

**DOCKET NO. 20170141-SU**

**APPLICATION OF K W RESORT UTILITIES CORP.  
FOR A RATE INCREASE IN MONROE COUNTY**

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

**ADDITIONAL ENGINEERING INFORMATION**

**VOLUME III**

**FOR THE:**

**Test Year Ended: 06/30/2017**

**RULE 25.30-440(1)**

**DETAILED SYSTEM MAP**

**(PREVIOUSLY PROVIDED)**

**RULE 25.30-440(2)**

**CHEMICALS USED AND DOSAGE RATES**

**KW Resort Utilities Corp.**  
**Account QuickReport**  
**July 2016 - June 2017**

		Transaction						
Date	Type	Num	Name	Type	Quantity	Unit	Unit Price	Total
<b>Plant Expense</b>								
<b>7180500</b>								
12/15/2016	Bill	3996435	Hawkins, Inc.	Sodium hydroxide 50% diaphragm	660	Gallons	\$2.75	\$1,815.00
11/21/2016	Bill	3984348	Hawkins, Inc.	Sodium Hydroxide 50% Diaphragm	275	Gallons	\$2.75	\$756.25
11/17/2016	Bill	3983007	Hawkins, Inc.	Sodium Hydroxide 50% Diaphragm	495	Gallons	\$2.75	\$1,361.25
10/27/2016	Bill	3972944	Hawkins, Inc.	Sodium Hydroxide 50% Diaphragm	660	Gallons	\$2.75	\$1,815.00
09/22/2016	Bill	3955872	Hawkins, Inc.	Sodium hydroxide 50% diaphragm	600	Gallons	\$2.75	\$1,650.00
08/18/2016	Bill	3937782	Hawkins, Inc.	Sodium Hydroxide 50% Diaphragm	570	Gallons	\$2.75	\$1,567.50
07/27/2016	Bill	3924643	Hawkins, Inc.	Sodium Hydroxide 50% Diaphragm	330	Gallons	\$2.75	\$907.50
06/15/2017	Bill	4094446	Hawkins, Inc.	Sodium Hydroxide 50% Diaphragm	660	Gallons	\$2.75	\$1,815.00
05/04/2017	Bill	4068917	Hawkins, Inc.	Sodium hydroxide 50% diaphragm	660	Gallons	\$2.75	\$1,815.00
02/08/2017	Bill	4023022	Hawkins, Inc.	Sodium hydroxide 50% diaphragm	660	Gallons	\$2.75	\$1,815.00
01/26/2017	Bill	4016405	Hawkins, Inc.	Sodium hydroxide 50% diaphragm	660	Gallons	\$2.75	\$1,815.00
01/12/2017	Bill	4009567	Hawkins, Inc.	Sodium Hydroxide 50% diaphragm	660	Gallons	\$2.75	\$1,815.00
01/05/2017	Bill	4006050	Hawkins, Inc.	Sodium Hydroxide 50% Diaphragm	282	Gallons	\$2.75	\$775.50
					<b>7172 Gallons</b>	<b>NaOH</b>		<b>\$19,723.00</b>
01/12/2017	Bill	4009566	Hawkins, Inc.	MicroC	719	Galons	\$3.45	\$2,480.55
01/26/2017	Bill	4016405	Hawkins, Inc.	MicroC	825	Galons	\$3.45	\$2,846.25
02/08/2017	Bill	4023022	Hawkins, Inc.	MicroC	211	Galons	\$3.45	\$727.95
02/23/2017	Bill	4030723	Hawkins, Inc.	MicroC	550	Galons	\$3.45	\$1,897.50
03/23/2017	Bill	4045255	Hawkins, Inc.	MicroC	550	Galons	\$3.45	\$1,897.50
07/06/2016	Bill	3914841	Hawkins, Inc.	MicroC	550	Galons	\$3.45	\$1,897.50
07/13/2016	Bill	3917967	Hawkins, Inc.	MicroC	400	Galons	\$3.45	\$1,380.00
07/27/2016	Bill	3924367	Hawkins, Inc.	MicroC	200	Galons	\$3.45	\$690.00
08/12/2016	Bill	3935525	Hawkins, Inc.	MicroC	550	Galons	\$3.45	\$1,897.50
08/25/2016	Bill	3941394	Hawkins, Inc.	MicroC	522	Galons	\$3.45	\$1,800.90
09/08/2016	Bill	3948502	Hawkins, Inc.	MicroC	350	Galons	\$3.45	\$1,207.50
09/22/2016	Bill	3955767	Hawkins, Inc.	MicroC	471	Galons	\$3.45	\$1,624.95
10/05/2016	Bill	3962499	Hawkins, Inc.	MicroC	473	Galons	\$3.45	\$1,631.85
10/20/2016	Bill	3969692	Hawkins, Inc.	MicroC	550	Galons	\$3.45	\$1,897.50
10/27/2016	Bill	3972944	Hawkins, Inc.	MicroC	275	Galons	\$3.45	\$948.75
11/03/2016	Bill	3976615	Hawkins, Inc.	MicroC	550	Galons	\$3.45	\$1,897.50
11/17/2016	Bill	3983007	Hawkins, Inc.	MicroC	476	Galons	\$3.45	\$1,642.20
11/21/2016	Bill	3984348	Hawkins, Inc.	MicroC	425	Galons	\$3.45	\$1,466.25
12/01/2016	Bill	3989449	Hawkins, Inc.	MicroC	473	Galons	\$3.45	\$1,631.85
12/15/2016	Bill	3996435	Hawkins, Inc.	MicroC	485	Galons	\$3.45	\$1,673.25
12/22/2016	Bill	4000212	Hawkins, Inc.	MicroC	275	Galons	\$3.45	\$948.75
12/30/2016	Bill	4003782	Hawkins, Inc.	MicroC	550	Galons	\$3.45	\$1,897.50
					<b>10430 Gallons</b>	<b>Carbon</b>		<b>\$35,983.50</b>
01/12/2017	Bill	4009566	Hawkins, Inc.	Ferric Sulfate	775	Gallons	\$3.06	\$2,371.50
01/26/2017	Bill	4016405	Hawkins, Inc.	Ferric sulfate	825	Gallons	\$3.06	\$2,524.50
02/08/2017	Bill	4023022	Hawkins, Inc.	Ferric Sulfate	825	Gallons	\$3.06	\$2,524.50
02/23/2017	Bill	4030723	Hawkins, Inc.	Ferric Sulfate	825	Gallons	\$3.06	\$2,524.50
03/23/2017	Bill	4045255	Hawkins, Inc.	Ferric sulfate	825	Gallons	\$3.06	\$2,524.50
06/02/2017	Bill	4086638	Hawkins, Inc.	Ferric Sulfate	825	Gallons	\$3.06	\$2,524.50
06/15/2017	Bill	4094446	Hawkins, Inc.	Ferric Sulfate	825	Gallons	\$3.06	\$2,524.50
06/29/2017	Bill	4103407	Hawkins, Inc.	Ferric Sulfate	825	Gallons	\$3.06	\$2,524.50
07/06/2016	Bill	3914841	Hawkins, Inc.	Ferric Sulfate	707	Gallons	\$2.65	\$1,873.55
07/13/2016	Bill	3917967	Hawkins, Inc.	Ferric Sulfate	495	Gallons	\$2.65	\$1,311.75
07/27/2016	Bill	3924367	Hawkins, Inc.	Ferric Sulfate	598	Gallons	\$2.65	\$1,584.70
08/12/2016	Bill	3935525	Hawkins, Inc.	Ferric Sulfate	430	Gallons	\$2.65	\$1,139.50
08/19/2016	Bill	3938514	Hawkins, Inc.	Ferric Sulfate	275	Gallons	\$2.65	\$728.75
08/25/2016	Bill	3941394	Hawkins, Inc.	Ferric Sulfate	550	Gallons	\$2.65	\$1,457.50
09/01/2016	Bill	3945725	Hawkins, Inc.	Ferric Sulfate	275	Gallons	\$2.65	\$728.75
09/08/2016	Bill	3948502	Hawkins, Inc.	Ferric Sulfate	759	Gallons	\$3.06	\$2,322.54
09/22/2016	Bill	3955767	Hawkins, Inc.	Ferric Sulfate	724	Gallons	\$3.06	\$2,215.44
10/05/2016	Bill	3962499	Hawkins, Inc.	Ferric Sulfate	598	Gallons	\$3.06	\$1,829.88
10/20/2016	Bill	3969692	Hawkins, Inc.	Ferric Sulfate	550	Gallons	\$3.06	\$1,683.00
10/27/2016	Bill	3972944	Hawkins, Inc.	Ferric sulfate	275	Gallons	\$3.06	\$841.50
11/03/2016	Bill	3976615	Hawkins, Inc.	Ferric Sulfate	673	Gallons	\$3.06	\$2,059.38
11/17/2016	Bill	3983007	Hawkins, Inc.	Ferric Sulfate	735	Gallons	\$3.06	\$2,249.10
12/01/2016	Bill	3989449	Hawkins, Inc.	Ferric Sulfate	736	Gallons	\$3.06	\$2,252.16
12/15/2016	Bill	3996435	Hawkins, Inc.	Ferric Sulfate	592	Gallons	\$3.06	\$1,811.52
12/30/2016	Bill	4003782	Hawkins, Inc.	Ferric Sulfate	587	Gallons	\$3.06	\$1,796.22
					<b>16109 Gallons</b>	<b>Ferric</b>		<b>\$47,928.24</b>
12/30/2016	Bill	4003783	Hawkins, Inc.	Chlorine	420	Gallons	\$1.45	\$609.00
12/22/2016	Bill	4000212	Hawkins, Inc.	Chlorine	375	Gallons	\$1.45	\$543.75
12/15/2016	Bill	3996435	Hawkins, Inc.	Chlorine	440	Gallons	\$1.45	\$638.00
12/08/2016	Bill	3992781	Hawkins, Inc.	Chlorine	510	Gallons	\$1.45	\$739.50
12/01/2016	Bill	3989450	Hawkins, Inc.	Chlorine	700	Gallons	\$1.45	\$1,015.00
11/21/2016	Bill	3984348	Hawkins, Inc.	Chlorine	290	Gallons	\$1.45	\$420.50
11/17/2016	Bill	3983007	Hawkins, Inc.	Chlorine	500	Gallons	\$1.45	\$725.00
11/10/2016	Bill	3979700	Hawkins, Inc.	Chlorine	420	Gallons	\$1.45	\$609.00
11/03/2016	Bill	3976617	Hawkins, Inc.	Chlorine	380	Gallons	\$1.45	\$551.00
10/27/2016	Bill	3972813	Hawkins, Inc.	Chlorine	540	Gallons	\$1.45	\$783.00
10/20/2016	Bill	3969698	Hawkins, Inc.	Chlorine	690	Gallons	\$1.45	\$1,000.50
10/11/2016	Bill	3965057	Hawkins, Inc.	Chlorine	355	Gallons	\$1.45	\$514.75
10/05/2016	Bill	3962500	Hawkins, Inc.	Chlorine	360	Gallons	\$1.45	\$522.00
09/29/2016	Bill	3959323	Hawkins, Inc.	Chlorine	460	Gallons	\$1.45	\$667.00
09/22/2016	Bill	3955770	Hawkins, Inc.	Chlorine	610	Gallons	\$1.45	\$884.50
09/15/2016	Bill	3952276	Hawkins, Inc.	Chlorine	525	Gallons	\$1.45	\$761.25
09/08/2016	Bill	3948505	Hawkins, Inc.	Chlorine	488	Gallons	\$1.45	\$707.60
09/01/2016	Bill	3945605	Hawkins, Inc.	Chlorine	500	Gallons	\$1.45	\$725.00
08/25/2016	Bill	3941404	Hawkins, Inc.	Chlorine	508	Gallons	\$1.45	\$736.60
08/18/2016	Bill	3937581	Hawkins, Inc.	Chlorine	520	Gallons	\$1.45	\$754.00
08/12/2016	Bill	3935525	Hawkins, Inc.	Chlorine	330	Gallons	\$1.45	\$478.50



