT	
TSS, INFLUENT INFLUENT GROSS VALUE	*****	*****	*****	*****	118.00	160.00	(19) mg/L	0	2 / 30	GRAB	
	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	SEE PERMIT	SEE PERMIT	SEE PERMIT	
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	*****	*****	*****	*****	1.65	1.80	(19) mg/L	0	2 / 30	GRAB	
	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	SEE PERMIT	SEE PERMIT	SEE PERMIT	
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	*****	*****	*****	*****	4.40	5.20	(19) mg/L	0	2 / 30	GRAB	
	Requirement	REPORT MONTHLY AVERAGE	REPORT MONTHLY MAXIMUM	REPORT MONTHLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT DAILY MAX	SEE PERMIT	SEE PERMIT	SEE PERMIT	
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB	
	Requirement	REPORT WEEKLY AVERAGE	REPORT MONTHLY AVERAGE	REPORT DAILY MAX	REPORT WEEKLY AVERAGE	REPORT MONTHLY AVERAGE	REPORT DAILY MAX	REPORT DAILY MAX	SEE PERMIT	SEE PERMIT	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
ED CASTLE	<i>Ed Castle</i>	305-852-5103	00/08/25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME
MAILING ADDRESS

KeyHaven Utility
1104 Truman Avenue
Key West, FL 33040
0
Key Haven
Key Haven Road
0

PERMIT NUMBER DO44-227439
MONITORING PERIOD
LIMIT: Final
CLASS SIZE Minor
FACILITY ID 5244000469
TEST SITE
PLANT SIZE/TREATMENT TYPE EA/D3
TYPE OF EFFLUENT DISPOSAL U001

Month / Year: July 2000

GROUP Domestic
GMS #
DISCHARGE POINT #
WAFR SYSTEM ID #

FACILITY
LOCATION

ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample Measurement	*****	*****	*****	6.7	*****	*****	(12) SU	0	7 / 7	GRAB
900241 MINIMUM	Requirement	*****	*****	*****	MINIMUM	*****	*****	SU	SEE PERMIT	SEE PERMIT	
pH	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
900242 MAXIMUM	Requirement	*****	*****	*****	*****	*****	DAILY MAX	SU	SEE PERMIT	SEE PERMIT	
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	0.6	*****	*****	(19) mg/L	0	7 / 7	GRAB
50060 EFFLUENT GROSS VALUE	Requirement	*****	*****	*****	MINIMUM	*****	*****	mg/L	SEE PERMIT	SEE PERMIT	
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Requirement	*****	*****	*****	*****	*****	DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT	
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600	Sample Measurement	*****	*****	*****	*****	*****	12.3	(19) mg/L		2 / 30	GRAB
EFFLUENT GROSS VALUE	Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT	
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N.T.U			
	Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	N.T.U	SEE PERMIT	SEE PERMIT	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	<i>[Signature]</i>	305-852-5103	00/07/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Three-month Average Daily Flow 0.12335

Month / Year: July 2000

Daily Flow % of Permitted Capacity 66.64%

Days of the Month	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
Flow (MGD)	0.1390	0.1520	0.1700	0.1860	0.1300	0.0820	0.0730	0.0990	0.1830	0.1190	0.1760	0.2180	0.1340	0.1450	0.1230	0.1120	0.1430	0.1660	0.1300	0.1030	0.1080	0.0820	0.1400	0.1440	0.1340	0.1330	0.1500	0.1430	0.1570	0.1830	0.0750
Chlorine Residual after Contact(mg/L as Cl2)	3.0	3.2	3.0	3.2	3.2	3.0	2.5	2.5	2.5	2.2	2.1	2.5	1.7	1.1	0.8	1.0	1.1	1.1	1.0	0.6	3.2	3.0	3.0	3.0	3.2	3.0	3.2	2.8	3.2	3.0	4.0
CBOD5 Influent (mg/L as O2)						105.0																									
TSS Influent (mg/L)						76.0																									
CBOD5 Effluent (mg/L as O2)						1.8																									
TSS Effluent (mg/L)						3.6																									
NO3 Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)						12.3																									
Fecal Coliform (#/100ML)						<20																									
pH Effluent (SU)	6.8	6.8	6.7	6.7	6.7	6.7	6.7	6.7	6.8	6.8	6.7	6.7	6.7	7.0	7.0	7.1	7.2	7.3	7.0	7.2	6.7	6.8	6.8	6.7	6.7	6.7	6.7	6.7	6.8	6.8	6.8
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)						G																									
TIME OF SAMPLE						11:50																									
Total Phosphorus (mg/L)						2.76																									

PLANT STAFFING

Day Shift Operator	Class	Certificate No	Name
Evening Shift Operator	Class N/A	Certificate No	N/A Name: N/A
Evening Shift Operator	Class	Certificate No	Name
Night Shift Operator	Class N/A	Certificate No	N/A Name: N/A
Lead Operator	Class C	Certificate No. C9747	Name Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Activated: Yes No Not Applicable. X If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR-FORM)

PERMITTEE NAME KeyHaven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, Fl 33040
 FACILITY Key Haven
 LOCATION Key Haven Road

PERMIT NUMBER DO44-227439
 MONITORING PERIOD Month / Year: August 2000
 LIMIT: Final GROUP: Domestic
 CLASS SIZE Minor GMS #
 FACILITY ID 5244000469 DISCHARGE POINT #
 TEST SITE WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

ATTN Wayne Lujan

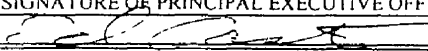
Please read instructions before completing this form.

*** NO DISCHARGE | | ***

4. 01605

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.12955	0.18500	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	0.2 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	123.00	225.00	(19) mg/L	0	3 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	68.67	78.00	(19) mg/L	0	3 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	1.37	2.20	(19) mg/L	0	3 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	8.00	18.00	(19) mg/L	0	3 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	08/26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040
 0
 FACILITY: Key Haven
 LOCATION: Key Haven Road
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: August 2000
 LIMIT: Final
 CLASS SIZE: Minor
 FACILITY ID: 5244000469
 TEST SITE:
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

GROUP: Domestic
 GMS #:
 DISCHARGE POINT #:
 WAFR SYSTEM ID #:

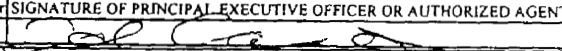
ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.6	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	7.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	0.7	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	18.8	(19) mg/L		3 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name) ED CASTLE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 305-852-5103	DATE (YY/MM/DD) 08/18/00
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

Days of the Month	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		
Flow (MGD)	0.1030	0.1470	0.1440	0.1210	0.1130	0.1310	0.1820	0.1680	0.1580	0.1690	0.1560	0.1270	0.1080	0.1010	0.1420	0.1210	0.1210	0.1500	0.1600	0.1790	0.1280	0.0970	0.0990	0.0960	0.0460	0.0930	0.0940	0.1850	0.1040	0.1340	0.1390		
Chlorine Residual after Contact (mg/L as O2)	3.0	3.2	2.8	2.2	2.3	3.0	2.8	3.0	2.8	3.0	2.8	3.0	3.2	2.5	2.0	2.5	2.8	3.0	3.0	2.8	2.5	3.0	2.8	2.5	2.5	2.8	1.8	1.1	0.7	1.9	1.3		
CBOD5 Influent (mg/L as O2)			225.0													96.0															48.0		
TSS Influent (mg/L)			78.0													74.0																54.0	
CBOD5 Effluent (mg/L as O2)			2.2													0.4																1.5	
TSS Effluent (mg/L)			18													2.4																	3.6
NO3 Effluent (mg/L as N)																																	
Total N Effluent (mg/L as N)			18.8													7.2																	5.9
Fecal Coliform (#/100ML)			<20													<20																	<20
pH effluent (SU)	6.7	6.7	6.7	6.8	6.8	6.8	7.0	7.0	7.0	6.9	6.7	6.8	6.6	6.7	6.7	6.7	6.7	6.7	6.8	6.9	6.8	6.7	6.7	6.7	6.7	6.7	6.8	7.1	7.2	6.9	7.1		
Turbidity (NTU)																																	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)			G													G																G	
TIME OF SAMPLE			10:55													3:55																	1:10
Total Phosphorus (mg/L)			2.74													2.62																	1.87

PLANT STAFFING	Day Shift Operator	Class	Certificate No	Name
	Evening Shift Operator	Class N/A	Certificate No	N/A Name N/A
	Evening Shift Operator	Class	Certificate No	Name
	Night Shift Operator	Class N/A	Certificate No	N/A Name N/A
	Lead Operator	Class C	Certificate No C9747	Name Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Activated. Yes No Not Applicable: X If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME KeyHaven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: September 2000

LIMIT Final

GROUP Domestic

CLASS SIZE Minor

GMS #

FACILITY Key Haven
 LOCATION Key Haven Road

FACILITY ID 5244000469

DISCHARGE POINT #.

TEST SITE

WAFR SYSTEM ID #.

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

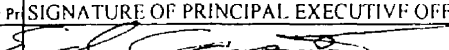
Please read instructions before completing this form

*** NO DISCHARGE () ***

2.4474

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	0.08158	0.13800	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
50053 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVERAGE	0.2 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****	*****	67.50	81.00	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****	*****	17.20	19.60	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****	*****	1.55	2.10	(19) mg/L	0	2 / 30	GRAB
80082 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****	*****	3.60	4.40	(19) mg/L	0	2 / 30	GRAB
900201 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	<20	<20	<20	(13)	0	2 / 30	GRAB
31616 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
E.D. CASTLE		305-852-5103	09/14/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME
MAILING ADDRESS

KeyHaven Utility
1104 Truman Avenue
Key West, Fl 33040
0

PERMIT NUMBER DO44-227439
MONITORING PERIOD

Month / Year: September 2000

LIMIT Final
CLASS SIZE Minor
FACILITY ID 5244000469
TEST SITE
PLANT SIZE/TREATMENT TYPE EA/D3
TYPE OF EFFLUENT DISPOSAL U001

GROUP Domestic
GMS #
DISCHARGE POINT #
WAFR SYSTEM ID #

FACILITY
LOCATION

Key Haven
Key Haven Road
0

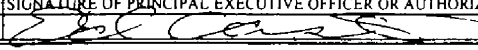
ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.4	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	0.6	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	11.0	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	09/10/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469
 Month / Year: September 2000

Three-month Average Daily Flow: 0.11588

Daily Flow % of Permitted Capacity: 57.94%

Days of the Month	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
Flow (MGD)	0.1140	0.1000	0.1120	0.1050	0.0810	0.0840	0.0990	0.0620	0.0490	0.0870	0.0720	0.1070	0.1310	0.0760	0.0550	0.1220	0.1000	0.1380	0.1040	0.0940	0.0820	0.0740	0.0540	0.0065	0.0630	0.0500	0.0510	0.0470	0.0650	0.0630	
Chlorine Residual after Contact(mg/L as Cl2)	2.5	1.0	0.6	3.0	1.3	3.0	2.1	2.0	2.0	2.0	5.0	1.8	2.5	2.2	4.0	2.8	1.9	0.9	1.4	1.7	3.0	3.2	3.0	3.1	0.8	4.0	1.7	3.0	2.5	3.0	
COD5 Influent (mg/L as O2)													54.0														81.0				
TSS Influent (mg/L)													14.8														19.6				
COD5 Effluent (mg/L as O2)													2.1														1.0				
TSS Effluent (mg/L)													4.4														2.8				
NO3 Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)													7.5														11.0				
Fecal Coliform (#/100ML)													<20														<20				
pH Effluent (SU)	6.8	7.1	7.2	7.0	6.7	7.0	6.8	6.9	6.9	6.9	6.5	6.8	6.7	6.7	6.5	6.7	6.9	7.1	6.8	6.7	6.4	6.6	6.7	6.6	6.8	6.5	6.6	6.7	6.8	6.8	
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)													G														G				
TIME OF SAMPLE													12:45														10:55				
Total Phosphorus (mg/L)													2.22														2.69				

PLANT STAFFING

Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Evening Shift Operator	Class:	Certificate No.:	Name:
Night Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Lead Operator	Class: C	Certificate No.: C9747	Name: Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME Key Haven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER DO44-227439
 MONITORING PERIOD

Month / Year: October 2000

FACILITY Key Haven
 LOCATION Key Haven Road

LIMIT Final
 CLASS SIZE Minor
 FACILITY ID 5244000469

GROUP: Domestic
 GMS #
 DISCHARGE POINT #:
 WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan


Please read instructions before completing this form

*** NO DISCHARGE | | ***

4.30807

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.13897	0.25600	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	0.25600 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	79.50	87.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	73.00	84.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	2.75	3.40	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	14.00	18.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	580.00	1140.00	(13)	1	2 / 30	GRAB
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL		SEE PERMIT	GRAB

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name) ED CASTLE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE NO 305-852-5103	DATE (YY/MM/DD) 09/11/14
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME Key Haven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, Fl 33040
 0
 FACILITY Key Haven
 LOCATION Key Haven Road
 0

PERMIT NUMBER DO44-227439
 MONITORING PERIOD
 LIMIT Final
 CLASS SIZE Minor
 FACILITY ID 5244000469
 TEST SITE
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

Month / Year: October 2000
 GROUP Domestic
 GMS #
 DISCHARGE POINT #
 WAFR SYSTEM ID #

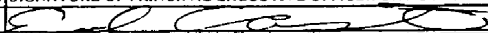
ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.5	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	-SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	0.8	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	9.0	(19) mg/L		0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	09/11/19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

FACILITY ID: 5244000469

Three-month Average Daily Flow: 0.11670

Month / Year: October 2000

Daily Flow % of Permitted Capacity: 58.35%

Days of the Month	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	
Flow (MGD)	0.0580	0.1630	0.2560	0.2560	0.2200	0.1240	0.0940	0.0900	0.1020	0.1250	0.0430	0.1100	0.0960	0.1460	0.1600	0.1450	0.1460	0.1260	0.0880	0.0900	0.0870	0.0950	0.1150	0.1220	0.1250	0.2000	0.2040	0.1450	0.2300	0.2140	0.1330	
Chlorine Residual after Contact(mg/L as Cl2)	2.8	2.5	2.2	2.0	1.1	1.3	2.0	2.0	1.9	1.1	2.5	1.5	0.8	1.9	1.1	1.3	1.4	1.4	1.3	1.6	2.0	2.0	5.0	2.8	3.2	2.9	2.0	2.5	2.8	5.0	5.0	
CBOD5 Influent (mg/L as O2)												87.0							72.0													
TSS Influent (mg/L)												62.0							84.0													
CBOD5 Effluent (mg/L as O2)												3.4							2.1													
TSS Effluent (mg/L)												18							10													
NO3 Effluent (mg/L as N)																																
Total N Effluent (mg/L as N)												9.0							4.1													
Fecal Coliform (#/100ML)												1140							<20													
pH Effluent (SU)	6.8	6.9	7.0	6.9	7.2	7.1	7.0	7.0	6.9	7.1	7.0	6.9	6.8	6.9	7.1	6.9	7.0	6.9	6.9	6.9	6.9	6.9	7.0	6.9	6.9	6.8	6.9	6.9	6.8	6.5	6.5	
Turbidity (N.T.U.)																																
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)												G							G													
TIME OF SAMPLE												3:30							9:30													
Total Phosphorus (mg/L)												2.99							2.0													

PLANT STAFFING

Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Evening Shift Operator	Class:	Certificate No.:	Name:
Night Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Lead Operator	Class: C	Certificate No.:	C9747 Name: Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MON FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040
 FACILITY: Key Haven
 LOCATION: Key Haven Road

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: November 2000
 LIMIT: Final GROUP: Domestic
 CLASS SIZE: Minor GMS #
 FACILITY ID: 5244000469 DISCHARGE POINT #
 TEST SITE: WAFR SYSTEM ID #
 PLANT SIZE/TREATMENT TYPE: EA/D3
 TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

91,500

Please read instructions before completing this form

*** NO DISCHARGE [] ***

2.745

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 50053 MONTHLY AVERAGE DAILY	Sample Measurement	0.09150	0.17600	(03) MGD	*****	*****	*****	*****	0	7 / 7	GRAB
	Permit Requirement	REPORT MONTHLY AVERAGE	REPORT PERMIT	REPORT MGD	*****	*****	*****	*****	*****	SEE PERMIT	SEE PERMIT
CBODS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	147.00	204.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT MGD	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT mg/L	*****	SEE PERMIT	SEE PERMIT
TSS, INFLUENT INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	116.50	124.00	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT MGD	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT mg/L	*****	SEE PERMIT	SEE PERMIT
CBODS, EFFLUENT 80082 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	1.95	2.10	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT MGD	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT mg/L	*****	SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 900201 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	3.10	3.40	(19) mg/L	0	2 / 30	GRAB
	Permit Requirement	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT MGD	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	REPORT mg/L	*****	SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 31616 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<20	<20	<20	(13) #/25mL	0	2 / 30	GRAB
	Permit Requirement	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT #/25mL	*****	SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	<i>Ed Castle</i>	305-852-5103	11/12/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040
 0

FACILITY LOCATION: Key Haven
 Key Haven Road
 0

PERMIT NUMBER: DO44-227439
 MONITORING PERIOD: Month / Year: November 2000
 LIMIT Final
 CLASS SIZE Minor
 FACILITY ID 5244000469
 TEST SITE
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

GROUP Domestic
 GMS #
 DISCHARGE POINT #
 WAFR SYSTEM ID #

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	6.4				6.4			(12) SU	0	7 / 7	GRAB
	Permit Requirement				MINIMUM			SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	7.3							(12) SU	0	7 / 7	GRAB
	Permit Requirement							DAILY MAX		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	1.5				0			(19) mg/L	0	7 / 7	GRAB
	Permit Requirement				MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	0.0							(19) mg/L	0	0 / 30	GRAB
	Permit Requirement							DAILY MAX		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	22.8							(19) mg/L		2 / 30	GRAB
	Permit Requirement							REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)								N.T.U			
	Permit Requirement							REPORT DAILY MAX		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print Name)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	<i>[Signature]</i>	305-852-5103	11/2/20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469
 Month / Year: November 2000