08/04/2016	Bill	3929927	Hawkins, Inc.	Chlorine	515	Gallons	\$1.45	\$746.75
07/27/2016	Bill	3924374	Hawkins, Inc.	Chlorine	380	Gallons	\$1.45	\$551.00
07/22/2016	Bill	3922088	Hawkins, Inc.	Chlorine	655	Gallons	\$1.45	\$949.75
07/13/2016	Bill	3916357	Hawkins, Inc.	Chlorine	515	Gallons	\$1.45	\$746.75
07/06/2016	Bill	3912574	Hawkins, Inc.	Chlorine	500	Gallons	\$1.45	\$725.00
06/29/2017	Bill	4103407	Hawkins, Inc.	Chlorine	550	Gallons	\$1.45	\$797.50
06/02/2017	Bill	4086638	Hawkins, Inc.	Chlorine	1145	Gallons	\$1.45	\$1,660.25
05/18/2017	Bill	4077061	Hawkins, Inc.	Chlorine	950	Gallons	\$1.45	\$1,377.50
05/04/2017	Bill	4068917	Hawkins, Inc.	Chlorine	530	Gallons	\$1.45	\$768.50
05/01/2017	Bill	4038318	Hawkins, Inc.	Ultra-chloride	860	Gallons	\$1.45	\$1,247.00
04/14/2017	Bill	4057588	Hawkins, Inc.	Ultra-Chloride	568	Gallons	\$1.45	\$823.60
04/10/2017	Bill	4054677	Hawkins, Inc.	Ultra-chloride	530	Gallons	\$1.45	\$768.50
04/04/2017	Bill	4051760	Hawkins, Inc.	Chlorine	1000	Gallons	\$1.45	\$1,450.00
03/23/2017	Bill	4045255	Hawkins, Inc.	Ultra-Chloride	895	Gallons	\$1.45	\$1,297.75
02/23/2017	Bill	4030723	Hawkins, Inc.	Ultra-Chlorine	1093	Gallons	\$1.45	\$1,584.85
02/08/2017	Bill	4023022	Hawkins, Inc.	Ultra-Chloride	375	Gallons	\$1.45	\$543.75
02/03/2017	Bill	4021107	Hawkins, Inc.	Chlorine	525	Gallons	\$1.45	\$761.25
01/26/2017	Bill	4016405	Hawkins, Inc.	Chlorine	310	Gallons	\$1.45	\$449.50
01/18/2017	Bill	4012145	Hawkins, Inc.	Chlorine	620	Gallons	\$1.45	\$899.00
01/12/2017	Bill	4009567	Hawkins, Inc.	Chlorine	155	Gallons	\$1.45	\$224.75
01/05/2017	Bill	4006050	Hawkins, Inc.	Chlorine	360	Gallons	\$1.45	\$522.00

**22952 Gallons Chlorine \$33,280.40**

04/04/2017	Bill	4051813	Hawkins, Inc.	Super Charge 68% Granular	1	bucket 100lb	\$200.00	\$200.00	
01/13/2017	Bill	4010417	Hawkins, Inc.	super charge 68% granular	2	bucket 100lb	\$200.00	\$400.00	
11/28/2016	Bill	3987710	Hawkins, Inc.	GLB Super Charge 68% Granular	3	bucket 100lb	\$200.00	\$600.00	
08/19/2016	Bill	3938539	Hawkins, Inc.	GLB Super charge 68% granular	2	bucket 100lb	\$200.00	\$400.00	
								<b>Total lbs</b>	
						<b>8 bucket 100lb</b>	<b>HTH</b>	<b>\$1,600.00</b>	<b>800 lbs</b>

10/11/2016	Bill	3965127	Hawkins, Inc.	Calcium hypochlorite tabs	3	bucket 50 lb	\$165.00	\$495.00	
08/26/2016	Bill	3942879	Hawkins, Inc.	Calcium hypochlorite tabs	3	bucket 50 lb	\$165.00	\$495.00	
04/04/2017	Bill	4051813	Hawkins, Inc.	Calcium Hypochlorite Ind 3" tabs	2	bucket 50 lb	\$165.00	\$330.00	
05/04/2017	Bill	4068917	Hawkins, Inc.	Calcium hypochlorite	4	bucket 50 lb	\$165.00	\$660.00	
01/13/2017	Bill	4010417	Hawkins, Inc.	Calcium Hypo Individual 3" tabs	3	bucket 50 lb	\$165.00	\$495.00	
								<b>Total lbs</b>	
						<b>15 bucket 50lb</b>	<b>tabs</b>	<b>\$2,475.00</b>	<b>750 lbs</b>