Three-month Average Daily Flow: 0.06133

Daily Flow % of Permitted Capacity: 31.16%

Days of the Month	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
Flow (MGD)	0.1260	0.0930	0.0840	0.0550	0.1330	0.1760	0.0280	0.0630	0.0780	0.0970	0.0980	0.1150	0.1290	0.1230	0.0740	0.1580	0.0850	0.0430	0.0740	0.1040	0.0470	0.0700	0.0570	0.0850	0.0790	0.1140	0.1030	0.0550	0.0820	0.1020	
Chlorine Residual after Contact(mg/L as Cl ₂)	3.6	3.9	5.0	5.0	3.2	4.2	5.0	4.6	4.9	4.4	4.2	4.5	4.4	4.0	1.5	2.6	3.3	3.0	2.6	3.8	3.9	4.0	5.0	5.0	4.0	4.0	3.3	5.0	5.0	5.0	
CBOD ₅ Influent (mg/L as O ₂)									90.0												204.0										
TSS Influent (mg/L)									109.0													124.0									
CBOD ₅ Effluent (mg/L as O ₂)									2.1													1.8									
TSS Effluent (mg/L)									3.4														2.8								
NO ₃ Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)									13.2														22.8								
Fecal Coliform (#/100ML)									<20														<20								
pH effluent (SU)	6.7	6.9	6.9	6.9	6.9	6.8	6.5	6.8	6.6	6.8	6.7	6.7	6.6	6.9	7.1	7.1	7.0	7.0	7.0	7.0	6.8	6.8	7.0	6.8	6.8	6.8	6.8	6.9	6.7	6.9	6.4
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)									G													G									
TIME OF SAMPLE									10:20														7:25								
Total Phosphorus (mg/L)									2.86														3.04								

PLANT STAFFING

Day Shift Operator	Class:	Certificate No.:	Name:
Evening Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Evening Shift Operator	Class:	Certificate No.:	Name:
Night Shift Operator	Class: N/A	Certificate No.:	N/A Name: N/A
Lead Operator	Class: C	Certificate No.:	C9747 Name: Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If Yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KeyHaven Utility
 MAILING ADDRESS: 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: DO44-227439

MONITORING PERIOD

Month / Year: December 2000

LIMIT: Final

GROUP: Domestic

CLASS SIZE: Minor

GMS #

FACILITY ID: 5244000469

DISCHARGE POINT #

TEST SITE

WAFR SYSTEM ID #

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

FACILITY LOCATION: Key Haven
 Key Haven Road

104,442

*Last year
52.8526
mgd*

ATTN: Wayne Lujan

104,42 x 1,000,000

Please read instructions before completing this form

*** NO DISCHARGE | | ***

Parameter STORET CODE	Sample Measurement	Quantity or Loading			Quality or Concentration				No Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	104, Measurement	0.10442	0.16900	MGD (03)	*****	*****	*****	*****	0	7 / 7	GRAB
50053 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVERAGE	0.12 PERMITTED CAPACITY	MGD	*****	*****	*****	*****		SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****	*****	151.50	153.00	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****	*****	129.50	141.00	(19) mg/L	0	2 / 30	GRAB
INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****	*****	2.70	3.90	(19) mg/L	0	2 / 30	GRAB
80082 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****	*****	2.60	2.80	(19) mg/L	0	2 / 30	GRAB
900201 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****			10.00	(13)	0	2 / 30	GRAB
31616 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/25mL		SEE PERMIT	GRAB

3123702

3

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (Y/M/D)
ED CASTLE	<i>Ed Castle</i>	305-852-5103	12/11/00

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME KeyHaven Utility
 MAILING ADDRESS 1104 Truman Avenue
 Key West, FL 33040
 FACILITY Key Haven
 LOCATION Key Haven Road

PERMIT NUMBER DO44-227439
 MONITORING PERIOD
 LIMIT Final
 CLASS SIZE Minor
 FACILITY ID 5244000469
 TEST SITE
 PLANT SIZE/TREATMENT TYPE EA/D3
 TYPE OF EFFLUENT DISPOSAL U001

Month / Year: December 2000
 GROUP Domestic
 GMS #
 DISCHARGE POINT #
 WAFR SYSTEM ID #

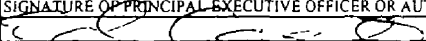
ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE { } ***

Parameter STORET CODE		Quantity or Loading			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 900241 MINIMUM	Sample Measurement	*****	*****	*****	6.2	*****	*****	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	*****	SU		SEE PERMIT	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	*****	*****	*****	*****	*****	7.3	(12) SU	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	8.5 DAILY MAX.	SU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 50060 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	0.9	*****	*****	(19) mg/L	0	7 / 7	GRAB
	Permit Requirement	*****	*****	*****	0 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000620	Sample Measurement	*****	*****	*****	*****	*****	0.0	(19) mg/L	0	0 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000600 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	*****	10.5	(19) mg/L		2 / 30	GRAB
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TRIBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****		N T U			
	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX.	N.T.U.		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on 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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	01/01/02

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Three-month Average Daily Flow 0.06994

Month / Year: December 2000

Daily Flow % of Permitted Capacity 34.97%

Days of the Month	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
Flow (MGD)	0.0970	0.0200	0.1100	0.1320	0.1020	0.0880	0.0800	0.0950	0.0540	0.1120	0.1610	0.1690	0.0890	0.1150	0.0950	0.0830	0.1150	0.1190	0.0430	0.1380	0.1080	0.1140	0.0750	0.0980	0.1570	0.1180	0.1050	0.1020	0.1490	0.1130	0.1010
Chlorine Residual after Contact(mg/L as Cl2)	4.1	3.9	3.0	4.1	3.8	3.6	3.0	4.4	4.0	4.0	1.3	2.9	3.0	5.0	4.3	3.5	5.0	3.9	0.9	5.0	5.0	5.0	4.5	5.0	5.4	5.0	4.6	4.6	5.0	4.5	4.5
CBOD5 Influent (mg/L as O2)					153.0																150.0										
TSS Influent (mg/L)					141.0																118.0										
CBOD5 Effluent (mg/L as O2)					1.5																3.9										
TSS Effluent (mg/L)					2.8																2.4										
NO3 Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)					5.3																10.5										
Fecal Coliform (#/100ML)					10																<20										
pH Effluent (SU)	6.7	6.7	6.8	6.7	6.7	6.6	6.6	6.2	6.3	6.2	6.5	6.6	6.5	6.8	6.6	6.7	6.7	6.5	7.3	6.2	6.9	6.6	6.7	6.6	6.8	7.0	6.9	7.2	7.0	7.0	7.0
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)					G																G										
TIME OF SAMPLE					12:45																12:00										
Total Phosphorus (mg/L)					2.39																2.71										

PLANT STAFFING

Day Shift Operator	Class	Certificate No	Name
Evening Shift Operator	Class N/A	Certificate No N/A	Name N/A
Evening Shift Operator	Class	Certificate No	Name
Night Shift Operator	Class N/A	Certificate No N/A	Name N/A
Lead Operator	Class C	Certificate No C9747	Name Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Activated Yes No Not Applicable X If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators



Jeb Bush
Governor

Department of Environmental Protection

South District Marathon Branch Office
2796 Overseas Highway, Suite 221
Marathon, FL 33050

David B. Struhs
Secretary

October 31, 2001

Wayne Lujan
1104 Truman Avenue
Key West, Florida 33040

RE: Monroe County-DW
Key Haven WWTP
FLA014867
Florida Keys EMA

Dear Mr. Lujan;

An inspection of the Key Haven wastewater treatment plant was conducted by Department personnel on October 12, 2001.

At the time of the inspection, the aeration basins were white in color, and the clarifiers were operating in an upset condition, with excessive amounts of floating solids.

The Department has not received a response to the July 5, 2001 letter (copy enclosed) requesting a plan of corrective action to address deficiencies observed during the May 23, 2001 inspection.

In order to resolve this matter, please provide a written response as soon as possible and no later than November 15, 2001. Please include corrective actions that will address the deficiencies noted during the May 23 and October 12, 2001 inspections. The failure to comply may result in enforcement actions.

Please do not hesitate to contact me at (305) 289-2310 if there are any questions. Thank you for your cooperation in this matter.

Sincerely,

Nancy Brooking
Environmental Specialist II

cc: Keith Kleinmann, DEP Ft. Myers
Synagro Southeast

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility KEY HAVEN UTILITY Key Haven Road Key West, FL 33040	WAFR ID: FLA014867 Project Number: 63450	County Monroe	Entry Date/Time Oct. 12, 2001 @ Exit Date/Time
Name(s) of Field Representative(s)	Title	Phone	
Name and Address of Permittee or Designated Representative Key Haven Utility Corporation 1104 Truman Avenue Key West, FL 33040	Title Owner (Wayne Lujan)	Phone	

Inspection Type	<input type="checkbox"/> C	<input type="checkbox"/> E	<input type="checkbox"/> I	Samples Taken (Y/N):	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Photos Taken(Y/N):		Field Notes Log Book Volume: 12	Page: 110	

FACILITY COMPLIANCE AREAS EVALUATED			
Satisfactory M=Minor or Unsatisfactory B=Not Evaluated			
Significant Non-Compliance Areas Should Be Reviewed When Inspection Returns Are Given (N/A = Not Applicable)			
PERMITS/ORDERS	SELF-MONITORED PROGRAM	FACILITY OPERATIONS	EFFLUENT/ DISPOSAL
S 1. ♦ Permit X: 12/29/02	M 3 Laboratory	M 6. Facility Site Review	S 9. ♦ Effluent
2. ♦ Compliance Schedules	4. Sampling	S 7. Flow Measurement	S 10. ♦ Disposal
	S 5. ♦ Records/Reports	S 8. ♦ Operation & Maintenance	S 11. Residuals Mgmt
12. Other			12. Groundwater

Facility and/or Order Compliance Status: In-Compliance Out-Of-Compliance Significant-Out-Of-Compliance

Recommended Actions: Request update on collection system work/appearance of the facility.

Name(s) and Signature(s) of Inspector(s) Nancy L. Brooking <i>N. Brooking</i>	District Office/Phone Number Marathon (305) 289-2310	Date October 19, 2001
@ Signature of Reviewer	District Office/Phone Number	Date

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RRI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N			1	2	8

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RRI
 Inspection Code (Field 2): S=State, I=Joint EPA/State, EPA Lead, T=Joint State/EPA, State Lead, L=Local Program
 Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3=Agricultural, 4=Federal
 Every other field is self-explanatory

WASTEWATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

FACILITY: Key Haven Utility

DATE: October 12, 2001

DATES OF PREVIOUS INSPECTIONS: May 28, 2001; February 18, 2000, September 27, 1999, Dec. 15, 1998

CAPACITY & TYPE: 0.20 MGD (TMADF) extended aeration process

OPERATOR: Synagro

OPERATION LOG: times: S Q: S pH: S TRC: S Type of Flow Measurement: effluent meters with recorder

LIFT STATION: # of pumps 2 type of pumps 3" Gorman Rupp top side pumps

AERATION: # of blowers 4 (3 for facilities and one for surge tank) On Off Even Uneven Weak

NORTH FACILITY (blower off)

MIXED LIQUOR: Brown Tan Gold/Orange Green Black/Septic Thin Thick Normal Heavy foam
Light foam Mod Foam Soapy foam

CLARIFIERS:

Clear Lt/tb Hv/tb FV/gr FV/sl Hl/bk PF Full of Sludge Other Stilling baffles FULL of solids

SOUTH FACILITY (AKA Texaco plant)

MIXED LIQUOR: Brown Tan Gold/Orange Green Black/Septic Thin Thick Normal Heavy foam
Light foam Mod Foam Soapy foam

CLARIFIER:

Clear Lt/tb Hv/tb FV/gr FV/sl Hl/bk PF Full of Sludge Other stilling baffles FULL of solids

ALL FOUR CLARIFIERS RUN IN PARALLEL

CHLORINE CONTACT CHAMBER:

Clear Lt tb Hv th Fl Gr SIBldup PU SSL

FILTERS:

In operation Out of Service

CHLORINATION:

Liquid Gas Tabs

SUPPLY:

Adeq Inad Inoperative

Residual: 2.3 mg/L, from 10/11 log entry

ACCESS CONTROL:

Fenced Remote Other None

EFFLUENT:

Satisfactory Marginal Unsatisfactory pH: 7.5 SU

EFFLUENT DISPOSAL:

Class V Wells: # of Wells: 6 Outfall: FL# D/F: Reuse

COMMENTS: The most recent flow (10/11) was 0.15 MGD. The August 2001 DMR was returned to the operating company for clarification of flow data. The July 2001 DMR indicates that the facility is at 56% of the 0.2 TMADF permitted capacity. The eleven August 2001 flow data provided in the operations log indicate the facility is operating at 76% of 0.2 MGD.

The south clarifiers' (Texaco) stilling baffles have been replaced.

The appearance of the facility from the surge tank (green) to the clarifier weirs is poor. The mixed liquor is almost white, all 4 clarifiers were operating in an upset condition, and the weirs all exhibited excessive algal growth.

At the time of the inspection, the effluent (post filtration) was satisfactory.

A request for an updated schedule for the completion of the collection system work and a reminder that the facility operation should not be negatively impacted from the work will be sent.

SIGNED:

Nancy Brooking
Nancy Brooking, ES II



Department of Environmental Protection **COPY**

Lawton Chiles
Governor

South District
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901-3881

Virginia B. Werhrell
Secretary

*Slide
2x12*

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Key Haven Utility Corporation
Mr. Wayne Lujan
President
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
ISSUANCE DATE: December 30, 1997
EXPIRATION DATE: December 29, 2002
FACILITY I.D. NO: FLA014867

*10.4.99 DEP auth. to operate fac.
10.17.99 notification of availability
of record drawings*

FACILITY:

Key Haven Utility Corporation WWTF
Key Haven Road
Monroe County
Key West, FL 33040
Latitude: 24° 34' 23" N Longitude: 81° 44' 08" W

*5-1/2 hrs
understand
V.B.T*

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to construct a substantial modification and operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

Operate an existing 0.200 mgd three month average daily flow, TMADF, extended aeration process domestic wastewater treatment facility. The plant is a dual train (0.100 mgd each) field- erected concrete installation. The older deteriorating train is to be replaced with a new installation of the same treatment capacity. The treatment facility consists of an influent flow splitter box (Splits flows between the two treatment trains), manually cleaned bar screen, 206,000 gallons of aeration volume, two-dual blower assemblies, dual clarifiers, backwashable sand filter, chlorine contact chamber and dual aerobic digesters

EFFLUENT DISPOSAL:

Underground Injection: An existing 0.2 mgd TMADF permitted capacity underground injection well system U001 consisting of 6 Class V underground injection wells permitted under Department permit numbers 63450-001-UO/5W, 63450-002-UO/5W, 63450-003-UO/5W, 63450-004-UO/5W, 63450-005-UO/5W and 63450-006-UO/5W discharging to Class G-III ground water. Underground injection well system U001 is located approximately at latitude 24° 34' 23" N, longitude 81° 44' 08" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions as set forth in Pages 1 through 17 of this permit.

JAN 02 1998
D.E.P. MONROE COUNTY, FL

PERMITTEE Key Haven Utility Corporation
 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
 EXPIRATION DATE: December 29, 2002

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Underground Injection Control Systems

- During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to discharge effluent to Underground Injection Well Facility identified as WAFR System I.D. number U001. U001 is located at Key Haven Utility WWTF, Key Haven Rd, Key West, Monroe County, Florida. Such discharge shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Effluent Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Total Nitrogen (N)	mg/L	Minimum	-	-	-	-	Annually	Grab	EFA-1	See Cond. I.A.6
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Total Suspended Solids	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
pH	std. units	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Fecal Coliform Bacteria	See Permit Condition I.A.4.						Every Two Weeks	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5

AUG-01-01 02:00P DAVIS WATER ANALYSIS 305 296 8582

PERMITTEE: Key Hav ility Corporation
 1104 Truman Avenue
 Key West, FL 33040

PEF NUMBER: FLA014867-001-DW2P
 EXPIRATION DATE: December 29, 2002

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	After chlorination and prior to discharge into the injection wells

3. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [Rule 62-600.740 (1) (a) 2]
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 ml of effluent sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of effluent each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-600.440(4)(c) , 6-8-93]
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-600.440(4)(b) , 6-8-93]
6. Total nitrogen (N) shall be sampled within 60 days of this permit and at 12 months intervals thereafter. All grab samples shall be obtained during peak hourly flow conditions. The time, date and type of samples shall be clearly indicated on the DMR.

10/1/01
 02:00
 D.E.P. Manatee Co. FL

PERMITTEE: Key Haven Utility Corporation
 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
 EXPIRATION DATE: December 29, 2002

B. Other Limitations and Monitoring and Reporting Requirements

- 1 During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and the influent (WAFR System I.D. number U001) monitored by the permittee as specified below:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow	mgd	Maximum		0.2 Three Month ADF	-	-	5 Days/Week	Flow meters	OTH-1	S Cond.	
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Report	-	-	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1		
Total Suspended Solids	mg/L	Report	-	-	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1		

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 11/11/02

PERMITTEE: Key Haven Corporation
 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
 EXPIRATION DATE: December 29, 2002

4. The wastewater treatment facility permittee shall be responsible for proper handling, use, and disposal of its residuals and will be held responsible for any disposal violations that occur unless the permittee can demonstrate that it has delivered residuals that meet the chemical criteria and appropriate stabilization requirements of this permit and that the disposer (e.g. hauler, contractor, or disposal/land application site owner) has legally agreed in writing to accept responsibility for proper disposal. (62-640.300(3), 3-1-91)
5. Should the mainland WWTF require sludge analysis of residuals or the hauling of residuals to the mainland WWTF for treatment discontinue, the permittee shall sample and analyze the residuals at least once every 6 months. All samples shall be representative and shall be taken after final treatment of the residuals but before use or disposal. Sampling and analysis shall be in accordance with the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. The following parameters shall be sampled and analyzed:

Parameter	Maximum Concentration	Maximum Cumulative Loading
Total Nitrogen	(Report only) % dry weight	Not applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Cadmium **	100 mg/kg dry weight	4.4 pounds /acre *
Copper	3000 mg/kg dry weight	125 pounds/acre
Lead **	1500 mg/kg dry weight	500 pounds/acre
Nickel **	500 mg/kg dry weight	125 pounds/acre
Zinc **	10,000 mg/kg dry weight	250 pounds/acre
pH	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

* The annual application rate for cadmium shall not exceed 0.5 pounds/acre/year.

** 40 CFR Part 503 increases the number of heavy metals to be tested for. The additional metals are: Arsenic, Chromium, Mercury, Molybdenum and Selenium. The pollutant limits are found in 40 CFR 503.13(b)(1),(2),(3) and (4). Pollutant limits in 40 CFR Part 503 are more stringent for Lead, Cadmium, Nickel and Zinc than F.A.C. Rule 62-640.700(2). Until Chapter 62-640, FAC is modified and the permittee notified, both the metals to be sampled and the maximum concentrations required by the Department shall be as specified in the above table. However, the permittee is reminded of the necessity to comply with the pertinent regulations of any other regulatory agency, as well as the U.S. EPA. This permit should not be construed to imply compliance with the rules and regulations of other regulatory agencies.

PERMITTEE: Key Haven Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

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

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Influent being pumped to outlet in flow splitter box.
OTH-1	Flow meter installed at the filter unit discharge.

3. The three-month average daily flow to the treatment plant shall not exceed 0.2 mgd.
4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4), 5-31-93]
5. Flow meters shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 5-31-93]
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18), 11-29-94]
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5), 5-31-93]
8. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the South District Office at the address specified in Permit Condition I.B 9 by the twenty-eighth (28th) of the month following the month of operation.
[62-620.610(18), 11-29-94][62-601.300(1), (2), and (3), 5-31-93]
9. Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Branch Office at the address specified below:

Florida Department of Environmental Protection
Marathon Regional Service Center
2796 Overseas Highway, Suite 221
Marathon, Florida 33050-2227

Phone Number - (305) 289-2310

FAX Number - (305) 289-2314 All FAX copies shall be followed by original copies.

DEC 29 2002
D.E.P. Marathon, FL

PERMITTEE: Key Haven Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal for this facility is to aerobically digest the residuals, transfer to residual drying beds to dry and then remove and store (accumulate) for eventual shipment to a Class one landfill.
2. Another method of residuals use or disposal for this facility is as follows: This facility participates in the Monroe County area-wide residuals disposal program. This program currently operates under O.G.C. Case Number 92-2117. The county contractor is hauling residuals to the mainland for treatment at another wastewater treatment facility.

Note: If this facility wishes to land apply residuals in the future the permittee shall make application to the Department for a minor revision to permit conditions in accordance with F.A.C. Rule 62-620.330(3)(b)3, prior to any land application.

3. Disposal of the permittee's residuals directly to another wastewater treatment facility other than what is stated in specific condition 1 of this section shall require the permittee to generate the following documentation and submit to the Department a minor modification (revision) to his permit for incorporation of same.
 - a. Permittee shall enter into an agreement with the receiving wastewater treatment facility (POTW or Privately owned facility) authorizing the permittee to dispose of the residuals into the collection transmission system of the W.W.T.F.
 - b. Permittee shall maintain agreements with the designated W.W.T.F. for the duration of this permit and provide the Department with an updated letter of authorization. Copies of the agreements shall be kept on file by the permittee for review by the Department
 - c. If the permittee changes treatment plants or adds other treatment plants as disposal sites, the permittee shall notify the Department to reflect the change. A minor modification (revision) to the permit needs to accompany this change along with the agreement authorizing same
 - d. The permittee shall develop a manifest that documents, by date and quantity, the sludge removed from the facility and delivered to the POTW. The manifest shall bear the original signatures of the authorized representatives of the POTW and the hauler who is contracted by the permittee to haul the residuals to the POTW. Copies of these manifest shall be kept on file for Department review.
 - e. A written agreement between the licensed (County and/or Department of Health licensed) sludge hauler and the permittee shall be provided. This agreement shall document that the hauler accepts legal responsibility for proper documentation, transportation to the POTW and proper disposal into the collection/transmission system of the POTW. Proper documentation shall include a manifest for shipping and receiving with a receipt copy returned the permittee to keep on file for Department review.
 - f. The permittee shall sample and analyze the residuals at least semi-annually (Type II facility)

PERMITTEE: Key Haven Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

III. GROUND WATER MONITORING REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Section IV is not applicable to this facility.

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 61E12-41, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 1/2 hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

[62-699, 5-20-94] [62-620.630(3), 11-29-94] [62-699.310, 5-20-92] [62-610.462, 1-9-96]

2. A certified operator shall be on call during periods the plant is unattended. [62-699.311(1), 5-20-92]
3. 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), 6-8-93]
4. 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), 6-8-93]
5. The permittee shall maintain the following records and make them available for inspection 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 and 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 the 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 the 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 permit.

PERMITTEE: Key Haven Corporation
 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
 EXPIRATION DATE: December 29, 2002

- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- 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 certification 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; tests performed and samples taken; and major repairs made. 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.

[62-620.350, 11-29-94][61E12-41.010(1)(e), 11-02-93]

VI. SCHEDULES

1. The following construction schedule for the facilities shall be followed, unless notification of a schedule revision is provided and acceptable to the Department:

Implementation Step		Completion Date
1	Apply for a Monroe County building permit to construct the replacement treatment train	15 days from the issuance date of the permit.
2	Replace an existing older 0.100 mgd treatment train with new process units retaining the same treatment capacity of 0.100 mgd.	120 days from the date of receipt of a Monroe County building permit.

[62-620.450(3)(a), 11-29-94]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500, 11-29-94]

VIII. OTHER SPECIFIC CONDITIONS

1. Prior to placing the new facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities [62-620.630(2), 11-29-94]
2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form [62-620.630(7), 11-29-94]

PERMITTEE: Key Haven Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

3. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. *[62-620.410(5), 11-26-94]*
4. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility.
5. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), 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. *[62-600.410(8), 6-8-93]*
6. 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. *[62-604.130(3), 5-31-93]*
7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550, 5-31-93] [62-620.610(20), 11-29-94]*
8. 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 treatment plant discharges having temperatures above 40°C*[62-604.130(4), 5-31-93]*
9. The treatment facility, storage ponds, 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 *[62-600.410, 6-8-93]*

PERMITTEE: Key Haven Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

10. 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. [62-7.540, 12-10-85]
11. The permittee shall provide adequate 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

Adequate 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.

[62-620 625(2), 11-29-94]

12. This permit does not authorize an expansion of the service to additional residential areas. Should the permittee want to provide service to additional residential areas, a separate written approval shall be required from both the Department and Monroe County.
13. In the event a well must be plugged or abandoned, the permittee shall obtain a permit from the Department as required by F.A.C. Rules 62-528.625 and 62-528.645. The permittee shall notify the Department and obtain approval prior to any additional well work or modification.

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), 11-29-94]
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), 11-29-94]
3. As provided in Subsection 403 087(6), 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), 11-29-94]

PERMITTEE: Key Haven City Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

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, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. 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), 11-29-94)
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), 11-29-94)
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), 11-29-94)
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), 11-29-94)
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), 11-29-94)
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment (62-620.610(15), 11-29-94)
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C. as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 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), 11-29-94)
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.

PERMITTEE: Key Haven City Corporation
1104 Truman Avenue
Key West, FL 33040

PERM. NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

- a. A description of the anticipated noncompliance;
- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17), 11-29-94]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4 246, Chapters 62-160 and 62-601, 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)
 - 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. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health and Rehabilitative Services (DHRS) under Chapter 10D41, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 61E12-41, F.A.C.
 - e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests

[62-620.610(18), 11-29-94]

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), 11-29-94]*
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.

PERMITTEE: Key Haven Community Corporation
1104 Truman Avenue
Key West, FL 33040

PERM. NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

- 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 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,
 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. 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.

[62-620.610(20), 11-29-94]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 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), 11-29-94]*

22 Bypass Provisions

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
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 b of this permit.
- b. 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.

PERMITTEE: Key Haven City Corporation
1104 Truman Avenue
Key West, FL 33040

PERM. NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

- c. 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 a. 1. through 3. of this permit.
- d. 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. a. through c. of this permit.

[62-620.610(22), 11-29-94]

23. Upset Provisions

- a. 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.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. 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), 11-29-94]

24. In the case of an underground injection control permit, the following permit conditions also shall apply:
- a. All reports or information required by the Department shall be certified as being true, accurate and complete.
 - b. 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 schedule date.
 - c. Notification of any noncompliance which may endanger health or the environment shall be reported verbally to the Department within 24 hours and again within 72 hours, and a final written report provided within two weeks.

PERMITTEE: Key Haven Community Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

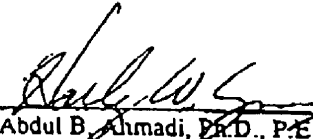
- 1. The verbal reports shall contain any monitoring or other information which indicate that any contaminant may endanger an underground source of drinking water and any noncompliance with a permit condition or malfunction of the injection system which may cause fluid migration into or between underground sources of drinking water.
- 2. The written submission shall contain a description of and a discussion of the cause of the noncompliance and, if it has not been corrected, the anticipated time the noncompliance is expected to continue, the steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance and all information required by Rule 62-528.230(4)(b), F.A.C
- d. The Department shall be notified at least 180 days before conversion or abandonment of an injection well, unless abandonment within a lesser period of time is necessary to protect water of the state

Note: In the event of an emergency the permittee shall contact the Department by calling (904) 413-9911. During normal business hours, the permittee shall call (305) 289-2310, Marathon, or (941) 332-6975, Fort Myers.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

AB



 Abdul B. Ahmadi, Ph.D., P.E.
 Water Facilities Administrator

DATE: 12-30-97

DEC 30 1997
D.E.P. - MARATHON, FL



Department of Environmental Protection

Lawton Chiles
Governor

South District
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901-3881
(941) 332-6975

Virginia B. Wetherell
Secretary

STATE OF FLORIDA NOTICE OF PERMIT

In the matter of an
Application for Permit
by:

Key Haven Utility Corporation
Wayne Lujan, President
1104 Truman Ave
Key West, Florida 33040

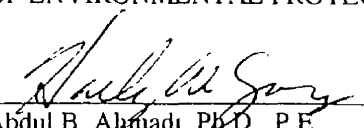
Monroe County - DW
Key Haven Utility Corp WWTF
DEP File Number: FLA014867-001-DW2P

Enclosed is Permit Number FLA014867-001-DW2P to operate and construct a modification to the referenced domestic wastewater treatment facility with reclaimed water and effluent discharge to the disposal systems identified in the permit, issued under Section 403.087, of the Florida Statutes.

Any party to this order (permit) has the right to seek judicial review of the permit under section 120.68 of the Florida Statutes, by the filing of a Notice of Appeal under rule 9.110 of the Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000 and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within thirty days after this notice is filed with the Clerk of the Department.

Executed in Ft. Myers, Florida

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Abdul B. Almadhi, Ph.D., P.E.
Water Facilities Administrator

DATE: 12-30-97

Page 1 of 2

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT and all copies were mailed before the close of business on December 31, 1997 to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT

FILED, on this date, under section 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Sandra J. Weikung 12/31/97
(Clerk) (Date)

ABA/MHR/klm

Copies furnished to:

Gus Rios FDEP Marathon
Glen Boe P.E.



Department of Environmental Protection

Lawton Chiles
Governor

South District
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901-3881

Virginia B. Wetherell
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Key Haven Utility Corporation
Mr. Wayne Lujan
President
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER:

FLA014867-001-DW2P

ISSUANCE DATE:

December 30, 1997

EXPIRATION DATE:

December 29, 2002

FACILITY I.D. NO:

FLA014867

FACILITY:

Key Haven Utility Corporation WWTF
Key Haven Road
Monroe County
Key West, FL 33040
Latitude: 24° 34' 23" N Longitude: 81° 44' 08" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to construct a substantial modification and operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

Operate an existing 0.200 mgd three month average daily flow, TMADF, extended aeration process domestic wastewater treatment facility. The plant is a dual train (0 100 mgd each) field-erected concrete installation. The older deteriorating train is to be replaced with a new installation of the same treatment capacity. The treatment facility consists of an influent flow splitter box (Splits flows between the two treatment trains), manually cleaned bar screen, 206,000 gallons of aeration volume, two-dual blower assemblies, dual clarifiers, backwashable sand filter, chlorine contact chamber and dual aerobic digesters

EFFLUENT DISPOSAL:

Underground Injection: An existing 0.2 mgd TMADF permitted capacity underground injection well system U001 consisting of 6 Class V underground injection wells permitted under Department permit numbers 63450-001-UO/5W, 63450-002-UO/5W, 63450-003-UO/5W, 63450-004-UO/5W, 63450-005-UO/5W and 63450-006-UO/5W discharging to Class G-III ground water. Underground injection well system U001 is located approximately at latitude 24° 34' 23" N, longitude 81° 44' 08" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions as set forth in Pages 1 through 17 of this permit

PERMITTEE: Key Haven Utility Corporation
 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
 EXPIRATION DATE: December 29, 2002

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Underground Injection Control Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to discharge effluent to Underground Injection Well Facility identified as WAFR System I.D. number U001. U001 is located at Key Haven Utility WWTF, Key Haven Rd, Key West. Monroe County, Florida. Such discharge shall be limited and monitored by the permittee as specified below:

Parameter	Units	Max/Min	Effluent Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Total Nitrogen (N)	mg/L	Minimum	-	-	-	-	Annually	Grab	EFA-1	See Cond.I.A.6
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Total Suspended Solids	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
pH	std units	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Fecal Coliform Bacteria	See Permit Condition I.A.4.						Every Two Weeks	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.5

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	After chlorination and prior to discharge into the injection wells.

3. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. *[Rule 62-600.740 (1) (a) 2.]*
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 ml of effluent sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of effluent each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. *[62-600.440(4)(c) , 6-8-93]*
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-600.440(4)(b) , 6-8-93]*
6. Total nitrogen (N) shall be sampled within 60 days of this permit and at 12 months intervals thereafter. All grab samples shall be obtained during peak hourly flow conditions. The time, date and type of samples shall be clearly indicated on the DMR.

PERMITTEE: Key Haven Utility Corporation
 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
 EXPIRATION DATE: December 29, 2002

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and the influent (WAFR System I.D. number U001) monitored by the permittee as specified below:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	
Flow	mgd	Maximum	-	0.2 Three Month ADF	-	-	5 Days/Week	Flow meters	OTH-1	See Cond.1.B.3, 5
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Report	-	-	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	
Total Suspended Solids	mg/L	Report	-	-	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

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

Monitoring Location Site Number	Description of Monitoring Location
INF-1	Influent being pumped to outlet in flow splitter box.
OTH-1	Flow meter installed at the filter unit discharge.

3. The three-month average daily flow to the treatment plant shall not exceed 0.2 mgd.
4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. *[62-601.500(4), 5-31-93]*
5. Flow meters shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6), 5-31-93]*
6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18), 11-29-94]*
7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. *[62-601.500(5), 5-31-93]*
8. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the South District Office at the address specified in Permit Condition I.B.9. by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18), 11-29-94][62-601.300(1), (2), and (3), 5-31-93]
9. Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Branch Office at the address specified below:

Florida Department of Environmental Protection
Marathon Regional Service Center
2796 Overseas Highway, Suite 221
Marathon, Florida 33050-2227

Phone Number - (305) 289-2310

FAX Number - (305) 289-2314 All FAX copies shall be followed by original copies.

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal for this facility is to aerobically digest the residuals, transfer to residual drying beds to dry and then remove and store (accumulate) for eventual shipment to a Class one landfill.
2. Another method of residuals use or disposal for this facility is as follows: This facility participates in the Monroe County area-wide residuals disposal program. This program currently operates under O.G.C. Case Number 92-2117. The county contractor is hauling residuals to the mainland for treatment at another wastewater treatment facility.

Note: If this facility wishes to land apply residuals in the future the permittee shall make application to the Department for a minor revision to permit conditions in accordance with F.A.C. Rule 62-620.330(3)(b)3, prior to any land application.

3. Disposal of the permittee's residuals directly to another wastewater treatment facility other than what is stated in specific condition 1 of this section shall require the permittee to generate the following documentation and submit to the Department a minor modification (revision) to his permit for incorporation of same.
 - a. Permittee shall enter into an agreement with the receiving wastewater treatment facility (POTW or Privately owned facility) authorizing the permittee to dispose of the residuals into the collection transmission system of the W.W.T.F.
 - b. Permittee shall maintain agreements with the designated W.W.T.F. for the duration of this permit and provide the Department with an updated letter of authorization. Copies of the agreements shall be kept on file by the permittee for review by the Department.
 - c. If the permittee changes treatment plants or adds other treatment plants as disposal sites, the permittee shall notify the Department to reflect the change. A minor modification (revision) to the permit needs to accompany this change along with the agreement authorizing same.
 - d. The permittee shall develop a manifest that documents, by date and quantity, the sludge removed from the facility and delivered to the POTW. The manifest shall bear the original signatures of the authorized representatives of the POTW and the hauler who is contracted by the permittee to haul the residuals to the POTW. Copies of these manifest shall be kept on file for Department review.
 - e. A written agreement between the licensed (County and/or Department of Health licensed) sludge hauler and the permittee shall be provided. This agreement shall document that the hauler accepts legal responsibility for proper documentation, transportation to the POTW and proper disposal into the collection/transmission system of the POTW. Proper documentation shall include a manifest for shipping and receiving with a receipt copy returned the permittee to keep on file for Department review.
 - f. The permittee shall sample and analyze the residuals at least semi-annually (Type II facility).