**Fuel Surcharge: 67 invoices in test year x \$31.50 for each invoice = \$2,110.50**

**\$ 2,110.50**

**Chemical Total TY \$ 143,100.64**

Test Year Chemical Summary Table			
Amount	Unit	Chemical	Amount/Day
7,172	Gallons	NaOH	19.65 gpd
10,430	Galons	Carbon	28.58 gpd
16,109	Gallons	Ferric	44.13 gpd
22,952	Gallons	Chlorine	62.88 gpd
800	lbs	HTH	2.19 lb/day
750	lbs	Tabs	2.05 lb/day

Dosage gal per  
1000 gallon  
treated

NaOH	0.047515884
Carbon	0.069100763
Ferric	0.106725233
Chlorine	0.152061429

Dosage lbs per  
1000 gal  
treated

HTH	0.005300154
tabs	0.004968895

**RULE 25.30-440(3)**

**CHEMICAL ANALYSES**

**(NOT APPLICABLE-WASTEWATER ONLY UTILITY)**

**RULE 25.30-440(4)**

**OPERATION REPORTS**

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

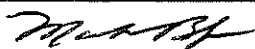
LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **U-001**  
 MONITORING GROUP DESCRIPTION: two Class V injection wells  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: June 1, 2015 June 30, 2015

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement		.269								
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement		.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement		.200								
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.63						
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)		mg/L			Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.72	2.72	2.0				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					1.48					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				2.67	2.67	1.06				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	07-28-2015

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: June 1, 2015 To:

June 30, 2015

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					0.52					
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement					200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					0.5	0.5				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH	Sample Measurement				7.0		7.2				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.8						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement					20.99					
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement				27.2	27.2	18.6				
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement					5.44					
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				5.16	5.16	4.92				
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

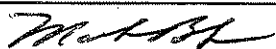
LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: June 1, 2015 June 30, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.201						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.254						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.010						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement				2.0			
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement				5.0 (Max.)	mg/L	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.5			
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				25 (Max.)	#/100mL	4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)		percent	4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	07/28/2015

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: June 1, 2015 To: June 30, 2015

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				7.0		7.2				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						3.4				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.480								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.63					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.72	2.72	2.0				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.464	.464								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						93%	%			
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						301.76				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						263.0				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC



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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: June 1, 2015 To: June 30, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	6.7						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	07/28/2015

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: June 1, 2015 To June 30, 2015

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.435	.435			0.8	7.0	3.4				
2	.403		.380	.023	3.2	7.0	3.1	301.76	222	2.29	<0.5
3	.454		.433	.021	2.4	7.1	0.8				
4	.459		.436	.023	1.9	7.1	0.5				
5	.456		.429	.027	1.9	7.1	1.9				
6	.541	.338	.193	.010	1.7	7.1	0.9				
7	.549	.549									
8	.550	.550			1.2	7.0	3.2				
9	.513		.481	.032	1.7	7.0	1.0				
10	.428		.408	.020	1.8	7.1	1.0				
11	.479		.449	.030	1.9	7.0	1.0				
12	.623	.623			1.3	7.0	1.6				
13	.551	.551			3.0	7.2	1.0				
14	.466	.466									
15	.466	.466			1.0	7.2	0.8				
16	.485	.302	.175	.008	1.6	7.2	2.0	274.0	263.0	2.72	2.67
17	.445		.426	.019	1.7	7.0	1.0				
18	.491		.478	.013	1.7	7.0	1.0				
19	.410		.409	.001	1.9	7.0	1.5				
20	.438		.421	.017	2.8	7.0	1.1				
21	.455	.455									
22	.455	.455			0.9	7.0	1.0				
23	.443		.431	.012	1.9	7.1	0.9				
24	.434		.425	.009	1.7	7.1	0.9				
25	.410		.402	.008	1.9	7.1	1.0				
26	.409		.399	.010	1.54	7.2	1.0				
27	.453		.437	.016	1.98	7.1	1.3				
28	.409	.409									
29	.409	.409			0.8	7.1	2.0				
30	.400		.389	.011	1.6	7.1	2.0	173.91	57.0	<2.0	<0.5
31											
Total	13.919	6.008	7.601	.310	45.6	183.9	36.9	749.67	542	6.01	3.17
Mo. Avg.	.464	.200	.254	.010	1.75	7.07	1.42	249.9	180.7	2.00	1.06

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: June 1, 2015 To June 30, 2015

Code	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L					
00530	74055	00600	00665						
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001					
1	<0.5	<1							
2	<0.5	<1	14.6	4.86					
3	<0.5	<1							
4	<0.5	<1							
5									
6									
7									
8	<0.5	<1							
9	<0.5	<1							
10	1.2	<1							
11	<0.5	<1							
12									
13									
14									
15	2.0	<1							
16	1.2	<1	31.60	5.18					
17	1.2	<1							
18	1.2	<1							
19									
20									
21									
22	1.0	<1							
23	<0.5	<1							
24	<0.5	<1							
25	1.2	<1							
26									
27									
28									
29	<0.5	<1							
30	<0.5	<1	19.10	5.83					
31									
<b>Total</b>	11.75	9	65.3	15.87					
<b>Avg.</b>	0.65	<1	21.76	5.29					

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

Key West, FL 33045


RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: August 1, 2015 August 31, 2015

COUNTY: Monroe  
 OFFICE: South District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement		.266								
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement		.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement		.273								
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.64						
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)		mg/L			Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.24	2.24	2.07				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				1.59						
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)		mg/L			Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement		2.0		2.0	1.13					
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	09/24/2015

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: August 1, 2015 To:

August 31, 2015

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.52						
	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab	
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.5	0.5					
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab	
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement				6.8						
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab	
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement				0.5						
	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab	
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				21.0						
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC	
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement				21.7	21.7	15.69				
	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				5.35						
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC	
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement				5.16	5.16	5.11				
	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045


LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: August 1, 2015 August 31, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.204						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.209						
PARM Code 50050 1 Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.010						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			2.6				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	09/24/2015

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP  
NUMBER: R-001

PERMIT NUMBER: FLA014951-011-DW2P

MONITORING PERIOD From: August 1, 2015 To: August 31, 2015

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				6.8		7.1				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						3.2				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.480								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.64					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.24	2.24	2.07				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.493	.463								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						93%	%			
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						204.5				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						192				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **RMP-Q**  
 MONITORING GROUP DESCRIPTION: **Biosolids Quantity**

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-


RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

COUNTY: Monroe  
 South District

MONITORING PERIOD From: **August 1, 2015** To: **August 31, 2015**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
<b>Biosolids Quantity (Landfilled)</b>	Sample Measurement	4.9						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	09/24/2015

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



## DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA014951-011-DW2P

Facility:

Key West Resort Utility WWTP

Monitoring Period

From: August 1, 2015 To August 31, 2015

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.484		.484		2.0	7.1	0.5				
2	.451	.451									
3	.451	.451			1.7	7.0	0.8				
4	.668	.290	.278		0.5	6.8	2.0				
5	.662	.662			0.5	6.9	0.7				
6	.547	.547			0.7	7.0	0.9				
7	.473		.473		3.0	7.0	0.4				
8	.484		.484		1.5	7.0	1.0				
9	.454	.454									
10	.454	.454			1.3	6.9	0.9				
11	.512	.299	.213		1.5	7.0	1.0	204.5	192	1.9	<0.5
12	.485		.447	.038	1.5	7.0	0.5				
13	.429		.397	.032	1.8	7.1	0.9				
14	.479		.449	.030	1.8	7.0	0.9				
15	.489		.456	.033	1.5	7.0	0.8				
16	.440	.440									
17	.458	.458			1.2	7.0	2.8				
18	.449	.293	.150	.006	1.8	7.1	1.2				
19	.490		.467	.023	1.5	7.0	3.2				
20	.442		.416	.026	1.5	7.0	2.2				
21	.437		.406	.031	1.8	7.0	3.1				
22	.448		.399	.049	1.5	7.1	1.8				
23	.446	.446			1.0	7.1	0.8				
24	.521	.521			0.9	7.1	2.5				
25	.516		.479	.037	1.5	7.0	1.5	173	186	2.24	2.0
26	.511		.479	.032	1.5	7.1	1.6				
27	.473	.473			1.5	7.0	0.7				
28	.474	.474			1.1	7.0	2.1				
29	.508	.508			0.7	7.0	1.0				
30	.568	.568									
31	.568	.568			1.5	6.8	0.7				
Total	15.271	8.457	6.477	.337	38.3	189.1	36.5	377.5	378	4.14	2.25
Mo. Avg.	.493	.273	.209	.011	1.42	7.0	1.35	188.8	189	2.07	1.13