PERMITTEE: Key Haven Utility Corporation
 1104 Truman Avenue
 Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
 EXPIRATION DATE: December 29, 2002

- 4 The wastewater treatment facility permittee shall be responsible for proper handling, use, and disposal of its residuals and will be held responsible for any disposal violations that occur unless the permittee can demonstrate that it has delivered residuals that meet the chemical criteria and appropriate stabilization requirements of this permit and that the disposer (e.g. hauler, contractor, or disposal/land application site owner) has legally agreed in writing to accept responsibility for proper disposal. [62-640.300(3), 3-1-91]
5. Should the mainland WWTF require sludge analysis of residuals or the hauling of residuals to the mainland WWTF for treatment discontinue, the permittee shall sample and analyze the residuals at least once every 6 months. All samples shall be representative and shall be taken after final treatment of the residuals but before use or disposal. Sampling and analysis shall be in accordance with the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989 The following parameters shall be sampled and analyzed:

Parameter	Maximum Concentration	Maximum Cumulative Loading
Total Nitrogen	(Report only) % dry weight	Not applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Cadmium **	100 mg/kg dry weight	4.4 pounds /acre *
Copper	3000 mg/kg dry weight	125 pounds/acre
Lead **	1500 mg/kg dry weight	500 pounds/acre
Nickel **	500 mg/kg dry weight	125 pounds/acre
Zinc **	10,000 mg/kg dry weight	250 pounds/acre
pH	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

* The annual application rate for cadmium shall not exceed 0.5 pounds/acre/year.

** 40 CFR Part 503 increases the number of heavy metals to be tested for. The additional metals are: Arsenic, Chromium, Mercury, Molybdenum and Selenium. The pollutant limits are found in 40 CFR 503.13(b)(1),(2),(3) and (4). Pollutant limits in 40 CFR Part 503 are more stringent for Lead, Cadmium, Nickel and Zinc than F.A.C. Rule 62-640.700(2). Until Chapter 62-640, FAC is modified and the permittee notified, both the metals to be sampled and the maximum concentrations required by the Department shall be as specified in the above table. However, the permittee is reminded of the necessity to comply with the pertinent regulations of any other regulatory agency, as well as the U.S. EPA. This permit should not be construed to imply compliance with the rules and regulations of other regulatory agencies

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

III. GROUND WATER MONITORING REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Section IV is not applicable to this facility.

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 61E12-41, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 1/2 hour/day for 5 days/week and one weekend visit. The lead operator must be a Class C operator, or higher.

[62-699, 5-20-94] [62-620.630(3), 11-29-94] [62-699.310, 5-20-92] [62-610.462, 1-9-96]

2. A certified operator shall be on call during periods the plant is unattended. *[62-699.311(1), 5-20-92]*
3. 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), 6-8-93]*
4. 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), 6-8-93]*
5. The permittee shall maintain the following records and make them available for inspection 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 and 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 the 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 the 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 permit;

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- 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 certification 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; tests performed and samples taken; and major repairs made. 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.

[62-620.350, 11-29-94][61E12-41.010(1)(e), 11-02-93]

VI. SCHEDULES

- 1. The following construction schedule for the facilities shall be followed, unless notification of a schedule revision is provided and acceptable to the Department:

Implementation Step		Completion Date
1	Apply for a Monroe County building permit to construct the replacement treatment train.	15 days from the issuance date of the permit.
2	Replace an existing older 0.100 mgd treatment train with new process units retaining the same treatment capacity of 0.100 mgd.	120 days from the date of receipt of a Monroe County building permit.

[62-620.450(3)(a), 11-29-94]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. *[62-625.500, 11-29-94]*

VIII. OTHER SPECIFIC CONDITIONS

- 1. Prior to placing the new facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. *[62-620.630(2), 11-29-94]*
- 2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. *[62-620.630(7), 11-29-94]*

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

3. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. *[62-620.410(5), 11-26-94]*
4. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility.
5. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), 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. *[62-600.410(8), 6-8-93]*
6. 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. *[62-604.130(3), 5-31-93]*
7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550, 5-31-93]* *[62-620.610(20), 11-29-94]*
8. 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 treatment plant discharges having temperatures above 40°C.*[62-604.130(4), 5-31-93].*
9. The treatment facility, storage ponds, 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. *[62-600.410, 6-8-93]*

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

10. 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. *[62-7.540, 12-10-85]*
11. The permittee shall provide adequate 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.

Adequate 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.

[62-620.625(2), 11-29-94]

12. This permit does not authorize an expansion of the service to additional residential areas. Should the permittee want to provide service to additional residential areas, a separate written approval shall be required from both the Department and Monroe County.
13. In the Event a well must be plugged or abandoned, the permittee shall obtain a permit from the Department as required by F.A.C. Rules 62-528.625 and 62-528.645. The permittee shall notify the Department and obtain approval prior to any additional well work or modification.

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), 11-29-94]*
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), 11-29-94]*
3. As provided in Subsection 403.087(6), 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), 11-29-94]*

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

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), 11-29-94]*
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), 11-29-94]*
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), 11-29-94]*
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), 11-29-94]*
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), 11-29-94]*
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:
 - 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), 11-29-94]

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

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, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. 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), 11-29-94]*
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), 11-29-94]*
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), 11-29-94]*
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), 11-29-94]*
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), 11-29-94]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15), 11-29-94]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 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), 11-29-94]*
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.

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

- a. A description of the anticipated noncompliance;
- b. The period of the anticipated noncompliance, including dates and times; and
- c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17), 11-29-94]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, 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).
 - 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. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health and Rehabilitative Services (DHRS) under Chapter 10D41, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 61E12-41, F.A.C.
 - e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

[62-620.610(18), 11-29-94]

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), 11-29-94]*
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

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

- 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 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,
 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. 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.

[62-620.610(20), 11-29-94]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 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), 11-29-94]*

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 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. b. of this permit.
- b. 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.

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

- c. 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. a. 1. through 3. of this permit.
- d. 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. a. through c. of this permit.

[62-620.610(22), 11-29-94]

23. Upset Provisions

- a. 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.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. 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), 11-29-94]

24. In the case of an underground injection control permit, the following permit conditions also shall apply:
- a. All reports or information required by the Department shall be certified as being true, accurate and complete.
 - b. 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 schedule date.
 - c. Notification of any noncompliance which may endanger health or the environment shall be reported verbally to the Department within 24 hours and again within 72 hours, and a final written report provided within two weeks.

PERMITTEE: Key Haven Utility Corporation
1104 Truman Avenue
Key West, FL 33040

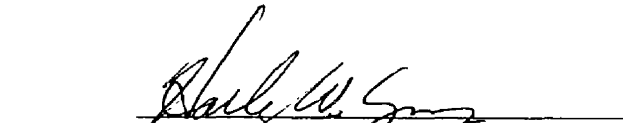
PERMIT NUMBER: FLA014867-001-DW2P
EXPIRATION DATE: December 29, 2002

1. The verbal reports shall contain any monitoring or other information which indicate that any contaminant may endanger an underground source of drinking water and 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.
2. The written submission shall contain a description of and a discussion of the cause of the noncompliance and, if it has not been corrected, the anticipated time the noncompliance is expected to continue, the steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance and all information required by Rule 62-528.230(4)(b), F.A.C.
- d. The Department shall be notified at least 180 days before conversion or abandonment of an injection well, unless abandonment within a lesser period of time is necessary to protect water of the state.

Note: In the event of an emergency the permittee shall contact the Department by calling (904) 413-9911. During normal business hours, the permittee shall call (305) 289-2310, Marathon, or (941) 332-6975, Fort Myers.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Abdul B. Ahmadi, Ph.D., P.E.
Water Facilities Administrator

DATE: 12-30-97

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

NOTICE OF PERMIT

CERTIFIED MAIL # P 048 052 368
RETURN RECEIPT REQUESTED

In the matter of an
Application for Permit
by:

DER File No. # 5244P00469
Monroe County - UIC
Key Haven Utility

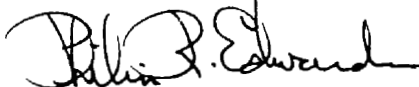
A. Wayne Lujan, President
Key Haven Utility Corp.
P.O. Box 2067
Key West, Florida 33045
_____ /

Enclosed are Permit Numbers UC44-209653, UC44-209655 and UC44-209659 to construct class V injection wells issued pursuant to Section(s) 403.067, Florida Statutes.

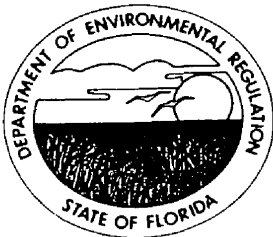
Any party to this Order (permit) has the right to seek judicial review of the permit pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date this Notice is filed with the Clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL REGULATION



Philip R. Edwards
Director of
District Management
South District Office
2295 Victoria Avenue
Fort Myers, Florida 33901
(813)332-6975



Florida Department of Environmental Regulation

South District • 2295 Victoria Avenue, Suite 364 • Fort Myers, Florida 33901
Lawton Chiles, Governor

Carol M. Browner, Secretary

PERMITTEE:
Key Haven Utility Corp.
P. O. Box 2067
Key West, FL 33045

I.D.No: 5244P00469
Permit/Certification
Number: UC44-209653, UC44-209655
& UC44-209659
Date of Issue: November 2, 1992
Expiration Date: November 2, 1997
County: Monroe
Latitude: 24° 34' 23" N
Longitude: 81° 44' 08" W
Section/Town/Range: 26/67S/25E
Project: Key Haven Utility
Additional Class V Wells

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and Florida Administrative Code (F.A.C.) Rules 17-4, 17-610 and 17-28. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with the Department and made a part hereof and specifically described as follows:

Construct three additional Class V injection wells at the existing sewage treatment facility as depicted on Glen Boe & Associates typical construction detail for Key Haven Utility Corp. dated February 20, 1992, site plan and applications DER Form 17-1.209(1) received March 2, 1992.

Project is located at the Key Haven Utility site on Key Haven Road, Key West.

Subject to General Conditions 1 - 15 and Specific Conditions 1 - 7.

PERMITTEE:
Key Haven Utility Corp.

I.D. Number: 5244P00469
Permit/Cert. No.: UC44-209653
UC44-209655
UC44-209659
Date of Issue: November 2, 1992
Expiration Date: November 2, 1997

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. 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 by the Department.
3. As provided in Subsections 403.087(6) and 403.722(5) 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 any 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 the permit.
4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement 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.
5. This permit does not relieve the permittee from liability 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, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by any order from the Department.
6. 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

PERMITTEE:
Key Haven Utility Corp.

I.D. Number: 5244P00469
Permit/Cert. No.: UC44-209653
UC44-209655
UC44-209659
Date of Issue: November 2, 1992
Expiration Date: November 2, 1997

GENERAL CONDITIONS:

achieve compliance with the conditions of this permit, as 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.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credential 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:

- a. Have access to and copy any records that must be kept under the conditions of the permit;
- b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. 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:

- a. A description of and cause of non-compliance; and
- b. The period of non-compliance, including dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance. 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 revocation of this permit.

9. 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 prescribed by

PERMITTEE:
Key Haven Utility Corp.

I.D. Number: 5244P00469
Permit/Cert. No.: UC44-209653
UC44-209655
UC44-209659
Date of Issue: November 2, 1992
Expiration Date: November 2, 1997

GENERAL CONDITIONS:

Section 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.

10. 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. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 17-3.051, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.

11. This permit is transferable only upon Department approval in accordance with F.A.C. Rules 17-4.120 and 17-30.300, F.A.C. as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.

13. This permit also constitutes:

- (a) Determination of Best Available Control Technology (BACT)
- (b) Determination of Prevention of Significant Deterioration (PSD)
- (c) Certification of compliance with State Water Quality Standards (Section 401, PL 92-500)
- (d) Compliance with New Source Performance Standards

14. The permittee shall comply with the following:

(a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically, unless otherwise stipulated by the Department.

(b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring

PERMITTEE:
Key Haven Utility Corp.

I.D. Number: 5244P00469
Permit/Cert. No.: UC44-209653
UC44-209655
UC44-209659
Date of Issue: November 2, 1992
Expiration Date: November 2, 1997

GENERAL CONDITIONS:

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.

- (c) 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.

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the 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.

SPECIFIC CONDITIONS:

1. Drawings, plans, documents or specifications submitted by the Permittee, not attached hereto, but retained on file at the South Florida District Office, are made a part hereof.
2. The well certification report DER Form 17-1.209(2), and the well completion report [(DER Form 17-1.213(2))], shall be submitted by the licensed well driller within fifteen (15) days after completion of construction and prior to placement in operation.
3. Copies of well completion report DER Form 17-1.213(2), are to be mailed to the following:
 - a. Department of Environmental Regulation, South Florida District, 2295 Victoria Avenue, Fort Myers, Florida 33901.

PERMITTEE:
Key Haven Utility Corp.

I.D. Number: 5244P00469
Permit/Cert. No.: UC44-209653
UC44-209655
UC44-209659
Date of Issue: November 2, 1992
Expiration Date: November 2, 1997

SPECIFIC CONDITIONS:

b. South Florida Water Management District, Water Use Division, Post Office Box 24680, West Palm Beach, Florida 33416-4680.

c. Bureau of Geology, 903 N. Tennessee Street, Tallahassee, Florida 32307.

4. In the event a well must be plugged or abandoned, the permittee shall obtain a permit from the Department as required by Chapter 17-28, F.A.C.
5. The permittee shall notify the Department and obtain approval prior to any well work or modification.
6. The permittee is reminded of the necessity to comply with the pertinent regulations of any other regulatory agency, as well as any county, municipal, and federal regulations applicable to the project. These regulations may include, but are not limited to, those of the Federal Emergency Management Agency in implementing flood control measures. This permit should not be construed to imply compliance with the rules and regulations of other regulatory agencies.
7. The permittee shall notify the Department and obtain approval prior to any well work or modification.

Note: In the event of an emergency the permittee shall contact the Department by calling (904)488-1320. During normal business hours, the permittee shall call (813)332-6975.

Issued this 3RD day of NOVEMBER, 1992

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL REGULATION



Philip R. Edwards
Director of
District Management

PRE/VNM/klm

PERMITTEE:
Key Haven Utility Corp.

I.D. Number: 5244P00469
Permit/Cert. No.: UC44-209653
UC44-209655
UC44-209659
Date of Issue: November 2, 1992
Expiration Date: November 2, 1997

SPECIFIC CONDITIONS:

b. South Florida Water Management District, Water Use Division, Post Office Box 24680, West Palm Beach, Florida 33416-4680.

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4. In the event a well must be plugged or abandoned, the permittee shall obtain a permit from the Department as required by Chapter 17-28, F.A.C.

5. The permittee shall notify the Department and obtain approval prior to any well work or modification.

6. The permittee is reminded of the necessity to comply with the pertinent regulations of any other regulatory agency, as well as any county, municipal, and federal regulations applicable to the project. These regulations may include, but are not limited to, those of the Federal Emergency Management Agency in implementing flood control measures. This permit should not be construed to imply compliance with the rules and regulations of other regulatory agencies.

7. The permittee shall notify the Department and obtain approval prior to any well work or modification.

Note: In the event of an emergency the permittee shall contact the Department by calling (904)488-1320. During normal business hours, the permittee shall call (813)332-6975.

Issued this 3RD day of NOVEMBER, 1992

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL REGULATION



Philip R. Edwards
Director of
District Management

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

NOTICE OF PERMIT ISSUANCE

CERTIFIED MAIL # P 021 151 007
RETURN RECEIPT REQUESTED

In the matter of an
Application for Permit
by:

Key Haven Utility Corp.
1104 Truman Avenue
Key West, FL 33040

DER File No. 5244P00469
Monroe County - DW
Key Haven Utility Corp.
Class V Well Rehabilitation (3)

Enclosed are Permit Numbers UC44-212336, UC44-212337 and UC44-212338 to construct well modifications, issued pursuant to Section(s) 403.087, Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The Petition shall contain the following information;

- (a) The name, address, and telephone number of each petitioner, the applicant's name and address, the Department Permit File Number and the county in which the project is proposed;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by Petitioner, if any;
- (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and

(g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 17-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL REGULATION



Philip R. Edwards
Director of
District Management
South District Office
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901
(813)332-6975

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT and all copies were mailed before the close of business on *May 4, 1992* to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Karen L. Mialy *5-4-92*
(Clerk) (Date)

PRE/VNM/jrh

Enclosures

Copies furnished to:

G. Boe, P.E.
H. Rios, FDER-Marathon



Florida Department of Environmental Regulation

South District • 2295 Victoria Avenue, Suite 364 • Fort Myers, Florida 33901
Lawton Chiles, Governor Carol M. Browner, Secretary

PERMITTEE:

Key Haven Utility Corp.
1104 Truman Avenue
Key West, FL 33040

I.D. No: 5244P00469
Permit/Certification
Number: UC44-212336, UC44-212337
and UC44-212338
Date of Issue: May 4, 1992
Expiration Date: May 4, 1997
County: Monroe
Latitude: 24° 34' 23" N
Longitude: 81° 44' 08" W
Section/Town/Range: 52/67S/25E
Project: Key Haven Utility Class
V Well Rehabilitation (3)

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and Florida Administrative Code (F.A.C.) Rules 17-4 and 17-28. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with the Department and made a part hereof and specifically described as follows:

Construct well modifications which include re-drilling the three existing wells to a total depth of 150 feet with 6 inch casing to 60 feet as described on DER Form 17-1.209(9) which was received April 23, 1992. All other features of the treatment facility will remain as previously constructed and permitted. Project is located on Key Haven Road, Key West.

Subject to General Conditions 1 through 15 and Specific Conditions 1 through 6.

PERMITTEE:
Key Haven Utility Corp.

I.D. No.: 5244P00469
Permit/Cert. No.: UC44-212336,
UC44-212337 and UC44-212338
Date of Issue: May 4, 1992
Expiration Date: May 4, 1997

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. 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 by the Department.

3. As provided in Subsections 403.087(6) and 403.722(5) 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 any 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 the permit.

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.

5. This permit does not relieve the permittee from liability 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, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by any order from the Department.

6. 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, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve

PERMITTEE:
Key Haven Utility Corp.