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: August 1, 2015 To August 31, 2015

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1								
2								
3	<0.5	<1						
4	<0.5	<1						
5	<0.5	<1						
6	<0.5	<1						
7								
8								
9								
10	1.0	<1						
11	<0.5	<1	21.7	5.16				
12	<0.5	<1 Q						
13	<0.5	<1						
14								
15								
16								
17	<0.5	<1						
18	<0.5	<1						
19	2.6	<1						
20	<0.5	<1						
21								
22								
23								
24	2.4	<1						
25	<0.5	<1	9.67	5.06				
26	<0.5	<1						
27	2.0	<1						
28								
29								
30								
31	<0.5	<1						
<b>Total</b>	11.25	8.5	31.37	10.22				
<b>Avg.</b>	0.66	0.5	15.69	5.11				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkenper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875


PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040  
 FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045  
 COUNTY: Monroe  
 OFFICE: South District

PERMIT NUMBER: FLA014951-011-DW2P  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP: two Class V injection wells  
 DESCRIPTION:  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: September 1, 2015

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic  
 September 30, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.261							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.318							
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.71					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.52	2.52	1.76			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.53					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)			mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			2.67	2.67	2.44			
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	10/26/2015

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

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

FACILITY: **Key West Resort Utility WWTP**

MONITORING GROUP **U-001**

PERMIT NUMBER: **FLA014951-011-DW2P**

NUMBER:

MONITORING PERIOD From: September 1, 2015 To: September 30, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.52					
	Permit Requirement				200 (An. Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.5	0.5				
	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement			7.0		7.2				
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement			0.5						
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				20.36					
	Permit Requirement				Report (An. Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement			15.6	15.6	13.1				
	Permit Requirement			Report (Max.)	Report (Wk. Avg.)	Report (Mo. Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				5.32					
	Permit Requirement				Report (An. Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement			5.77	5.77	4.76				
	Permit Requirement			Report (Max.)	Report (Wk. Avg.)	Report (Mo. Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045


LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: September 1, 2015 September 30, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.211						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.207						
PARM Code 50050 1 Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.011						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			3.0				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	10/26/2015

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: September 1, 2015 To: September 30, 2015

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				7.0		7.2			
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5					
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous Meter
Turbidity	Sample Measurement						3.0			
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous Meter
Flow - TOTAL	Sample Measurement		.483							
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.71				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks 8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.52	2.52	1.76			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks 8-hr FPC
Flow - TOTAL	Sample Measurement	.541	.489							
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						98%	%		
PARM Code 00180 1 Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						256			
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks 8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						204			
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks 8-hr FPC

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

**When Completed mail this report to:** Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **RMP-Q**  
 MONITORING GROUP DESCRIPTION: **Biosolids Quantity**

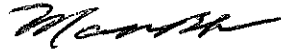
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **September 1, 2015** To: **September 30, 2015**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
<b>Biosolids Quantity (Landfilled)</b>	Sample Measurement	4.6						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkenper / Lead Operator		305-295-3301	10/26/2015

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: September 1, 2015 To September 30, 2015

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.522	.174	.344	.004	1.5	7.1	0.5				
2	.495		.464	.031	1.7	7.1	0.3				
3	.486		.454	.032	1.5	7.1	0.3				
4	.438		.406	0.32	1.5	7.0	0.3				
5	.489	.437	.050	.002	1.7	7.0	0.3				
6	.437	.437									
7	.438	.438			1.5	7.1	0.3				
8	.444		.406	.038	1.5	7.1	0.5	189.5	179	2.52	2.20
9	.394		.362	.032	1.5	7.0	2.2				
10	.464		.430	.034	1.7	7.1	2.5				
11	.419		.388	.031	1.8	7.1	3.0				
12	.490		.429	.061	1.7	7.0	2.8				
13	.426	.426									
14	.451	.451			1.0	7.0	1.9				
15	.465		.429	.036	1.5	7.1	1.5				
16	.612		.570	.042	1.6	7.0	1.5				
17	.647	.647			0.7	7.0	1.4				
18	.916	.916			0.5	7.1	1.4				
19	.744	.744			0.5	7.0	1.3				
20	.488	.488									
21	.488	.488			0.8	7.0	1.5				
22	.471		.449	.022	1.5	7.0	2.0	256.0	204	<2	2.67
23	.490		.460	.030	1.5	7.1	1.4				
24	.614		.570	.044	1.7	7.1	2.3				
25	.676	.676			0.8	7.2	0.8				
26	.501	.501			0.9	7.2	2.0				
27	.573	.573									
28	.733	.733			0.5	7.0	2.0				
29	.764	.764			0.5	7.1	2.0				
30	.669	.669			0.7	7.0	2.0				
31											
<b>Total</b>	<b>16.244</b>	<b>9.562</b>	<b>6.211</b>	<b>.471</b>	<b>32.3</b>	<b>183.6</b>	<b>38</b>	<b>445.5</b>	<b>383</b>	<b>3.52</b>	<b>4.87</b>
<b>Mo. Avg.</b>	<b>.541</b>	<b>.319</b>	<b>.207</b>	<b>.015</b>	<b>1.24</b>	<b>7.06</b>	<b>1.46</b>	<b>222.8</b>	<b>191.5</b>	<b>1.76</b>	<b>2.44</b>

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>



## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: September 1, 2015 To September 30, 2015

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	1.2	<1						
2	<0.5	<1						
3	1.2	<1						
4								
5								
6								
7								
8	<0.5	<1 Q	15.6	5.77				
9	1.0	<1						
10	<0.5	<1						
11	1.6	<1						
12								
13								
14	1.0	<1						
15	1.8	<1						
16	3.0	<1						
17	<0.5	<1						
18								
19								
20								
21	<0.5	<1						
22	1.4	<1	10.6	3.75				
23	<0.5	<1						
24	1.2	<1						
25								
26								
27								
28	1.4	<1						
29	<0.5	<1						
30	1.0	<1						
31								
<b>Total</b>	17.55	9	26.2	9.52				
<b>Avg.</b>	0.98	0.5	13.1	4.76				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkenper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045


RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: October 1, 2015 October 31, 2015

COUNTY: Monroe  
 OFFICE: South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.257							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.357							
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.77					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.41					
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.86					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
Solids, Total Suspended	Sample Measurement			6.67					
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	11/24/2015

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: October 1, 2015 To:October 31, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.52					
	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.5	0.5				
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement			7.0		7.2				
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement			0.5						
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				19.5					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement			16.7	16.7	12.79				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				5.18					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement			4.43	4.43	3.24				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045


RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: **October 1, 2015** **October 31, 2015**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.208						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.085						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.011						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			3.8				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	11/24/2015

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: October 1, 2015 To: October 31, 2015

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				7.0		7.2				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						3.0				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		476								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.77					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.41	2.41	2.27				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.450	.495								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						99%	%			
PARM Code 00180 1 Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						202.5				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						187				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

**When Completed mail this report to:** Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **RMP-Q**  
 MONITORING GROUP DESCRIPTION: **Biosolids Quantity**  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **October 1, 2015** To: **October 31, 2015**


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

COUNTY: **Monroe**  
 South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
<b>Biosolids Quantity (Landfilled)</b>	Sample Measurement	4.6						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	11/24/2015