I.D. No.: 5244P00469
Permit/Cert. No.: UC44-212336,
UC44-212337 and UC44-212338
Date of Issue: May 4, 1992
Expiration Date: May 4, 1997

GENERAL CONDITIONS:

compliance with the conditions of the permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credential 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:

- a. Have access to and copy any records that must be kept under the conditions of the permit;
- b. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. 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:
 - a. A description of and cause of non-compliance; and
 - b. The period of non-compliance, including dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance. 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 revocation of this permit.
9. 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 prescribed by Section 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.

PERMITTEE:
Key Haven Utility Corp.

I.D. No.: 5244P00469
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UC44-212337 and UC44-212338
Date of Issue: May 4, 1992
Expiration Date: May 4, 1997

GENERAL CONDITIONS:

10. 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.

A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 17-3.051, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.

11. This permit is transferable only upon Department approval in accordance with F.A.C. Rules 17-4.120 and 17-30.300, F.A.C. as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.

13. This permit also constitutes:

- (a) Determination of Best Available Control Technology (BACT)
- (b) Determination of Prevention of Significant Deterioration (PSD)
- (c) Certification of compliance with State Water Quality Standards (Section 401, PL 92-500)
- (d) Compliance with New Source Performance Standards

14. The permittee shall comply with the following:

- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically, unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all 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.

PERMITTEE:
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I.D. No.: 5244P00469
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UC44-212337 and UC44-212338
Date of Issue: May 4, 1992
Expiration Date: May 4, 1997

GENERAL CONDITIONS:

- (c) 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.

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the 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.

SPECIFIC CONDITIONS:

1. Drawings, plans, documents or specifications submitted by the Permittee, not attached hereto, but retained on file at the South Florida District Office, are made a part hereof.

2. The well completion report DER Form 17-1.209(2) shall be submitted by the licensed well driller within fifteen (15) days after completion of construction and prior to placement in operation.

3. Copies of well completion report are to be mailed to the following:

a. Department of Environmental Regulation, South Florida District, 2295 Victoria Ave., Suite 364, Fort Myers, FL 33901

b. South Florida Water Management District, Water Use Division, Post Office Box 24680, West Palm Beach, Florida 33416-4680.

c. Bureau of Geology, 903 N. Tennessee Street, Tallahassee, Florida 32307.

PERMITTEE:
Key Haven Utility Corp.

I.D. No.: 5244P00469
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UC44-212337 and UC44-212338
Date of Issue: May 4, 1992
Expiration Date: May 4, 1997

SPECIFIC CONDITIONS:

4. In the event a well must be plugged or abandoned, the permittee shall obtain a permit from the Department as required by Chapter 17-28, F.A.C.

5. The permittee shall notify the Department and obtain approval prior to any additional well work or modification.

6. The permittee is reminded of the necessity to comply with the pertinent regulations of any other regulatory agency, as well as any county, municipal, and federal regulations applicable to the project. These regulations may include, but are not limited to, those of the Federal Emergency Management Agency in implementing flood control measures. This permit should not be construed to imply compliance with the rules and regulations of other regulatory agencies.

Note: In the event of an emergency the permittee shall contact the Department by calling (904)488-1320. During normal business hours, the permittee shall call (813)332-6975.

Issued this 4th day of May, 1992.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION



Philip R. Edwards
Director of
District Management

PRE/VNM/jrh



Jeb Bush
Governor

Department of Environmental Protection

South District Marathon Branch Office
2796 Overseas Highway, Suite 221
Marathon, FL 33050

David B. Struhs
Secretary

July 24, 2002

Wayne Lujan, President
Key Haven Utility Corporation
1104 Truman Avenue
Key West, Florida 33040

Re: Monroe County-DW
Key Haven Utility WWTP
FLA014867
Florida Keys EMA

Dear Mr. Lujan;

A review of our files revealed that the operating permit for the above referenced wastewater treatment facility will expire on *December 29, 2002*.

Please be advised that Florida Administrative Code Rule 62-620.410(5) requires a completed application for permit renewal be submitted no later than 180 days prior to expiration of the current permit, or no later than *June 29, 2002*.

It is a violation of Section 403.087(1) of the Florida Statutes for any facility that may reasonably be expected to be a source of pollution to operate without a current and valid permit from the Department.

A review of the file reveals you were previously notified of this requirement by Department letter dated *May 14, 2002*, a copy of which is enclosed.

Please do not hesitate to contact me or Barbara Feakes at (305) 289-2310 if there are any questions. Thank you for your cooperation in this matter.

Sincerely,

Nancy Brooking
Environmental Supervisor II

cc: Keith Kleinmann, DEP Ft. Myers
Synagro Southeast

"Protect, Conserve and Manage Florida's Environment and Natural Resources"



Department of Environmental Protection

South District Marathon Branch Office
2796 Overseas Highway, Suite 221
Marathon, FL 33050

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

July 16, 1997

Wayne Lujan
1104 Truman Avenue
Key West, FL 33040

Re: Monroe County-DW
Key Haven Utility WWTP
FLA014867

Dear Mr. Lujan:

A facility inspection was conducted on June 26, 1997, with the facility operator. During the inspection the following deficiencies were noted:

1. The walls of the older section of the treatment facility were leaking in at least three locations, the corners and tie-ins were beginning to separate, and much of the reinforcing steel was exposed and corroded. These structural deficiencies were noted in the draft copy of your (unsigned) permit application submitted by Glen Boe to our Marathon office. Mr. Boe's engineering reports submitted with the draft application recommend replacement of the old plant tanks in the near future to ensure compliance with Department regulations. The leaks must be repaired as soon as possible in order to prevent the release of inadequately treated wastewater.

Please note that failure to maintain the facility tanks in good structural condition constitutes a violation of Florida Administrative Code (F.A.C.) Rule 62-600.740(2)(e). The release of inadequately treated wastewater resulting from the leaks constitutes a violation of F.A.C. Rule 62-600.740(2)(a).

2. The facility log contains flow data indicating continued infiltration/intrusion in the collection system. The Operation & Maintenance Performance report submitted with the draft application identifies infiltration as a "continuing problem requiring constant vigilance and frequent repairs". According to the Capacity Analysis Report, infiltration usually accounts for more than 20% of the facility flow. This level of infiltration is excessive and should be reduced to ensure the proper operation of the plant.

3. It has been brought to the Department's attention that the Utility plans to connect a proposed development project to the treatment plant in the near future. This proposed connection was not addressed in the Capacity Analysis Report submitted with the draft application. Please be advised that the proposed connections may require a collection system permit from the Department in accordance with F.A.C. Chapter 62-604.

Wayne Lujan
July 16, 1997
Page 2

4. The wooded area behind the side and rear fence is being used for the disposal of solid waste. This practice must be discontinued immediately and the garbage must be collected and disposed of properly in accordance with State and County regulations.

Please respond, in writing, within thirty days of receipt of this letter describing the steps that have been taken to correct the above referenced problems. Additionally, please provide a compliance schedule for the rehabilitation of the collection system and the replacement of the old plant.

PLEASE BE ADVISED that the failure to take corrective action in a timely manner and the operation of this facility in violation of Department regulations will result in enforcement action.

Also please note that your permit application will remain incomplete until the above referenced issues are addressed and the requested information is submitted to the Department.

Please do not hesitate to contact this office at (305) 289-2310 if there are any questions. Thank you for your cooperation in this matter.

Sincerely,



Gus Rios
Environmental Specialist

GR/jm

cc: Andy Barienbrock, DEP Ft. Myers
Joe Davis, Davis Water Analysis, Inc.
Ty Symroski, Marathon DCA
Glen Boe, Glen Boe and Associates, Inc.

Key Haven Utility Corporation does not have any field employees. All plant operation and maintenance is performed by Synagro, a third party contract operator.

Key Haven Utility Corporation does not own or lease any vehicles.

Complaints

1. 1/15/01 Phillip Faust, 9 Aster Terrace

Backup caused by collapse of very old clay lateral caused by work replacing power pole nearby. Point reaper was necessary to repair lateral & upgrade w/sewer box & cleanout.

2. 4/20/01 Robert Cooper, 22 Amaryllis/David William 24 Amaryllis Dr.

Backup caused by collapsed , old clay lateral. Point repair was necessary to repair lateral and upgrade w/ sewer box & cleanout.

3. 4/24/01 David Lemons, 4 Bamboo Terrace

Backup caused by root intrusion into our broken clay lateral & “y”. Point repair was needed to repair lateral and upgrade w/sewer box & cleanout.

4. 7/11/01 Fred Varela, 1 Evergreen Avenue

Unable to locate service “y”. Helped locate & install new sewer box and cleanout to upgrade w/sewer box & cleanout

5. 10/23/01 Catherine Houtz, 15 Bougainvillea Avenue

Root intrusion in old clay lateral caused backup. Point repair needed to repair lateral and upgrade w/sewer box & cleanout.

6. 11/18/01 Bill McIntyre, 5 Key Haven Terrace

Backup caused by blockage in main- jet rodded to clear main.

7. 11/20/01 Joan McAllen, 13 Arbutus Drive

Point repair needed to fix lateral & upgrade w/sewer box & cleanout.

8. 12/4/01 Orlando Ramos, 24-26 Key Haven Road

Collapsed clay lateral resulting in blockage of main. Point repair needed to replace lateral and upgrade w/sewer box & clean out. Jet rodder needed to clear main.

A

COLLECTION SYSTEM EVALUATION REPORT

For the

KEY HAVEN SANITARY SEWERS

Prepared for

Mr. Wayne Lujan
Key Haven Utilities
Key West, Florida 33040

Prepared by

Weiler Engineering Corporation
1777 Tamiami Trail, Suite 304
Port Charlotte, Florida 33948

March 2001

TABLE OF CONTENTS

	PAGE
EXECUTIVE SUMMARY	1
COLLECTION SYSTEM EVALUATION	3
A-DISTRICT	3
B-DISTRICT	3
C-DISTRICT	3
D-DISTRICT	4
E-DISTRICT	4
F-DISTRICT	4
KEY HAVEN ROAD	5
KEY HAVEN TERRACE	5
MANHOLES	5
SCHEDULE OF REPAIRS	6
SEWER MAINS WITH LEAKING JOINTS	9
DAMAGED GRAVITY SEWER MAINS	10
DAMAGED SERVICE LATERALS	14
ACTIVE SERVICE LATERALS	15
SERVICE LATERAL FOOTAGES	17

EXECUTIVE SUMMARY

In an effort to evaluate the Key Haven sanitary sewer collection system and make recommendations to reduce groundwater infiltration, a review of the existing video tapes showing the sanitary sewer collection system and a visual inspection of the manholes was conducted by Weiler Engineering Corporation and Synagro Southeast. Key Haven lift stations were not considered in the scope of this collection system evaluation.

Causes of infiltration include, but are not limited to, leaking joints, damaged manholes, broken sewer mains, and cracked lateral services. Most of the existing clay pipe is compromised by longitudinal cracks. Many clay service laterals show signs of infiltration, most likely caused from leaking joints and hairline cracks in the pipe.

A list of active service laterals noted on an inspection report or seen on the videotapes will be compiled and illustrated on Figure 2 Active Services. An active service is defined as a service lateral with running water. The purpose of inspecting active services is to determine if the pipe is damaged and leaking groundwater into the collection system.

Damaged or cracked service laterals should be repaired to stop groundwater infiltration. Active service laterals should be inspected and static pressure tested to determine if the line is leaking. It may be desirable to have clean-outs installed at the property line to properly test the service laterals.

Leaking gravity sewer main joints may be grout in-place to stop groundwater infiltration. Cracked clay sewer mains and service laterals should be slip-lined to permanently repair the damaged pipe. When a gravity sewer main has leaking joints and cracked service laterals, it is recommended that the sewer main be slip-lined instead of grouted, as the repair process requires a combined procedure.

In general, the pre-cast concrete manholes are in good condition. Older brick manhole structures are reported to be leaking and show signs of deterioration and groundwater seepage. Manhole structures can be repaired and slip-lined to stop groundwater seepage, root intrusion, and sewage outflow.

In 1996, Metro Sewer Services, Incorporated televised Districts C and E, noting numerous leaking joints in District C. It is possible that the leaking joints observed during this visual inspection were repaired. Cracked pipe and active services were also visible on the videotape.

Key Haven Road between Driftwood Drive and Cypress Avenue, West Cypress Terrace, and Driftwood Drive were televised by Metro Sewer Services in 1998. Leaking joints on Key Haven Drive, Floral Avenue, Cypress Avenue, and Cypress Terrace were grouted to stop the water flow into the gravity sewer line.

COLLECTION SYSTEM EVALUATION

A-DISTRICT

District A is the oldest section of the Key Haven development, and is comprised of Allamanda Terrace, Aster Terrace, Azalea Drive, Arbutus Drive and Amaryllis Drive. The gravity sewer collection system is constructed from eight-inch clay pipe. The lower half of Allamanda and Aster Terraces, the lower half of Azalea and Arbutus Drives, Allamanda Avenue, and Amaryllis Drive are reported to be slip-lined. The upper sections of Allamanda Terrace, Aster Terrace, Arbutus and Azalea Drives are not slip-lined, and consist of cracked, broken, and damaged clay pipe.

The unlined portions of District A, inspected January 23, 2001 by Synagro Southeast, depict a collection system with extensive damage; sheared and cracked pipe, missing sections of pipe, and multiple active and cracked services. Based on the video inspections, damaged sewer mains should be replaced, and clean-outs should be installed on all service laterals to facilitate the testing and replacement of leaking connections.

B-DISTRICT

Beechwood Drive, Birchwood Drive, Bamboo and Bougainvillea make up District B. Most of the District B gravity sewer mains are reported to be slip-lined, including, Birchwood Drive, one section of Beechwood Drive, and two sections of Bamboo Terrace. The section of Beechwood Drive that remains to be slip-lined was televised in 1996, and shows signs of multiple longitudinal and radial cracks, and sheared service laterals.

A section of the Bougainvillea gravity main serving as a collection system and force main transport, was televised. Because the grade in the pipe is uneven and Lift Station B pumps into this gravity line, the camera traveled under water. Even though the televising was incomplete, it was apparent that the gravity line has not been slip-lined.

One length of Bougainvillea and both ends of Bamboo Terrace were televised by Synagro Southeast on January 24, 2001. The televising of "south" Bamboo Terrace was hampered by debris in the pipe, suggesting the possibility that the entire length of Bamboo Terrace is cracked. The section of Bamboo Terrace between manhole 9B and the cleanout has two leaking joints; one joint shows signs of root intrusion. The length of Bougainvillea between Bamboo Terrace and Key Haven Drive is in good condition; only one service tee is offset with no visible signs of intrusion.

C-DISTRICT

Cypress Avenue, West Cypress and Cypress Terraces, Coconut and Cactus Drives make up District C. The gravity sewer main is clay with many PVC service connections and repairs. Four leaking joints in District C and a leaking joint along Key Haven Drive were repaired by Metro Sewer Services on May 6, 1998. Leaking joints with root intrusion are still visible in the sewer mains on West Cypress Terrace, along Cypress Terrace between manholes 26 to 28, and in the gravity lines from manhole 22 to Lift Station C. A recent, September 1999 video report lists leaking joints on Coconut Drive.

D-DISTRICT

Driftwood Drive was televised in February and May 1998. Sand and rock debris in the main hampered the progress of the camera. Most of the sand and rock debris appeared between manholes 5, 6, and 7, and appeared to be entering the system through service laterals running to vacant lots.

A recent site visit to Driftwood Drive showed this area to be under development, with most of the vacant lots under construction. The rock and sand materials will be restricted from entering the system when service laterals are properly connected to the new buildings. Upon completion of the work, a standard static pressure test performed by the plumbing contractor will prove the condition of the service lateral.

The gravity sewer main along Driftwood Drive is constructed of 8-inch clay pipe. Four clay laterals serving the properties on the end of Driftwood Drive are cracked or leaking from poorly connected joints.

In the sections between manholes 4 to 5 and manholes 6 to 7, two service laterals are cracked and two gravity main joints are leaking. One section of broken pipe appeared on the February 1998 video between manhole 6 and 7. This section of pipe should be cleaned and re-televised to establish the location of the damage. (Broken pipe was not visible in the May 98 video of manhole 6 to 7.)

E-DISTRICT

Televised footage of Evergreen Avenue shows the main gravity pipe, constructed of PVC, to be in good condition, without visible signs of cracks or leaking service connections. The lengths of pipe are well connected without "offsets," debris is not accumulating in the line. The service laterals are long and well connected at the main.

Many active services were seen on the Evergreen Avenue tape, filmed on December 3, 1999. Refer to Table 5 Active Service Laterals, page 16, for the number and location of active services along Evergreen Avenue.

F-DISTRICT

A field inspection of Floral Avenue manholes and Lift Station D was conducted on August 24, 2000. The manholes and lift station are pre-cast concrete, and are in good condition. The gravity sewer in the section of Floral Avenue on the other side of the bridge is eight-inch PVC pipe.

The inspection report listed the gravity sewer main for Floral Avenue to be in poor condition with multiple leaking joints and cracks. The line was report to be repaired; seven leaking joints were sealed with grout on September 27, 1999 by Metro Sewer Services of Maitland, Florida. Slip-lining the damaged and leaking gravity main will permanently repair radial and longitude cracks.

A manhole survey of Floral Avenue revealed an active service lateral tied into Manhole 12, the last manhole on Floral Avenue. The active lateral is servicing a vacant lot located on the water and should be plugged to prevent further infiltration. Table 5 Active Service Laterals, page 16, summarizes the active service laterals located along Floral Avenue.

KEY HAVEN ROAD

Review of the Key Haven Road videotape shows a cracked service between manholes 10 and 11, and two cracked service laterals and leaking joints between manholes 9 and 10.

The gravity sewer main along Key Haven Road is eight-inch clay pipe with PVC service tees inserts offset from the original grade. The section of main between manholes 13 and 14, also known as 127 and 128, exhibits double longitudinal cracks running from the manhole, approximately 25-feet in length.

KEY HAVEN TERRACE

Key Haven Terrace was televised by Synagro Southeast on January 23, 2001. Between manholes 106 and 108, an active service (12:00 cast iron hammer tap), leaking joint with root intrusion, and a hole with water pouring in was observed. Two service tees, both plugged, and two longitudinal cracks were visible in the section of sewer main along Key Haven Terrace and Key Haven Boulevard.