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: October 1, 2015** To **October 31, 2015**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.564	.564			0.7	7.1	2.5				
2	.446	.446			0.9	7.0	2.0				
3	.611		.568	.043	1.8	7.0	1.7				
4	.431	.431									
5	.431	.431			0.5	7.0	2.5				
6	.453	.453			0.5	7.1	3.0	202.5	187	2.41	6.65
7	.435	.435			0.8	7.1	2.5				
8	.502	.502			0.5	7.1	2.8				
9	.463		.418	.045	1.8	7.0	3.0				
10	.452	.452			0.5	7.0	2.0				
11	.415	.415									
12	.469	.469			0.5	7.2	2.0				
13	.451	.282	.156	.013	1.5	7.2	2.0				
14	.396	.247	.137	.012	1.6	7.1	2.3				
15	.382	.239	.134	.009	1.5	7.0	2.5				
16	.403	.251	.140	.012	1.5	7.1	1.7				
17	.443	.277	.158	.008	1.5	7.0	1.4				
18	.422	.422									
19	.422	.422			0.7	7.0	2.8				
20	.416	.260	.142	.014	1.5	7.2	1.2	193	170	2.12	5.0
21	.509	.509			0.5	7.1	1.1				
22	.386	.386			1.5	7.0	0.7				
23	.427	.427			0.5	7.0	0.6				
24	.453	.453			0.7	7.0	0.7				
25	.413	.413									
26	.436	.436			0.5	7.0	0.7				
27	.443		.398	.045	1.6	7.2	0.7				
28	.472	.472			1.5	7.0	0.8				
29	.449	.449			1.0	7.1	0.8				
30	.442	.442			1.7	7.2	0.9				
31	.416		.372	.044	1.6	7.0	0.9				
<b>Total</b>	<b>13.943</b>	<b>11.075</b>	<b>2.623</b>	<b>.245</b>	<b>29.4</b>	<b>190.8</b>	<b>45.8</b>	<b>395.5</b>	<b>357</b>	<b>4.53</b>	<b>11.67</b>
<b>Mo. Avg.</b>	<b>.450</b>	<b>.357</b>	<b>.085</b>	<b>.008</b>	<b>1.09</b>	<b>7.07</b>	<b>1.7</b>	<b>197.8</b>	<b>178.5</b>	<b>2.27</b>	<b>5.8</b>

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: October 1, 2015 To October 31, 2015

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	<0.5	<1						
2								
3								
4								
5	<0.5	<1						
6	<0.5	<1	16.7	4.43				
7	<0.5	<1						
8	<0.5	<1						
9								
10								
11								
12	1.0	<1						
13	<0.5	<1						
14	1	<1						
15	1.4	<1						
16								
17								
18								
19	1.4	<1						
20	<0.5	<1	8.87	2.05				
21	<0.5	<1						
22	3.8	<1						
23								
24								
25								
26	1.0	<1						
27	2.0	<1						
28	<0.5	<1						
29	<0.5	<1						
30								
31								
Total	12.95	8.5	25.57	6.48				
Avg.	0.76	0.5	12.79	3.24				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>



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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
MAILING ADDRESS: 6630 Front Street

PERMIT NUMBER: FLA014951-011-DW2P

Key West, Florida 33040

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: U-001  
MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
PROGRAM: Domestic

FACILITY: Key West Resort Utility WWTP  
LOCATION: 6630 Front St., Stock Island

Key West, FL 33045

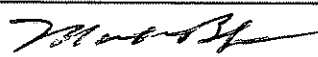
RE-SUBMITTED DMR:   
NO DISCHARGE FROM SITE:

COUNTY: Monroe  
OFFICE: South District

MONITORING PERIOD From: November 1, 2015 November 30, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement	.255						
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement	.276						
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.82				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.07				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.86				
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			<0.5				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	mg/L		Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	12/23/2015

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: November 1, 2015 To:

November 30, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.52					
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH	Sample Measurement			6.8		7.0				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.6						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement				17.7					
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement			2.07	2.07	2.07				
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				4.87					
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement			1.88	1.88	1.88				
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: November 1, 2015 November 30, 2015

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement		.203								
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement		.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement		.112								
PARM Code 50050 1 Mon. Site No. FLW-003	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement		.011								
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement		(An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement					2.0					
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement					5.0 (Max.)	mg/L			4 Days/Week	Grab
Coliform, Fecal	Sample Measurement					<1					
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)	#/100mL			4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%						
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement				75 (Mo.Total)		percent			4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	12/23/2015

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

November 17, 2015 TN and TP sample was lost between U.S Water Lab and Sanders Lab.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: November 1, 2015 To: November 30, 2015

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				76.8		7.0			
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5					
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous Meter
Turbidity	Sample Measurement						3.0			
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous Meter
Flow - TOTAL	Sample Measurement		.469							
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.82				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks 8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.07	2.07	1.54			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks 8-hr FPC
Flow - TOTAL	Sample Measurement	.400	.464							
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						93%	%		
PARM Code 00180 1 Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						295.3			
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks 8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						259.5			
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks 8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

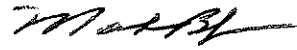
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: November 1, 2015 To: November 30, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	6.9						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	12/23/2015

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

ISSUANCE/REISSUANCE DATE:

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: November 1, 2015 To November 30, 2015**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.427	.427									
2	.427	.427			0.9	7.0	0.8				
3	.399		.360	.039	1.9	6.9	1.0	295.3	259.5	2.07	<0.5
4	.392	.229	.147	.016	1.6	6.9	0.9				
5	.393	.229	.152	.012	2.2	6.8	0.9				
6	.377		.334	.043	2.5	6.8	2.0				
7	.363	.210	.140	.013	1.7	6.8	3.0				
8	.368	.368									
9	.369	.369			1.5	6.9	1.8				
10	.374		.334	.040	2.0	6.7	0.5				
11	.386		.343	.043	1.6	6.9	0.9				
12	.355	.207	.135	.013	1.5	6.9	2.1				
13	.385	.225	.148	.012	1.8	6.8	2.8				
14	.398	.398			1.3	6.8	1.2				
15	.392	.392									
16	.392	.392			1.0	6.8	2.0				
17	.481	.481			0.6	6.8	1.2	204	196	<2	<0.5
18	.471		.427	.044	1.5	6.9	1.4				
19	.440	.440			1.2	6.9	1.0				
20	.398	.398			0.9	6.8	1.1				
21	.396	.396			1.0	6.9	0.9				
22	.433	.433			0.8	6.9	0.9				
23	.463	.463			0.6	6.8	1.1				
24	.406		.364	.042	1.7	6.9	1.9				
25	.369	.215	.139	.015	2.0	6.9	2.0				
26	.429	.250	.163	.016	1.5	6.9	2.5				
27	.380	.380			1.0	6.9	2.5				
28	.387	.226	.149	.012	1.6	6.9	1.9				
29	.368	.368									
30	.369	.369			1.0	6.8	0.3				
31											
Total	11.987	8.296	3.355	.360	36.9	178.3	38.6	499.3	455.5	3.07	0.5
Mo. Avg.	.400	.276	.112	.012	1.4	6.9	1.5	249.7	227.8	1.54	0.25

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: November 1, 2015 To November 30, 2015

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1								
2	2.0	<1						
3	<0.5	<1	2.07	1.88				
4	<0.5	<1						
5	<0.5	<1						
6								
7								
8								
9	1.0	<1						
10	1.0	<1						
11	1.0	<1						
12	1.0	<1						
13								
14								
15								
16	1.2	<1						
17	<0.5	<1	LS	LS				
18	<0.5	<1						
19	<0.5	<1						
20								
21								
22								
23	<0.5	<1						
24	<0.5	<1						
25	<0.5	<1						
26	<0.5	<1						
27								
28								
29								
30	<0.5	<1						
31								
<b>Total</b>	9.95	8.5	2.07	1.88				
<b>Avg.</b>	0.59	0.5	2.07	1.88				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

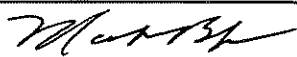
COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: December 1, 2015 December 31, 2015

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement		.254								
PARM Code 50050 - Y Mon. Site No. FLW-002	Permit Requirement		499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement		.330								
PARM Code 50050 - I Mon. Site No. FLW-002	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.89						
PARM Code 80082 - Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)			mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.95	1.95	1.84				
PARM Code 80082 - A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				1.90						
PARM Code 00530 - Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)			mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				1.67	1.67	0.72				
PARM Code 00530 - A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	01/27/2016

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



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: December 1, 2015 To:

December 31, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.52					
	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.5	0.5				
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement			6.8		7.0				
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement			0.5						
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				16.09					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement			2.44	2.44	1.75				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				4.59					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement			1.37	1.37	1.16				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
  
 Key West, FL 33045

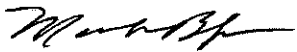
LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: **December 1, 2015** **December 31, 2015**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.197						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.082						
PARM Code 50050 1 Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.011						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			1.8				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	01/27/2016

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

November 17, 2015 TN and TP sample was lost between U.S Water Lab and Sanders Lab.

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

FACILITY: **Key West Resort Utility WWTP**

MONITORING GROUP **R-001**

PERMIT NUMBER: **FLA014951-011-DW2P**

NUMBER:

MONITORING PERIOD From: **December 1, 2015** To: **December 31, 2015**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				6.8		7.0				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						2.5				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement	.462									
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.89						
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)			mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.95	1.95	1.84				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.421	.424								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						85%	%			
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						416.5				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						284.5				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

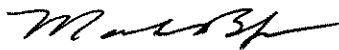
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: December 1, 2015 To: December 31, 2015

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	4.7						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	01/27/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: **December 1, 2015** To **December 31, 2015**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.401		.354	.047	2.0	6.9	0.2	255	276	1.81	<0.5
2	.390	.227	.147	.016	1.7	6.9	0.4				
3	.373	.218	.142	.013	1.5	6.8	0.4				
4	.597	.597			0.6	6.9	0.5				
5	.715	.715			0.5	6.8	0.8				
6	.438	.438			0.8	7.0	0.3				
7	.453	.453			0.7	6.9	0.3				
8	.503	.503			1.4	6.9	0.5				
9	.445	.445			1.1	7.0	0.3				
10	.449	.449			1.0	7.0	0.8				
11	.423	.423			1.5	7.0	2.5				
12	.452	.452			1.0	6.9	1.3				
13	.440	.440									
14	.440	.440			1.3	7.0	0.9				
15	.378	.378			1.1	6.9	0.8	216	229	1.95	<0.5
16	.429	.250	.161	.018	1.8	6.9	0.7				
17	.377	.220	.141	.016	1.8	6.9	0.8				
18	.383	.223	.147	.013	1.7	6.9	0.6				
19	.406	.237	.157	.012	1.7	6.9	0.7				
20	.317	.317			1.6	6.9	0.7				
21	.347	.347			1.8	7.0	0.9				
22	.406	.237	.156	.013	1.6	6.9	0.6				
23	.415	.242	.159	.014	1.6	7.0	0.7				
24	.388		.345	.043	1.6	7.0	1.0				
25	.399	.399			1.0	6.9	1.0				
26	.378	.378			1.3	7.0	1.3				
27	.375	.375									
28	.376	.376			1.1	6.9	0.6				
29	.391		.345	.046	1.7	6.9	0.4	416.5	284.5	1.76	1.67
30	.405	.236	.154	.015	1.9	6.9	2.7				
31	.375	.219	.140	.016	2.2	6.8	0.4				
<b>Total</b>	<b>13.064</b>	<b>10.234</b>	<b>2.548</b>	<b>.282</b>	<b>40.6</b>	<b>200.7</b>	<b>23.1</b>	<b>887.5</b>	<b>789.5</b>	<b>5.52</b>	<b>2.17</b>
<b>Mo. Avg.</b>	<b>.421</b>	<b>.330</b>	<b>.82</b>	<b>.009</b>	<b>1.4</b>	<b>6.9</b>	<b>0.79</b>	<b>295.8</b>	<b>263.2</b>	<b>1.84</b>	<b>0.72</b>

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: December 1, 2015 To December 31, 2015

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	1.0	<1	1.56	1.33				
2	1.2	<1						
3	<0.5	<1						
4								
5								
6								
7	<0.5	<1						
8	<0.5	<1						
9	<0.5	<1						
10	<0.5	<1						
11								
12								
13								
14	<0.5	<1						
15	<0.5	<1	2.44	0.79				
16	<0.5	<1						
17	<0.5	<1						
18								
19								
20								
21	<0.5	<1						
22	1.0	<1						
23	1.8	<1						
24	<0.5	<1						
25								
26								
27								
28	1.0	<1						
29	1.4	<1	1.26	1.37				
30	1.2	<1						
31	1.2	<1						
<b>Total</b>	12.55	9.5	5.26	3.49				
<b>Avg.</b>	0.66	0.5	1.75	1.16				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
MAILING ADDRESS: 6630 Front Street

PERMIT NUMBER: FLA014951-011-DW2P

Key West, Florida 33040

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: U-001  
MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
PROGRAM: Domestic

FACILITY: Key West Resort Utility WWTP  
LOCATION: 6630 Front St., Stock Island

Key West, FL 33045

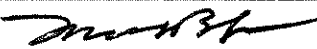
RE-SUBMITTED DMR:   
NO DISCHARGE FROM SITE:

MONITORING PERIOD From: January 1, 2016 January 31, 2016

COUNTY: Monroe  
OFFICE: South District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement		.256								
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement		499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement		.316								
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.79						
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)		mg/L			Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.94	1.94	1.78				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					1.64					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				2.33	2.33	1.29				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	02/25/2016

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: January 1, 2016 To:

January 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.52					
	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.5	0.5				
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement			6.8		7.0				
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement			0.5						
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				MNR					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement			2.6	2.6	1.95				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				MNR					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement			1.17	1.17	1.13				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: January 1, 2016 January 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.191						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.092						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.011						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			2.4				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	02/25/2016

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

November 17, 2015 TN and TP sample was lost between U.S Water Lab and Sanders Lab.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: January 1, 2016 To: January 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				6.8		7.0				
PARM Code 00400 - A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 - A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						3.3				
PARM Code 00070 - B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.457								
PARM Code 50050 - R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.79					
PARM Code 80082 - Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.94	1.94	1.78				
PARM Code 80082 - A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.418	.413								
PARM Code 50050 - S Mon. Site No. FLW-001	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						83%	%			
PARM Code 00180 - 1 Mon. Site No. FLW-001	Permit Requirement						Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						377.06				
PARM Code 80082 - G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						252				
PARM Code 00530 - Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

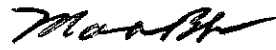
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: January 1, 2016 To: January 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
<b>Biosolids Quantity (Landfilled)</b>	Sample Measurement										
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	3.7	Report (Mo.Total)	dry tons					0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	02/25/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: **January 1, 2016** To **January 31, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.396	.196	.177	.023	1.8	6.8	1.2				
2	.389		.341	.048	1.8	6.8	2.0				
3	.394	.394			1.1	6.9	1.8				
4	.445	.445			1.5	6.9	0.4				
5	.427	.427			0.9	6.9	0.3				
6	.366	.213	.141	.012	1.6	6.9	0.8				
7	.452	.452			1.0	6.8	1.5				
8	.431	.251	.166	.014	1.5	6.8	2.5				
9	.422	.246	.164	.012	1.6	6.9	0.5				
10	.390	.390			1.3	6.9	2.1				
11	.421	.421			1.4	6.9	1.3				
12	.420	.245	.160	.015	1.8	6.8	0.2	346.47	233	1.94	2.33
13	.451	.263	.171	.017	1.8	6.8	0.8				
14	.419		.368	.051	1.7	6.9	0.9				
15	.424	.424			0.5	6.9	0.3				
16	.495	.495			0.5	7.0	0.4				
17	.437	.437			0.5	6.9	0.9				
18	.445	.445			0.7	6.8	0.4				
19	.425	.425			0.7	6.8	0.7				
20	.362	.362			1.0	6.9	0.8				
21	.367	.367			1.0	6.9	0.9				
22	.395		.346	.049	1.8	6.9	1.1				
23	.482	.281	.191	.010	1.6	6.8	1.0				
24	.426	.426			1.5	6.9	0.9				
25	.398	.398			0.9	6.9	2.0				
26	.399	.233	.149	.017	1.8	6.9	0.4	377.06	252	1.62	<.5
27	.409	.239	.149	.021	1.6	6.8	1.4				
28	.408	.238	.136	.024	1.9	6.8	3.3				
29	.450	.262	.181	.007	1.8	6.9	0.6				
30	.435	.435			0.5	7.0	2.0				
31	.390	.390									
<b>Total</b>	<b>12.970</b>	<b>9.80</b>	<b>2.85</b>	<b>.320</b>	<b>39.1</b>	<b>206.1</b>	<b>33.4</b>	<b>723.53</b>	<b>485</b>	<b>3.56</b>	<b>2.58</b>
<b>Mo. Avg.</b>	<b>.418</b>	<b>.316</b>	<b>0.92</b>	<b>.010</b>	<b>1.3</b>	<b>6.9</b>	<b>1.1</b>	<b>361.77</b>	<b>242.5</b>	<b>1.78</b>	<b>1.29</b>