The long section of Key Haven Terrace, approximately 750 feet, has longitudinal cracks along the entire length, and at least twelve service connections; five of the service connections are leaking cast iron hammer taps, and one clay service is damaged and leaking.

MANHOLES

The manholes along Floral Avenue, Evergreen Avenue, and Driftwood Drive appeared to be pre-cast concrete and in very good condition.

Manholes located and inspected in Districts C and D, although older, appeared to be in good condition. Many of these manholes have multiple lateral service connections running into the structure. Some of these service laterals are active, and need to be evaluated as sources for possible leaks.

Two manholes on Cypress Avenue, two manholes on Cactus Drive, and one manhole on Coconut Drive could not be field located, and were not inspected.

District A and B manhole structures are mostly constructed from brick, and have been patched with hydraulic cement. Four District B brick manholes, 4B, 6B, 7B, and 10B, are crumbling and show signs of major infiltration during precipitation events. Manhole 10B is leaking groundwater continuously. Concrete repair patches are falling off the brick structures. Consideration should be given to slip-lining the deteriorating manholes.

Three manholes in District A are subject to infiltration problems. Manhole 105 on Arbutus Drive was reported by Metro Sewer Services to be leaking with an active service lateral continuously discharging into the manhole. Manholes 107 and 108 on Key Haven Boulevard and Key Haven Terrace are subjected to major infiltration, surcharging the downstream manhole feeding Lift Station A. Manhole 106, discharging into Lift Station A, is a brick structure with visible groundwater intrusion in addition to the excess infiltration flows from the upstream manholes.

Manhole 120 located on Key Haven Road and Allamanda Avenue is a structure reported to be in questionable condition with multiple holes in the structure. The majority of manholes along Key Haven Road visually appear to be in good condition.

Key Haven Manholes Recommended for Slip-lining

<u>Manhole Location</u>	<u>Reason for Slip-lining</u>
Arbutus Drive Manhole 105	Leaking with an active service.
Allamanda Avenue Manhole 106	Leaking groundwater into manhole.
Key Haven Boulevard Manhole 107	Major infiltration of groundwater.
Key Haven Terrace Manhole 108	Leaking groundwater thru walls & inverts.
Key Haven Road Manhole 120	Damaged walls and leaking.
Beechwood Drive Manhole 4B	Visible groundwater seepage.
Beechwood Drive Manhole 6B	Major groundwater infiltration, muddy.
Bamboo Manhole 7B	Grout patchwork falling off, major seepage
Bougainvillea Manhole 10B	Grout patchwork falling off, leaking.

SCHEDULE OF REPAIRS

The Key Haven collection system has been televised to provide the basis for evaluating the general condition and integrity of the gravity sewer mains, service laterals, and manholes. Sections of the collection system reported as slip-lined were not televised. The evaluation report is provided to offer information intended to assist in the schedule of repairs.

All sections of A-District sewer mains not slip-lined should be replaced due to the poor condition of the clay pipe; multiple cracks, crushed pipe, and active service laterals. The sections of A-District not slip-lined are estimated to be so severely deteriorated that slip-lining is not a feasible option. Collapsed pipe makes cleaning and televising too difficult, and multiple offsets and damaged service laterals make replacement a less expensive proposition.

The cracked and broken clay sewer main and service laterals on Key Haven Terrace should be replaced with PVC gravity pipe. The majority of pipe is cracked, and greater than fifty percent of the service laterals are discharging groundwater into the collection system.

Beechwood Drive, between manholes 5B and 6B, and “south” Bamboo Terrace, from manhole 7B, should be replaced due to extensive damage including broken pipe, offsets, and multiple cracked service connections. Slip-lining and grouting are possible repair methods for the section of Bamboo Terrace from Bougainvillea with leaking joints.

Cypress Avenue has sections of broken pipe and cracked service laterals. West Cypress Terrace and Cypress Terrace gravity sewer mains have leaking joints with root intrusion problems in addition to cracked service laterals. One section of Cypress Terrace has broken, cracked pipe in need of repair. Replacement, grouting or slip-lining the mains and service laterals are possible solutions to stop groundwater infiltration.

Coconut Drive was televised, and appears to be leaking from joints and cracked service laterals. Grouting or slip-lining will repair leaking joints and cracked service laterals. Only one section of Cactus Drive was televised. Access to the sanitary sewer to perform a visual inspection was not possible because the manholes cannot be located.

The sections of Key Haven Road between manholes 9 and 11 were shown to have one leaking joint and multiple cracked service connections. Repairs to the cracked service connections can be performed by slip-lining or replacement of the clay pipe with PVC pipe. The leaking joint at manhole 13 on Key Haven Drive can be repaired with grout.

Cracked service laterals and leaking joints along Driftwood Drive may be repaired with grout. The section of Driftwood Drive, between manholes 6 and 7 with broken clay pipe, should be replaced. It may be possible to slip-line the cracked pipe at manhole 8.

The following table lists the sanitary sewer mains recommended for repair, including leaking joints, damaged pipe, and cracked service laterals. Slip-lining is the most permanent method of repair for sections of pipe with leaking joints and cracked service laterals.

Table 1: Sewer Gravity Mains and Service Laterals Recommended for Repair

Location of the Gravity Main to be Slip-lined	# Service Laterals to be Slip-lined	Footage of Main to be Repaired, approximate
Allamanda Terrace Manhole 114 to the end	2 (estimate replacement of all service laterals)	400 feet
Aster Terrace Manhole 112 to the end	2 (estimate replacement of all service laterals)	800 feet, entire length
Azalea Drive Manhole 117 to the end	2 (estimate replacement of all service laterals)	400 feet
Arbutus Drive Manhole 105 to the end	5 (estimate replacement of all service laterals)	400 feet
Beechwood Drive Manhole 5B to 6B	5	315 feet
Bougainvillea Manhole 9B to 8B	N/A	350 feet, estimated

Bamboo Terrace Manhole 7B to clean out	N/A	275 feet, estimated
Cypress Avenue Manhole 26 to Lift Station C	2	1,850 feet, entire length
West Cypress Terrace Manhole 27 to 30	3	590 feet, entire length
Cypress Terrace Manhole 26 to 28	0	520 feet, entire length
Coconut Drive Manhole 22 to 22A	2	320 feet, entire length
Cactus Drive Manhole 21 to 21A	4	350 feet
Driftwood Drive Manhole 5 to the end	5	575 feet
Driftwood Drive Manhole 6 to 7	0	220 feet
Driftwood Drive Manhole 8 to Lift Station D	0	20 feet, single crack 10 feet outside of the manhole
Key Haven Road Manhole 9 to 10	2	400 feet
Key Haven Road Manhole 10 to 11	1	50 feet from manhole 11, to seal cracked service
Key Haven Road Manhole 13 to 14	0	25 feet, longitudinal cracks
Key Haven Terrace Manhole 106 to 108	1	50 feet from manhole 108 to stop water intrusion from hole and repair joint
Key Haven Terrace Manhole 107 to 108	0	10 feet from manhole 107 70 feet from manhole 108 to repair cracks
Key Haven Terrace Manhole 108 to end	6 (estimate replacement of all service laterals)	750 feet, estimate

The following tables list the locations and footages of cracked and broken gravity sewer mains, sewer mains with leaking joints, and damaged service laterals. An overview site plan showing damaged areas of the gravity sewer lines can be found on Figure 1: Collection System Site Plan. Active services visible on the video inspection tapes can be found on Figure 2 and Table 5: Active Service Laterals.

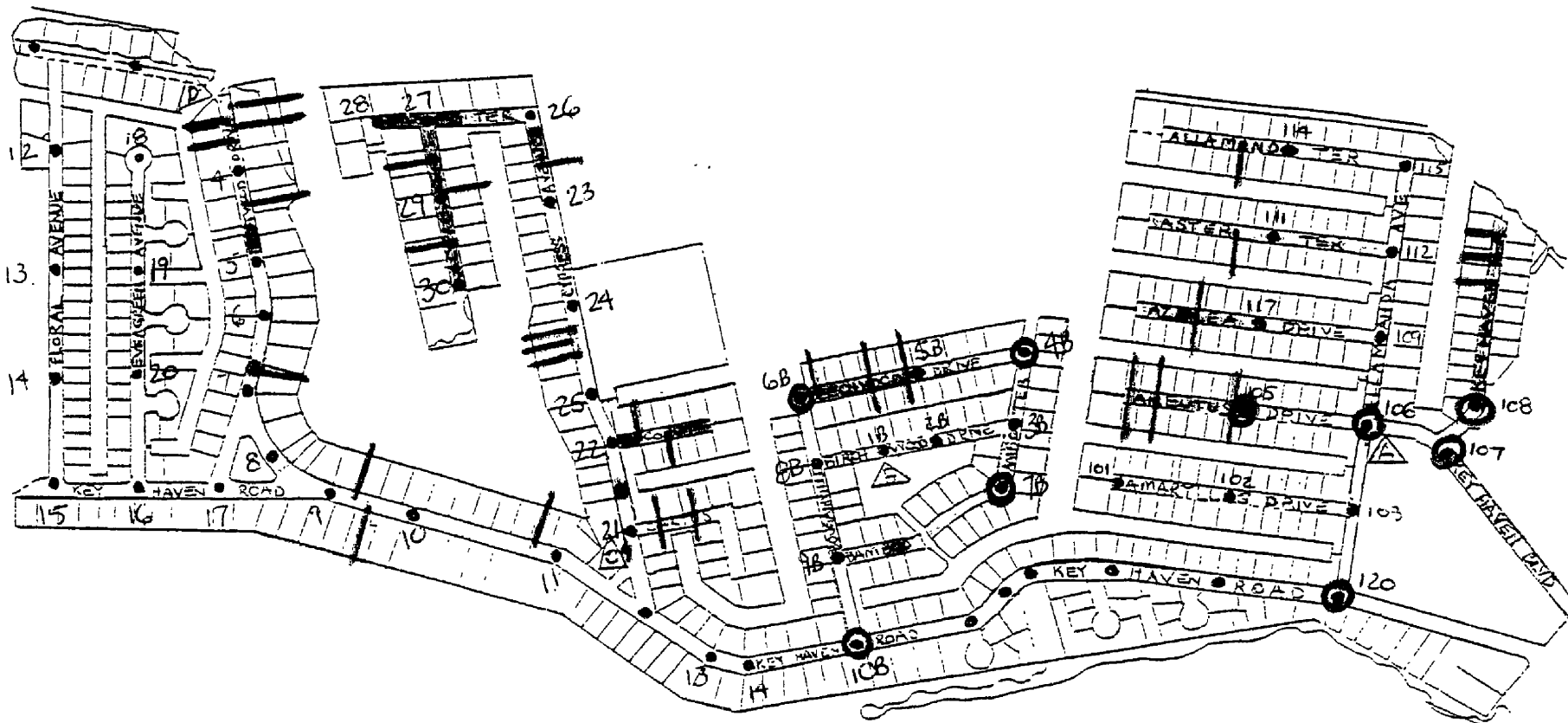






FIGURE 1. COLLECTION SYSTEM SITE PLAN

-  CRACKED BROKEN CLAY PIPE
-  DAMAGED SERVICE LATERALS
-  LEAKING SEWER MAIN JOINTS
-  DETERIORATED MANHOLES

COLLECTION SYSTEM EVALUATION
FOR
KEY HAVEN DEVELOPMENT

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Table 2. Gravity Sewer Mains with Leaking Joints

District Identification	Location of Leaking Joints	Leaking Joint Footage
A-District Leaking Joints	Azalea Drive, MH117:Clean-out	247, 257 w/root intrusion, 266 w/root intrusion, 272 w/root intrusion, 282 w/root intrusion,
B-District Leaking Joints	Bamboo Terrace, MH9B:CO	210 w/root intrusion, 214
C-District Leaking Joints	W. Cypress Terrace, MH30:MH29	17,44, 77, 123, 133, 139, 150, 178 w/root intrusion, 183, 210
	W. Cypress Terrace, MH29:MH27	6, 17, 28, 41, 46, 52, 38, 17, 91, 124, 157, 163, 181 w/root intrusion, 192 258 w/root intrusion
	Cypress Terrace, MH28:MH27	70, 92, 116, 151, 157
	Cypress Terrace, MH27:MH26	65, 871
	Cypress Avenue, MH26:MH23	70
	Cypress Avenue, MH22:MH21	122, 196 or 210
	Cypress Avenue, MH21:Lift Station	36, 39, 45, 52, 56, 100, 111, 160, 167, 196, 207
	Coconut Drive MH7:MH10	33, 265, 281, 292
D-District Leaking Joints	Driftwood Drive MH4:Stubout	NONE
	Driftwood Drive MH4:MH5	219
	Driftwood Drive MH5:MH6	NONE
	Driftwood Drive MH6:MH7	141 w/root intrusion
	Driftwood Drive MH7:MH8	NONE

Key Haven Drive Joints	Key Haven Drive MH17:MH16	NONE
	Key Haven Drive MH17:MH9	NONE
	Key Haven Drive MH9:MH10	17, 318
	Key Haven Drive MH10:MH11	78
	Key Haven Drive MH9:MH8	NONE
	Key Haven Terrace MH106:MH108	207
	Key Haven Terrace MH107:MH108	NONE

Table 3. Cracked or Damaged Gravity Sewer Mains

District Identification	Location of Damaged Pipe	Description of Damage
A-District Mains	Allamanda Terrace, MH114: Clean-out	7, cracked pipe LEAKING 10, cracked pipe LEAKING 14, cracked pipe LEAKING 30, cracked pipe LEAKING 68, cracked pipe LEAKING 77, cracked pipe LEAKING 82, cracked pipe LEAKING 103, cracked pipe LEAKING 114, cracked pipe LEAKING 136-169, cracked pipe LEAKING 178, cracked pipe LEAKING 189, cracked pipe LEAKING blocked by lateral-tape ends
	Arbutus Drive, MH105:MH104	21, cracked pipe LEAKING 26, cracked pipe 31, cracked pipe 48, cracked pipe LEAKING 69, cracked pipe LEAKING 267-270 shattered pipe 282, broken pipe 310, broken pipe LEAKING 315, broken pipe LEAKING 320-327, cracked broken pipe 338, cracked pipe LEAKING 347-352, broken pipe LEAKING 367-375, cracked broken pipe

	Azalea Drive MH117:Clean-out	blocked by crushed pipe-tape ends 109, cracked pipe
	Aster Terrace MH111:MH112	37, broken pipe 51, broken pipe 67, broken pipe 76, broken pipe
	Aster Terrace MH111:Clean-out	blocked by crushed pipe-tape ends 19, cracked pipe 35, cracked pipe 43, cracked pipe 51, cracked pipe 67, cracked pipe 71, cracked pipe 76, cracked pipe 81, cracked pipe 86, cracked pipe 91, cracked pipe 103, cracked pipe 106, cracked pipe 110, cracked pipe 114, cracked pipe blocked by crushed pipe-tape ends
B-District Mains	Beechwood Drive MH5B:MH6B	3 tie-in damage/hole at joint 32 cracked pipe 37 cracked pipe 39 cracked pipe 47 cracked pipe 63 cracked pipe LEAKING 79 cracked pipe LEAKING 120 cracked pipe LEAKING 128 cracked pipe LEAKING 180 broken pipe LEAKING 201 broken pipe LEAKING 288 sheared, cracked, off grade 293 broken pipe
C-District Mains	W. Cypress Terrace, MH29:MH27 Cypress Terrace, MH27:MH26 Cypress Avenue, MH26:MH23 Cypress Avenue, MH23:MH24	157 / 167 crack ~ 1-foot 302 crack ~ 2-foot length 36 crack at joint 183 – 199 longitude cracks, LEAKING

	Cypress Avenue, MH24:MH25	47 – 48 cracks running to joint, around pipe & in the service connection
	Cypress Avenue, MH22:MH21	63 crack, 195 crack at joint
	Cypress Avenue, MH21:Lift Station	6 crack LEAKING, 10 crack LEAKING
	Cactus Drive, MH21:MH21A or MH8:MH32	96 – 102 crack LEAKING
D-District Mains	Driftwood Drive MH4:Stubout	NONE
	Driftwood Drive MH4:MH5	NONE
	Driftwood Drive MH5:MH6	NONE
	Driftwood Drive MH6:MH7	86 cracked, broken pipe, rocks visible, LEAKING
	Driftwood Drive MH7:MH8	NONE
Key Haven Dr. Mains	Key Haven Drive MH17:MH16	NONE
	Key Haven Drive MH17:MH9	NONE
	Key Haven Drive MH9:MH10	445 sheared pipe
	Key Haven Drive MH10:MH11	NONE
	Key Haven Drive MH9:MH8	228 crack at joint
	Key Haven Drive MH13:MH14 (127:128)	0 to 25 feet cracks, longitudinal
Key Haven Ter. Mains	Key Haven Terrace MH106:MH108	207 root intrusion, 213 hole in pipe
	Key Haven Terrace MH107:MH108	0 – 6, longitudinal crack 59 longitudinal crack ~ 1-foot
	Key Haven Terrace MH108:Clean-out	7 longitudinal cracks to joint 62 longitudinal cracks to joint 134 longitudinal cracks to joint 149 longitudinal cracks to joint 163 longitudinal cracks to joint

174 longitudinal cracks to joint
189 longitudinal cracks to joint
205 broken pipe, leaking
208 longitudinal cracks to joint
296 longitudinal cracks to joint
312 longitudinal cracks to joint
313 longitudinal cracks to joint
400 longitudinal cracks to joint
409 longitudinal cracks to joint
411 longitudinal cracks to joint
417 longitudinal cracks to joint
419 longitudinal cracks to joint
432 longitudinal cracks to joint
436 longitudinal cracks to joint
439 longitudinal cracks to joint
440 longitudinal cracks to joint
446 longitudinal cracks to joint
448 longitudinal cracks to joint
453 longitudinal cracks to joint
458 longitudinal cracks to joint
468 longitudinal cracks to joint
472 longitudinal cracks to joint
474 longitudinal cracks to joint
476 broken pipe, rocks visible
479 broken pipe rocks visible
482 longitudinal cracks to joint
501 longitudinal cracks to joint
521 longitudinal cracks to joint
524 longitudinal cracks to joint
527 longitudinal cracks to joint
529 longitudinal cracks to joint
535 longitudinal cracks to joint
538 longitudinal cracks to joint
545 longitudinal cracks to joint
557 longitudinal cracks to joint
571 longitudinal cracks to joint
577 longitudinal cracks to joint
580 longitudinal cracks to joint
586-612 longitudinal cracks
616-654 longitudinal cracks
666-672 longitudinal cracks
668 broken pipe, rocks visible
blocked by debris-tape ends