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkenper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: January 1, 2016 To January 31, 2016

Code	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L					
00530	74055	00600	00665						
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001					
1									
2									
3									
4	1.8	<1							
5	1.8	<1							
6	2.0	<1							
7	2.2	<1							
8									
9									
10									
11	2.4	<1							
12	2.0	<1	1.30	1.17					
13	<0.5	<1							
14	<0.5	<1							
15									
16									
17									
18	2.0	<1							
19	<0.5	<1							
20	<0.5	<1							
21	1.4	<1							
22									
23									
24									
25	<0.5	<1							
26	<0.5	<1	2.60	1.1					
27	<0.5	<1							
28	<0.5	<1							
29									
30									
31									
Total	17.6	8	3.9	2.27					
Avg.	1.1	0.5	1.95	1.13					

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875


PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040  
 FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045  
 COUNTY: Monroe  
 OFFICE: South District

PERMIT NUMBER: FLA014951-011-DW2P  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP: two Class V injection wells  
 DESCRIPTION:  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: February 1, 2016 February 29, 2016

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.261							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.378							
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.79					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.89	1.89	1.45			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.56					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)			mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			0.25	0.25	0.25			
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	03/24/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: February 1, 2016 To:

February 29, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.52					
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				0.52	0.52				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH	Sample Measurement			6.7		7.0				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement				MNR					
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement			1.4	1.4	1.0				
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				MNR					
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement			0.94	0.94	0.7				
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic


FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: **February 1, 2016** **February 29, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.182						
PARM Code 50050 - Y Mon. Site No. FLW-003	Permit Requirement	499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.045						
PARM Code 50050 - 1 Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.011						
PARM Code 50050 - Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			2.0				
PARM Code 00530 - B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1				
PARM Code 74055 - A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			94%				
PARM Code 51005 - A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	03/24/2016

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



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

FACILITY: **Key West Resort Utility WWTP**

MONITORING GROUP **R-001**

PERMIT NUMBER: **FLA014951-011-DW2P**

NUMBER:

MONITORING PERIOD **From: February 1, 2016 To: February 29, 2016**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				6.7	7.0				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5					
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement					2.7				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.454							
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.79				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.89	1.89				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.434	.424							
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD					5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						85%	%		
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						325.5			
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L	Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						374			
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L	Bi-weekly; every 2 weeks	8-hr FPC

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

**When Completed mail this report to:** Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: February 1, 2016 To: February 29, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement										
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	5.3	Report (Mo. Total)	dry tons					0	Monthly	Calculated

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

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	03/24/2016

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

## DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA014951-011-DW2P

Facility:

Key West Resort Utility WWTP

Monitoring Period

From: February 1, 2016 To February 29, 2016

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine , Total Residual (For Disinfect ion)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceo us 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceo us 5 day, 20C mg/L	Solids, Tota Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFA-001	INF-001	INF-001	EFA-001	EFA-001
1	.392	.392			0.8	6.9	0.7				
2	.530	.530			1.0	6.9	1.7				
3	.502	.502			0.6	6.8	1.3				
4	.419	.419			0.6	6.9	1.4				
5	.433	.433			0.5	6.9	1.5				
6	.463	.463			0.6	6.9	1.6				
7	.484	.484									
8	.469	.469			0.8	6.8	1.1				
9	.448	.448			0.8	6.9	2.7	229.41	242	<2.0	<0.5
10	.426	.426			1.0	6.8	0.3				
11	.416	.416			0.9	6.8	1.6				
12	.401	.401			0.8	6.9	1.0				
13	.543	.543			0.5	6.8	0.8				
14	.380	.380			0.6	6.9	0.7				
15	.432	.432			1.6	6.8	1.0				
16	.386	.386			0.7	6.8	1.7				
17	.408	.238	.141	.029	1.5	7.0	0.8				
18	.458	.267	.154	.037	1.7	7.0	0.8				
19	.372	.206	.100	.066	2.7	7.0	0.9				
20	.405	.236	.154	.015	0.5/1.5	7.0	0.8				
21	.376	.376			0.5	6.8	1.5				
22	.391	.391			1.3	6.9	2.5				
23	.431	.251	.156	.024	1.5	6.9	0.6	325.5	374	1.89	<0.5
24	.477	.277	.180	.020	1.6	6.8	0.5				
25	.451	.261	.167	.023	2.5	6.7	0.4				
26	.435	.254	.166	.015	1.5	6.8	0.5				
27	.405	.227	.101	.077	1.6	6.8	0.9				
28	.414	.414			1.0	6.8	1.0				
29	.426	.426			1.0	6.7	0.5				
30											
31											
<b>Total</b>	12.573	10.948	1.319	.306	30.7	192	30.8	554.91	616	2.89	0.5
<b>Mo. Avg.</b>	.434	.378	.045	.011	1.10	6.86	1.10	277.5	308	1.45	0.25

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: February 1, 2016 To February 29, 2016

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	<0.5	<1						
2	<0.5	<1						
3	<0.5	<1						
4	<0.5	<1						
5								
6								
7								
8	<0.5	<1						
9	1.2	<1	0.60	0.94				
10	2.0	1						
11	<0.5	<1						
12								
13								
14								
15	<0.5	<1						
16	<0.5	<1						
17	<0.5	<1						
18	1.0	<1						
19								
20								
21								
22	<0.5	<1						
23	1.0	<1	1.4	0.46				
24	<0.5	<1						
25	<0.5	<1						
26								
27								
28								
29	<0.5	<1						
30								
31								
Total	8.45	9	2.0	1.4				
Avg.	0.5	0.53	1.0	0.7				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **U-001**  
 MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

Key West, FL 33045

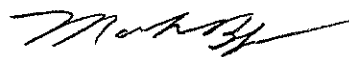
RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: **March 1, 2016** **March 31, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.258							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.231							
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.94					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.94	5.94	4.78			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.51					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)		mg/L	Every 2 weeks	8-hr FPC	
Solids, Total Suspended	Sample Measurement			<0.5	<0.5	0.25			
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	04/27/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: March 1, 2016 To:March 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					0.52					
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement					200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					0.5	0.5				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH	Sample Measurement				6.6		6.8				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement					0.5					
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement					0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement					MNR					
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement				1.6	1.6	1.05				
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement					MNR					
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				0.19	0.19	0.17				
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045


LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: **March 1, 2016** **March 31, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - <b>POND</b>	Sample Measurement	.179						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - <b>POND</b>	Sample Measurement	.145						
PARM Code 50050 1 Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - <b>MCDC</b>	Sample Measurement	.011						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			3.4				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	04/27/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: March 1, 2016 To: March 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				6.6		6.8				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						2.7				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.447								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.94					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.94	5.94	4.78				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.387	.413								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						83%	%			
PARM Code 00180 1 Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						271				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						226				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC



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

**When Completed mail this report to:** Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: \_\_\_\_\_  
 CLASS SIZE: \_\_\_\_\_  
 MONITORING GROUP NUMBER: \_\_\_\_\_  
 MONITORING GROUP DESCRIPTION: **Biosolids Quantity**