Table 4: Cracked or Damaged Service Laterals

Location of Service Lateral	Footage from Manhole	Clock Orientation
Allamanda Terrace, MH114:Clean-out	154	9:00
Aster Terrace, MH111:Clean-out	105	9:00
Arbutus Drive, MH105:MH104	38	3:00 & 9:00*
Arbutus Drive, MH105:MH104	285 leaking	3:00 & 9:00
Arbutus Drive, MH105:MH104	398 broken	3:00
Arbutus Drive, MH105:MH104	400 broken & leaking	9:00
Azalea Drive MH117:Clean-out	184 root intrusion	3:00 & 9:00
Beechwood Drive MH5B:MH6B	46	9:00 & 3:00
Beechwood Drive MH5B:MH6B	145	9:00 & 3:00
Beechwood Drive MH5B:MH6B	302	3:00
W. Cypress Terrace, MH30:MH29	175	9:00
W. Cypress Terrace, MH29:MH27	34	3:00
W. Cypress Terrace, MH29:MH27	179	9:00
Cypress Avenue, MH3:MH4	238 oceanside lot	9:00
Cypress Avenue, MH5:MH6	48 cracked service	12:00
Cypress Avenue, MH5:MH6	204	2:00
Cypress Avenue, MH5:MH6	253	12:00
Coconut Drive MH7:MH10	90	9:00
Coconut Drive MH7:MH10	194	3:00
Cactus Drive, MH21:MH21A or MH8:MH32	126, cracked service	3:00 & 9:00
Cactus Drive, MH21:MH21A or MH8:MH32	248, cracked service	3:00 & 9:00
Driftwood Drive MH4:Stubout	103	9:00
Driftwood Drive MH4:Stubout	199 leaking	3:00
Driftwood Drive MH4:Stubout	257 leaking	9:00
Driftwood Drive MH4:Stubout	281 leaking vacant lot	3:00
Driftwood Drive MH4:MH5	100	9:00
Driftwood Drive MH5:MH6	NONE	

Driftwood Drive MH7:MH8	NONE	
Key Haven Drive MH17:MH16	NONE	
Key Haven Drive MH17:MH9	NONE	
Key Haven Drive MH9:MH10	163 cracked service 263 cracked service	9:00 3:00
Key Haven Drive MH10:MH11	340 / 246 cracked service	9:00
Key Haven Drive MH9:MH8	NONE	
Key Haven Drive MH13:MH14 (127:128)	NONE	
Key Haven Terrace MH106:MH108	NONE	
Key Haven Terrace MH107:MH108	NONE	
Key Haven Terrace MH108:Clean-out	508 leaking 612 rocks in lateral 686 rocks in lateral	9:00 3:00 9:00

*Service may be plugged-off.

Table 5: Active Service Laterals

Location of Service Lateral	Footage from Manhole	Clock Orientation
Arbutus Drive, MH105:MH104	38	9:00
Arbutus Drive, MH105:MH106	216	2:00
Azalea Drive, MH117:Clean-out	67	3:00 & 9:00
Azalea Drive, MH117:Clean-out	184 cracked w/roots	3:00 & 9:00
Azalea Drive, MH117:Clean-out	301	3:00 & 9:00
Azalea Drive, MH117:Clean-out	345	9:00
Azalea Drive, MH117:Clean-out	397	3:00
Aster Terrace, MH111:Clean-out	107	3:00
Allamanda Terrace, MH114:Clean-out	32	11:00
W. Cypress Terrace, MH30:MH29	Service in Manhole 30	NA

W. Cypress Terrace, MH30:MH29	82, hammer tap	2:00
W. Cypress Terrace, MH30:MH29	175	3:00
W. Cypress Terrace, MH29:MH27	Service in Manhole 29	NA
W. Cypress Terrace, MH29:MH27	34	3:00
W. Cypress Terrace, MH29:MH27	179	9:00
Cypress Avenue, MH3:MH4	238 oceanside lot	9:00
Cypress Avenue, MH5:MH6	48 cracked service	12:00
Cypress Avenue, MH5:MH6	204	2:00
Cypress Avenue, MH5:MH6	253	12:00
Coconut Drive MH7:MH10	90	9:00
Coconut Drive MH7:MH10	194	3:00
Cactus Drive, MH21:MH21A or MH8:MH32	126 / 119 cracked service	3:00 & 9:00
Cactus Drive, MH21:MH21A or MH8:MH32	248 / 237 cracked service	3:00 & 9:00
Driftwood Drive MH4:Stubout	199 257 281	3:00 9:00 3:00
Driftwood Drive MH4:MH5	96	9:00
Driftwood Drive MH4:MH5	188	3:00
Driftwood Drive MH5:MH6	9 vacant lot	9:00
Driftwood Drive MH5:MH6	72	3:00
Driftwood Drive MH5:MH6	207	9:00
Driftwood Drive MH6:MH7	NONE	
Driftwood Drive MH7:MH8	NONE	
Evergreen Avenue MH20:MH19	336	9:00
Evergreen Avenue MH19:MH18	87	3:00
Floral Avenue MH15:MH14	95	3:00
Floral Avenue MH15:MH14	223	3:00
Floral Avenue MH15:MH14	352	3:00
Floral Avenue MH14:MH13	208	3:00
Floral Avenue MH14:MH13	336	3:00

Floral Avenue MH12	Service in Manhole 12	9:00
Key Haven Drive MH17:MH16	NONE	
Key Haven Drive MH17:MH9	NONE	
Key Haven Drive MH9:MH10	163	9:00
Key Haven Drive MH9:MH10	328	9:00
Key Haven Drive MH10:MH11	NONE	
Key Haven Drive MH9:MH8	NONE	
Key Haven Drive MH13:MH14 (127:128)	NONE	
Key Haven Terrace MH106:MH108	211	12:00
Key Haven Terrace MH107:MH108	NONE	
Key Haven Terrace MH108:Clean-out	45 hammer tap 205 hammer tap 258 323 hammer tap 405 hammer tap 549 hammer tap	12:00 11:00 9:00 12:00 12:00 12:00

SERVICE LATERAL FOOTAGES

From the videotapes and inspection reports, it is possible to compile a list of service lateral locations. All locations are from the starting manhole to the next manhole, and list the total distance between the manholes and starting footage. The service lateral footages are available for sections that have been televised, and are shown on the following site plans.

Table 6: Locations of Service Laterals

Street Location	Footage	Orientation
Arbutus Drive	38	3:00 & 9:00
Manhole 105 to the end	102	9:00
401' starting at +5.0'	159	3:00 & 9:00
	285	3:00 & 9:00
	375	9:00
	398	3:00
	400	9:00

Allamanda Terrace	32	11:00
Manhole 114 to the end	116	3:00
400' estimated	154	9:00
	191	9:00
	tape ends	
Aster Terrace	105	9:00
Manhole 111 to end	107	3:00
400' estimated	tape ends	
Beechwood Drive	46	3:00 & 9:00
Manhole 5B to 6B	175	3:00 & 9:00
~314' starting +2.0'	302	3:00 & 9:00
Bamboo Terrace	103	3:00
Manhole 9B to cleanout	161	9:00
~220' starting at 0	218	3:00
Bougainvillea	69	3:00
Manhole 9B to 10B	195	3:00
~310' starting at 0		
Cypress Avenue	176	12:00
Manhole 21 to Lift Station "C"		
~237' starting +1.0'		
Cypress Avenue	142	12:00
Manhole 22 to 21		
338' starting +7.0'		
Cypress Avenue	NONE	
Manhole 22 to 25		
173' starting +4.1'		
Cypress Avenue	7	12:00
Manhole 24 to 25	211	2:00
374' starting +7.0'	260	12:00
Cypress Avenue	23	3:00
Manhole 23 to 24	35	12:00
372' starting +2.0'	156	3:00
	291	3:00
Cypress Avenue	123	3:00
Manhole 26 to 23	238	9:00
358' starting +7.0'	248	3:00
Cypress Terrace	72	9:00
Manhole 27 to 26	269	9:00
352' starting +2.0'		

Cypress Terrace	11	9:00
Manhole 28 to 27	139	9:00
165' starting +7.7'		
West Cypress Terrace	40	3:00 & 9:00
Manhole 29 to 27	190	3:00 & 9:00
304' starting +1.0		
West Cypress Terrace	8	3:00
Manhole 30 to 29	85	2:00
276' starting +7.4	175	3:00 & 9:00
Coconut Drive	90	3:00 & 9:00
Manhole 22 to 22A	194	3:00 & 9:00
318' starting +7.8'	246	2:00
Cactus Drive	126	3:00 & 9:00
Manhole 21 to 21A	248	3:00 & 9:00
346' starting +5.1'		
Driftwood Drive	37	3:00
Manhole 4 to cleanout	103	9:00
291' starting +7.0	199	3:00
	257	9:00
	281	3:00
Driftwood Drive	42	3:00
Manhole 4 to 5	100	9:00
280' starting +7.0'	194	3:00
Driftwood Drive	16	3:00
Manhole 6 to 5	149	9:00
214' starting +7.0	205	3:00
Driftwood Drive	58	3:00
Manhole 7 to 6	83	9:00
220' starting +3.0	156	12:00
	210	9:00
Driftwood Drive	40	3:00
Manhole 7 to 8		
151' starting +3.0		
Key Haven Road	39	3:00
Manhole 9 to 8	226	3:00
239' starting +4.0'		
Key Haven Road	99	3:00
Manhole 9 to 10	163	9:00
445' starting +7.1'	263	3:00
	328	9:00
	428	3:00

Key Haven Road	43	10:00
Manhole 10 to 11	142	3:00
404' starting +1.8'	197	9:00
	309	3:00
	340	9:00
Key Haven Road	20	3:00
Manhole 13 to 14 (127:128)	48	3:00
112' starting 0		
Key Haven Road	60	3:00
Manhole 17 to 9	176	2:00
203' starting +3.0		
Key Haven Drive	2	3:00
Manhole 17 to 16	58	9:00
218' starting +1.0	166	3:00
	188	9:00
Evergreen Avenue	56	3:00
Manhole 18 to 19	181	3:00
385' starting +1.4'	303	3:00
	305	9:00
Evergreen Avenue	46	3:00
Manhole 19 to 20	170	3:00
405' starting +4.7'	243	9:00
	293	3:00
Evergreen Avenue	8'	3:00
Manhole 20 to 16	130	3:00
465' starting +2.3'	143 (plugged)	9:00
	255	3:00
	379	3:00
Floral Avenue	95	3:00
Manhole 15 to 14	222	3:00
394'	352	3:00
Floral Avenue	78	3:00
Manhole 14 to 13	208	3:00
390'	336	3:00
Floral Avenue	76	3:00
Manhole 13 to 12	335	3:00
395'		

Key Haven Terrace Manhole 106 to 108 250.2' starting 0	211	12:00
Key Haven Terrace Manhole 107 to 108 123.5' starting 0	16 (both plugged) 100 (both plugged)	3:00 & 9:00 3:00 & 9:00
Key Haven Terrace Manhole 108 to end 750' estimated	45 135 (3:00 plugged) 205 258 (3:00 plugged) 323 380 (both plugged) 405 491 (3:00 plugged) 508 549 612 686 tape ends	12:00 3:00 & 9:00 11:00 3:00 & 9:00 12:00 3:00 & 9:00 12:00 3:00 9:00 12:00 3:00 & 9:00 3:00 & 9:00

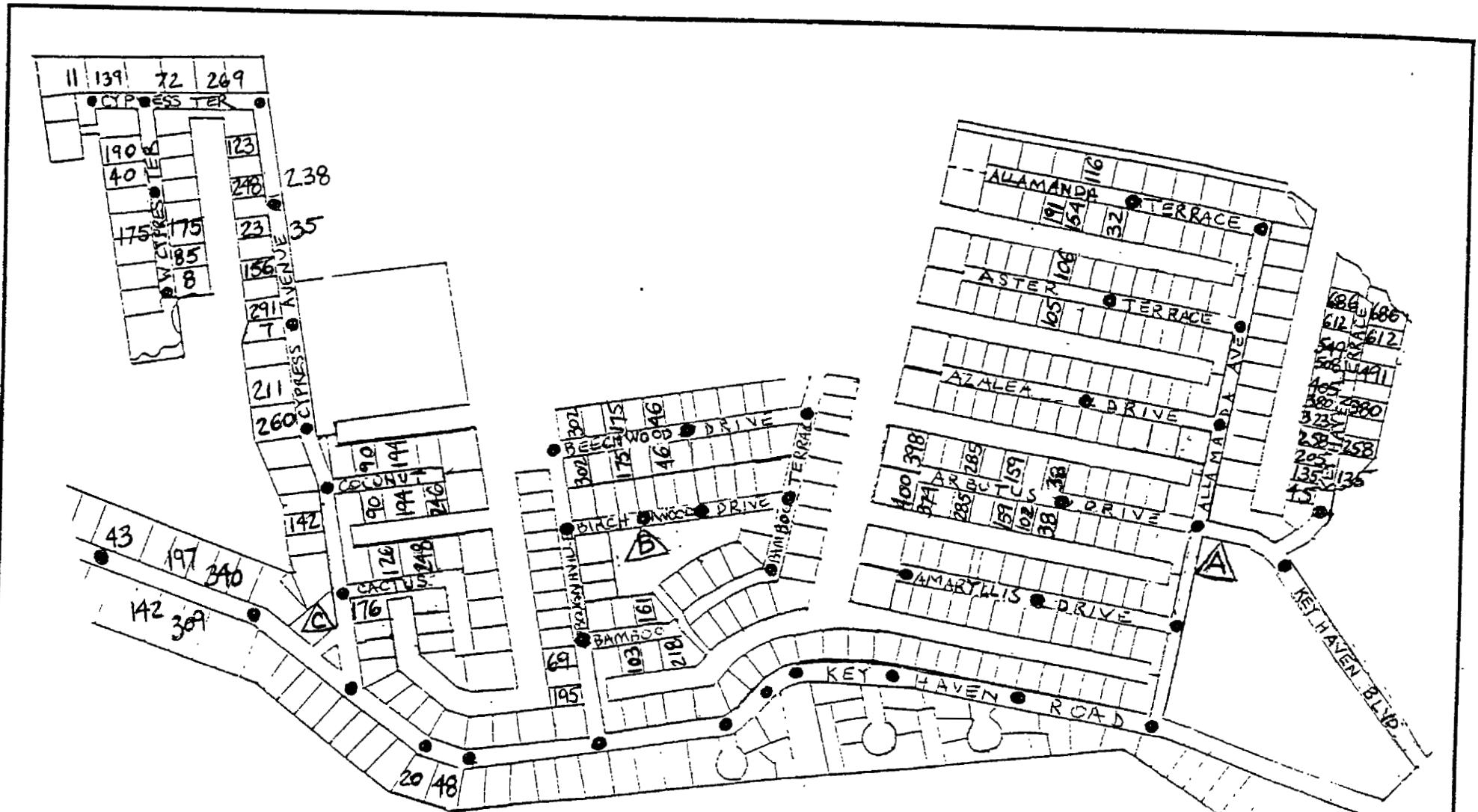


FIGURE 3. A / B / C DISTRICT SERVICE LATERAL LOCATIONS

NOTE: ALL DISTANCES ARE APPROXIMATE
AND BASED ON THE VIDEO TAPE FOOTAGE.

COLLECTION SYSTEM EVALUATION
FOR
KEY HAVEN DEVELOPMENT

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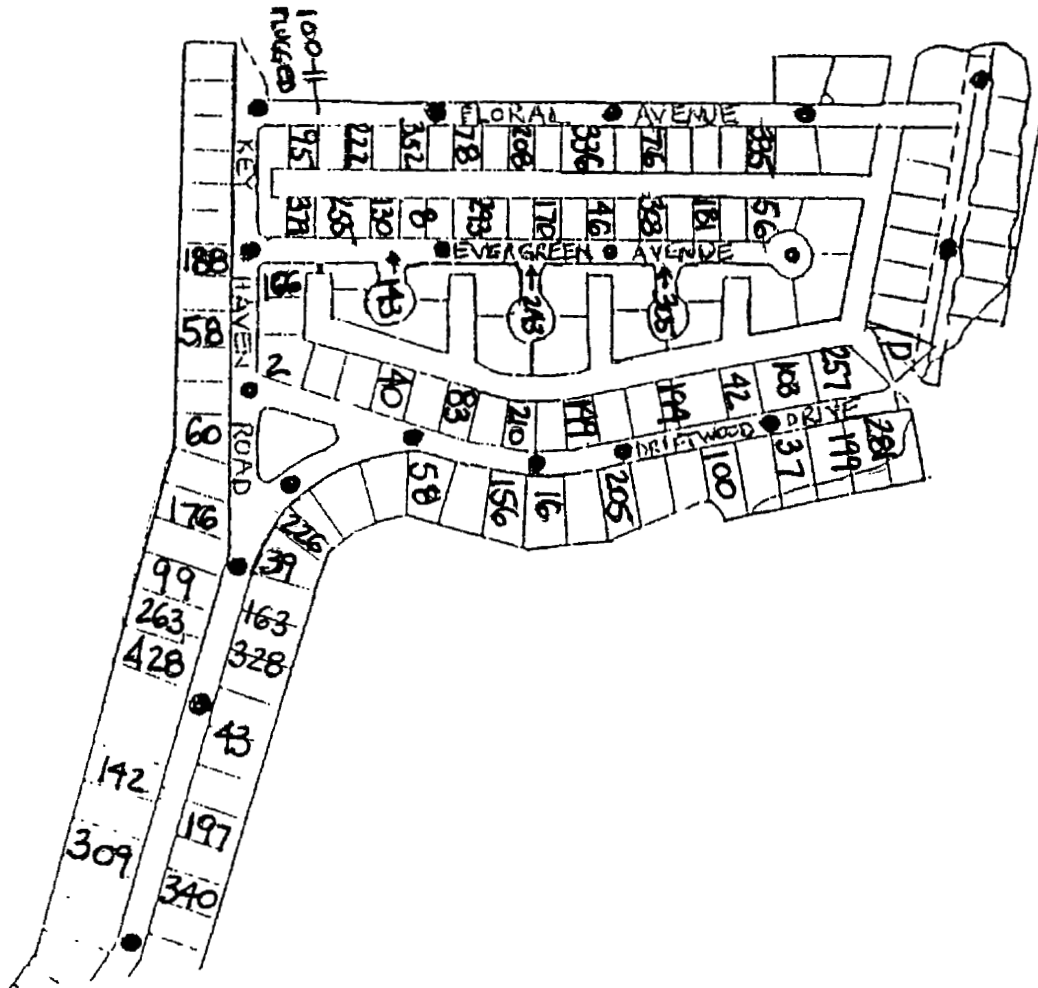


FIGURE 4. E / F DISTRICT SERVICE LATERAL LOCATIONS

NOTE: ALL DISTANCES ARE APPROXIMATE
AND BASED ON THE VIDEO TAPE FOOTAGE.

COLLECTION SYSTEM EVALUATION
FOR
KEY HAVEN DEVELOPMENT

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MURDOCK, FLORIDA 33948

B

KEY HAVEN COLLECTION SYSTEM PRIORITY LISTING

PRIORITY	LOCATION	CONDITION	COMMENTS
1 DONE	Key Haven Road MH11 to Lift Station C	clay pipe; cracked pipe with water infiltration	
1 PROPOSED	Key Haven Terrace MH106 to MH108	clay pipe; broken pipe with water pouring in, 1 joint root intrusion	1 very active service
1 PROPOSED	Key Haven Terrace MH108 to the end	clay pipe; 45% of the pipe is cracked and leaking, five sections of pipe are broken	6 active service, one service is very active 3 cracked services Televising ended at 694 feet due to debris in the pipe. (Note: Long length of pipe without manhole.)
1 DONE	Arbutus Drive MH105 to the end	clay pipe; 60% of the pipe is cracked, broken and leaking, eleven lengths of pipe are broken	6 cracked services laterals 2 active service laterals
1 DONE	Aster Terrace MH112 to MH111	clay pipe; 10% of the pipe is broken, 80% of the pipe has collapsed	only 76 feet of pipe filmed, blocked by collapsing pipe
1 PROPOSED	Aster Terrace MH111 to the end	clay pipe; 20% of the pipe is cracked and leaking, 70% of the pipe has collapsed fifteen sections of pipe are cracked	1 cracked service only 117 feet of pipe filmed, blocked by collapsing pipe
1 DONE	Cypress Avenue MH21 to Lift Station C	clay pipe; 20 feet badly cracked pipe and leaking joints	1 off-set joint
1 DONE	Cypress Avenue MH21 to MH22	clay pipe; 40% cracked pipe and leaking joints	1 off-set section PVC to clay of pipe
1 DONE	Cypress Avenue MH23 to MH24	clay pipe; 5 sections of cracked pipe, leaking	point repair possible between 175 feet – 200 feet
1 DONE	Cypress Avenue MH24 to MH25	clay pipe; 5 sections of cracked pipe and service laterals	3 cracked and active services
1 PROPOSED	West Cypress Terrace MH29 to MH30	clay pipe; leaking joints w/root intrusion, PVC to clay off-set, PVC to clay off-set	1 cracked service lateral 3 active service laterals

PRIORITY	LOCATION	CONDITION	COMMENTS
2 PROPOSED	Allamanda Terraces MH114 to the end 77777	clay pipe; 21% of the pipe is cracked and leaking two sections of pipe are broken	1 active service 1 cracked service 191 feet of pipe filmed, televising blocked by hammer tap into pipe
2 PROPOSED	Azalea Drive MH117 to end 9000	clay pipe; 20% of the pipe is cracked, broken and leaking, fifteen lengths of pipe are broken,	2 cracked service laterals 8 active service laterals
2 PROPOSED	Beechwood Drive MH5B to MH6B 77777	clay pipe; 40% of the pipe is cracked and leaking four lengths of pipe are broken and sheared	6 cracked service laterals
2 PROPOSED	Driftwood Drive MH6 to MH7 35847	clay pipe; cracked pipe and two sections of broken pipe (rocks are visible) PVC to clay off-set	1 cracked service lateral
2 PROPOSED	Bamboo Terrace MH7B to the end 57777	clay pipe; at least 20% of the pipe is cracked	unable to completely televise, camera blocked by debris
3	West Cypress Terrace MH27 to MH29	clay pipe; one section of cracked pipe and leaking joints, PVC to clay off-sets	2 cracked service laterals 1 active service lateral
3	Cactus Drive	clay pipe; cracked pipe and leaking joints	2 cracked and active services
4	Key Haven Terrace MH107 to MH108	clay pipe; 2 sections of cracked pipe, leaking	1 off-set section PVC to clay of pipe
4	Bamboo Terrace 9B to the end	clay pipe; 2 leaking joints; root intrusion & missing gasket	3 off-set sections of pipe
4	Key Haven Road MH9 to MH10	clay pipe; cracked pipe and leaking joints	2 active services 2 cracked services
4	Key Haven Road MH13 to MH14	clay pipe; 25 feet of cracked PVC to clay off-sets	2 active services

PRIORITY	LOCATION	CONDITION	COMMENTS
5	Cypress Avenue MH26 to MH27	clay pipe; reports of cracked pipe, leaking joints, PVC to clay off-set	leaking joints grouted 5-6-98
5	Cypress Avenue MH27 to MH28	clay pipe; cracked pipe and service connections, reports of leaking joints	leaking joints
5	Coconut Drive	clay pipe	2 cracked and active services
5	Cypress Avenue MH23 to MH26	clay pipe; reports of cracked pipe, PVC to clay off- set	The cracked and active service lateral (video tape 5-6-98) was repaired by B&L Beneway & leaking joints grouted 9-27-99.
5	Driftwood Drive MH4 to MH5	clay pipe; leaking joint	1 cracked service lateral 2 active service laterals
5	Driftwood Drive MH6 to MH7	clay pipe; cracked pipe	1 cracked service lateral
5	Driftwood Drive MH4 to clean-out	clay pipe	4 cracked services laterals 3 active service laterals
5	Floral Terrace MH1 to MH2	clay pipe; 2 leaking joints, 1 section of pipe is sheared	Three joints grouted 9-27-99.
5	Floral Terrace MH2 to Lift Station D	clay pipe; PVC line replacement at 45 feet from manhole	not able to televise due to off- set section of pipe
5	Key Haven Road MH8 to MH9	clay pipe; 10 feet of cracked pipe	leaking joints
5	Key Haven Road MH10 to MH11	clay pipe; damaged service tee	1 active service lateral
6	Evergreen Avenue MH18 to MH20	PVC pipe	2 active service laterals
6	Floral Avenue MH12 to MH 15	PVC pipe	6 active service laterals

THE WEILER ENGINEERING
CORPORATION

The Weiler Group, Inc.

20020 Veterans Blvd., Suite 7-9
Port Charlotte, FL 33954
(941) 764-6447 ph
(941) 764-8915 fax

June 10, 2002

Mr. Wayne Lujan, President
Key Haven Utility Corporation
1104 Truman Avenue
Key West, Florida 33040

RE: Sanitary Sewer Collection System Evaluation

Dear Mr. Lujan:

This letter pertains to the section of Driftwood Drive gravity sewer connected to Floral Avenue. A recently conducted field inspection for "F" District, including monitoring of Lift Station D pump run times, revealed increased flows through the collection system.

Subsequent review of the video inspection reports to locate the source of the groundwater infiltration leads to the following conclusions:

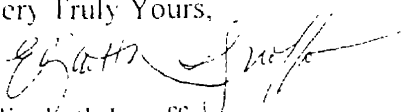
The upper section of gravity sewer main between manholes 1 and 2 is comprised of eight inch clay pipe with multiple misaligned and leaking joints. The leaking joints, repaired in September 1999 with temporary grout seals, are leaking resulting in excessive groundwater infiltration.

The section of gravity sewer main between manhole 2 and Lift Station D consists of eight inch PVC pipe. An offset 45 feet from manhole 2 prevents complete televising of the gravity sewer main. However, visual inspections demonstrate a source of excessive groundwater infiltration exists between manhole 2 and Lift Station D

It is highly recommended that the entire section of Driftwood Drive gravity sewer main between manhole 1 and Lift Station D be replaced with eight inch PVC pipe. This work should be completed under the Priority 1 sewer replacement phase, as the groundwater intrusion is excessive, and contributing to high flows at the wastewater treatment plant

Please feel free to contact me to discuss any aspect of the Key Haven collection system

Very Truly Yours,


Elizabeth Ignoffo
Project Engineer

JUN 17 2002

Bee Brothers Development Inc.

8362 Pines Boulevard
 Suite 258
 Pembroke Pines, FL 33024

Professional Additions

Estimate

Date	Estimate #
6/26/2001	27

Name / Address
Elizabeth Ignoffo, E.I.T. Wealer Engineering

Project
Key Haven Terrace

Item	Description	Qty	Unit	Rate	Total
Manhole	(0-6)	2	EA	4,500.00	9,000.00
Manhole	(6-8)	3	EA	5,500.00	16,500.00
8" PVC	(0-6)	752	LF	62.00	46,624.00
8" PVC	(6-8)	353	LF	73.00	25,769.00
Wye	8x6	18	EA	200.00	3,600.00
Box & Clean Out		22	EA	300.00	6,600.00
PVC Sleeve	8"	60	LF	12.00	720.00
PVC Lateral	6"	430	LF	42.00	18,060.00
MOT		1	LS	1,500.00	1,500.00
Repair	Concrete	300	CF	7.00	2,100.00
Asphalt	Overlay	6,310	SY	8.00	50,480.00
Stripping	Thermo (2000' x 6")	2,000		2.00	4,000.00
Discount	2.5%	184,953		-0.025	-4,623.83

Total \$180,329.17

BEE BROTHERS DEVELOPMENT INC.

8362 Pines Boulevard, Suite 258
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JAMES D. BURNS
 PRESIDENT
 CC# 83-784
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 BEEBROSDEVINC@AOL.COM

1151 Coral Court
 Sugarloaf Key, FL 33042
 (305) 744-3480 Office
 (305) 745-3828 Fax
 (305) 797-0915 Cell

August 7, 2001

Key Haven Utilities
 PO Box 2067
 Key West, Florida 33040
 ATTN: Mr. Wayne Lujan

SUMMARY

DESCRIPTION	MANHOLE	AMOUNT
1. West Cypress Terrace	#29 to # 30	✓ \$57,280.00
2. Driftwood Drive	#6 to #7	✓ \$35,847.00
3. Astor Terrace	#110 to #111	\$66,844.00
4. Allamanda Drive	#113 to #114	\$73,336.00
5. Azalea Drive	#116 to #117	\$80,580.00
6. Beechwood Drive	#5B to #6B	\$72,772.00
7. Bamboo Terrace	#7B to #7BB	\$53,920.00
TOTAL		\$440,579.00

BREAKDOWN

1. West Cypress Terrace - #29 to #30

DESCRIPTION	QTY	UNIT		RATE		AMOUNT
Manhole (0-6)	2	EA	@	\$ 4,500.00	=	\$ 9,000.00
8" PVC (0-6)	280	LF	@	\$ 62.00	=	\$ 17,360.00
6" PVC Lateral	350	LF	@	\$ 42.00	=	\$ 14,700.00
8" PVC Sleeve	60	LF	@	\$ 12.00	=	\$ 720.00
8x6 Wye	6	EA	@	\$ 200.00	=	\$ 1,200.00
Clean Out and Box	12	EA	@	\$ 300.00	=	\$ 3,600.00
MOT	1	LS	@	\$ 1,500.00	=	\$ 1,500.00
Concrete Repair	600	SF	@	\$ 7.00	=	\$ 4,200.00
Asphalt Overlay	625	SY	@	\$ 8.00	=	\$ 5,000.00
TOTAL					=	\$ 57,280.00

2. Driftwood Drive - MH#6 to MH #7

DESCRIPTION	QTY	UNIT		RATE		AMOUNT
Manhole (6-8)	2	EA	@	\$ 5,500.00	=	\$ 11,000.00
8" PVC (6-8)	175	LF	@	\$ 73.00	=	\$ 12,775.00
6" PVC Lateral	55	LF	@	\$ 42.00	=	\$ 2,310.00
8x6 Wye	1	EA	@	\$ 200.00	=	\$ 200.00
Clean Out and Box	2	EA	@	\$ 300.00	=	\$ 600.00
MOT	1	LS	@	\$ 1,500.00	=	\$ 1,500.00
Concrete Repair	50	SF	@	\$ 7.00	=	\$ 350.00
Asphalt Overlay	889	SY	@	\$ 8.00	=	\$ 7,112.00
TOTAL					=	\$ 35,847.00

3. Astor Terrace – MH#110 to MH#111

DESCRIPTION	QTY	UNIT		RATE		AMOUNT
Manhole (0-6)	2	EA	@	\$ 4,500.00	=	\$ 9,000.00
8" PVC (0-6)	360	LF	@	\$ 62.00	=	\$ 22,320.00
6" PVC Lateral	260	LF	@	\$ 42.00	=	\$ 10,920.00
8" PVC Sleeve	50	LF	@	\$ 12.00	=	\$ 600.00
8x6 Wye	6	EA	@	\$ 200.00	=	\$ 1,200.00
Clean Out and Box	12	EA	@	\$ 300.00	=	\$ 3,600.00
MOT	1	LS	@	\$ 1,500.00	=	\$ 1,500.00
Concrete Repair	600	SF	@	\$ 7.00	=	\$ 4,200.00
Asphalt Overlay	1688	SY	@	\$ 8.00	=	\$ 13,504.00
TOTAL					=	\$ 66,844.00

4. Allamanda Drive – MH#113 to MH#114

DESCRIPTION	QTY	UNIT		RATE		AMOUNT
Manhole (0-6)	2	EA	@	\$ 4,500.00	=	\$ 9,000.00
8" PVC (0-6)	400	LF	@	\$ 62.00	=	\$ 24,800.00
6" PVC Lateral	250	LF	@	\$ 42.00	=	\$ 10,500.00
8" PVC Sleeve	50	LF	@	\$ 12.00	=	\$ 600.00
8x6 Wye	8	EA	@	\$ 200.00	=	\$ 1,600.00
Clean Out and Box	16	EA	@	\$ 300.00	=	\$ 4,800.00
MOT	1	LS	@	\$ 1,500.00	=	\$ 1,500.00
Concrete Repair	800	SF	@	\$ 7.00	=	\$ 5,600.00
Asphalt Overlay	1867	SY	@	\$ 8.00	=	\$ 14,936.00
TOTAL					=	\$ 73,336.00

5. Azalea Drive – MH#116 to MH#117

DESCRIPTION	QTY	UNIT		RATE		AMOUNT
Manhole (0-6)	2	EA	@	\$ 4,500.00	=	\$ 9,000.00
8" PVC (0-6)	430	LF	@	\$ 62.00	=	\$ 26,660.00
6" PVC Lateral	350	LF	@	\$ 42.00	=	\$ 14,700.00
8" PVC Sleeve	60	LF	@	\$ 12.00	=	\$ 720.00
8x6 Wye	8	EA	@	\$ 200.00	=	\$ 1,600.00
Clean Out and Box	16	EA	@	\$ 300.00	=	\$ 4,800.00
MOT	1	LS	@	\$ 1,500.00	=	\$ 1,500.00
Concrete Repair	800	SF	@	\$ 7.00	=	\$ 5,600.00
Asphalt Overlay	2000	SY	@	\$ 8.00	=	\$ 16,000.00
TOTAL					=	\$ 80,580.00

6. Beechwood Drive – MH#5B to #6B

DESCRIPTION	QTY	UNIT		RATE		AMOUNT
Manhole (0-6)	2	EA	@	\$ 4,500.00	=	\$ 9,000.00
8" PVC (0-6)	468	LF	@	\$ 62.00	=	\$ 29,016.00
6" PVC Lateral	280	LF	@	\$ 42.00	=	\$ 11,760.00
8" PVC Sleeve	50	LF	@	\$ 12.00	=	\$ 600.00
8x6 Wye	8	EA	@	\$ 200.00	=	\$ 1,600.00
Clean Out and Box	16	EA	@	\$ 300.00	=	\$ 4,800.00
MOT	1	LS	@	\$ 1,500.00	=	\$ 1,500.00
Concrete Repair	800	SF	@	\$ 7.00	=	\$ 5,600.00
Asphalt Overlay	1112	SY	@	\$ 8.00	=	\$ 8,896.00
TOTAL					=	\$ 72,772.00

7. Bamboo Terrace - MH#7B to #7BB

DESCRIPTION	QTY	UNIT		RATE		AMOUNT
Manhole (0-6)	2	EA	@	\$ 4,500.00	=	\$ 9,000.00
8" PVC (0-6)	290	LF	@	\$ 62.00	=	\$ 17,980.00
6" PVC Lateral	250	LF	@	\$ 42.00	=	\$ 10,500.00
8" PVC Sleeve	35	LF	@	\$ 12.00	=	\$ 420.00
8x6 Wye	6	EA	@	\$ 200.00	=	\$ 1,200.00
Clean Out and Box	12	EA	@	\$ 300.00	=	\$ 3,600.00
MOT	1	LS	@	\$ 1,500.00	=	\$ 1,500.00
Concrete Repair	600	SF	@	\$ 7.00	=	\$ 4,200.00
Asphalt Overlay	690	SY	@	\$ 8.00	=	\$ 5,520.00
TOTAL					=	\$ 53,920.00