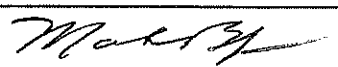
Final N/A  
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: March 1, 2016 To: March 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
<b>Biosolids Quantity (Landfilled)</b>	Sample Measurement	12.7						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	04/27/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: March 1, 2016** To **March 31, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine , Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.405	.236	.137	.032	1.9	6.7	1.0				
2	.400	.233	.140	.027	2.7	6.8	2.0				
3	.398	.232	.121	.045	1.5	6.8	1.2				
4	.373	.216	.120	.037	1.5	6.7	1.6				
5	.377	.377			0.5	6.8	1.8				
6	.366	.366			1.7	6.8	1.8				
7	.370	.370			1.8	6.7	1.6				
8	.406	.236	.141	.029	1.8	6.6	2.0	271	164	3.61	.5
9	.439	.253	.160	.026	1.8	6.7	2.5				
10	.407	.237	.170		1.6	6.7	2.4				
11	.424	.247	.177		1.8	6.6	0.5				
12	.411	.411			0.6	6.7	1.3				
13	.314	.314			1.0	6.7	1.2				
14	.416	.416			0.6	6.6	1.4				
15	.466	.266	.200		1.7	6.7	1.3				
16	.391		.380	.011	1.9	6.7	2.7				
17	.370		.359	.011	1.9	6.7	2.2				
18	.350		.339	.011	1.5	6.6	1.3				
19	.346	.346			0.6	6.6	1.3				
20	.405	.405			1.0	6.6	0.9				
21	.406	.406			0.9	6.7	0.3				
22	.369		.356	.013	1.6	6.7	0.5	249.5	226	5.94	<0.5
23	.377		.365	.012	1.6	6.7	0.5				
24	.368		.357	.011	1.8	6.8	1.0				
25	.348		.337	.011	1.7	6.7	0.8				
26	.354	.354			0.7	6.7	1.0				
27	.391	.391			0.6	6.6	0.8				
28	.349	.349			1.0	6.8	0.4				
29	.403	.260	.134	.009	1.8	6.8	0.4				
30	.411	.239	.150	.022	1.8	6.8	0.4				
31	.392		.361	.031	1.6	6.7	0.9				
<b>Total</b>	12.002	7.160	4.504	.338	44.5	207.8	39	520.5	390	9.55	0.5
<b>Mo. Avg.</b>	.387	0.231	.145	.011	1.45	6.7	1.26	260.3	195	4.78	0.25

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: March 1, 2016 To March 31, 2016

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	<0.5	<1						
2	<0.5	<1						
3	<0.5	<1						
4								
5								
6								
7	1.2	<1						
8	2.6	<1	.050 .50	0.19				
9	2.8	<1						
10	3.4	<1						
11								
12								
13								
14	<0.5	<1						
15	<0.5	<1						
16	1.4	<1						
17	1.6	<1						
18								
19								
20								
21	1.6	<1						
22	3.4	<1	1.6	0.14				
23	2.0	<1						
24	<0.5	<1						
25								
26								
27								
28	<0.5	<1						
29	<0.5	<1						
30	<0.5	<1						
31	<0.5	<1						
Total	22.5	9.5	2.1	0.33				
Avg.	1.18	0.5	1.05	0.17				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP: two Class V injection wells  
 DESCRIPTION:


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: April 1, 2016 April 30, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.260							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.160							
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.05					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.23	4.23	3.10			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.39					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
Solids, Total Suspended	Sample Measurement			1.8	1.8	1.03			
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkenper / Lead Operator		(305)295-3301	05/24/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: April 1, 2016 To:April 30, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.52					
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH	Sample Measurement			6.7		6.9				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.7						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement				MNR					
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement			2.2	2.2	1.85				
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				MNR					
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement			0.94	0.94	0.71				
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

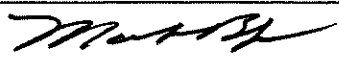
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: April 1, 2016 April 30, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.169						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.189						
PARM Code 50050 1 Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.011						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			2.4				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkenper / Lead Operator		(305)295-3301	05/24/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: April 1, 2016 To: April 30, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				6.7		6.9				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						3.0				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.440								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An. Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.05					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An. Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.23	4.23	3.10				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.368	.396								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						79%	%			
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						323.85				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						296				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-


LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **RMP-Q**  
 MONITORING GROUP DESCRIPTION: **Biosolids Quantity**  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: April 1, 2016 To: April 30, 2016

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
<b>Biosolids Quantity (Landfilled)</b>	Sample Measurement	6.1						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	05/24/2016

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



## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: April 1, 2016** To **April 30, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.363		.333	.030	1.7	6.7	0.7				
2	.374	.374			0.8	6.8	0.8				
3	.357	.357			0.9	6.8	1.0				
4	.322	.322			1.0	6.7	0.5				
5	.385		.353	.032	1.6	6.9	3.0	245	235	4.23	<0.5
6	.361		.329	.032	1.6	6.8	1.9				
7	.355		.327	.028	1.6	6.7	1.3				
8	.364		.332	.032	1.5	6.8	1.3				
9	.412	.412			1.7	6.9	0.8				
10	.365	.365			1.8	6.8	1.5				
11	.321	.321			1.4	6.8	1.3				
12	.364		.330	.034	1.7	6.7	0.8				
13	.379		.349	.030	1.6	6.7	0.7				
14	.350		.313	.037	1.6	6.7	0.9				
15	.343		.319	.024	1.8	6.8	0.8				
16	.342	.342			1.8	6.9	0.9				
17	.318	.318			1.6	6.8	1.3				
18	.378	.378			1.4	6.9	1.5				
19	.288		.241	.047	1.8	6.7	1.7	323.85	296	1.96	1.8
20	.423		.395	.028	1.8	6.8	0.8				
21	.321		.281	.030	1.9	6.8	0.7				
22	.424		.409	.015	1.8	6.7	0.4				
23	.429	.429			1.8	6.9	1.6				
24	.429	.429			1.7	6.8	1.3				
25	.422	.422			0.7	6.8	0.6				
26	.387		.318	.069	1.8	6.7	0.4				
27	.392		.356	.036	1.6	6.7	1.5				
28	.362		.329	.033	1.7	6.8	0.9				
29	.387		.353	.034	1.6	6.7	0.7				
30	.321	.321			0.7	6.8	0.7				
31											
Total	11.028	4.790	5.667	.571	46	203.4	32.3	568.85	531	6.19	2.05
Mo. Avg.	.368	.160	.189	.019	1.53	6.78	1.07	284.43	265.5	3.10	1.03

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: **April 1, 2016** To **April 30, 2016**

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1								
2								
3								
4	<0.5	<1						
5	1.6	<1	2.20	0.47				
6	<0.5	<1						
7	<0.5	<1						
8								
9								
10								
11	<0.5	<1						
12	<0.5	<1						
13	<0.5	<1						
14	1.4	<1						
15								
16								
17								
18	1.8	<1						
19	<0.5	<1	1.5	0.94				
20	<0.5	<1						
21	1.0	<1						
22								
23								
24								
25	1.0	<1						
26	<0.5	<1						
27	2.4	<1						
28	1.4	<1						
29								
30								
31								
<b>Total</b>	12.85	16	3.7	1.41				
<b>Avg.</b>	0.80	0.5	1.85	0.71				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

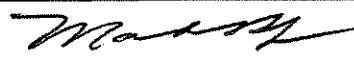
LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **U-001**  
 MONITORING GROUP DESCRIPTION: two Class V injection wells  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **May 1, 2016** to **May 31, 2016**

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.259							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.195							
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.13					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.01	2.01	1.94			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.39					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)			mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.67	1.67	1.20			
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	06/24/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: May 1, 2016 To:

May 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.52					
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH	Sample Measurement			6.6		6.9				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement				MNR					
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement			1.30	1.30	1.07				
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				MNR					
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement			1.17	1.17	0.80				
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: May 1, 2016 May 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.163						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.172						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.011						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			7.2				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	06/24/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): On May 12, the turbidity went above our automated limit of 3.5 NTU (4.2 NTU) and therefore rejected .200 MGD to wells at 7.2 mg/L TS. Since effluent was rejected from reuse and went to wells, there was no violation.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001  
NUMBER:

PERMIT NUMBER: FLA014951-011-DW2P

MONITORING PERIOD From: May 1, 2016 To: May 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				6.6		6.9			
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.	5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5					
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L	Continuous	Meter
Turbidity	Sample Measurement						4.2			
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU	Continuous	Meter
Flow - TOTAL	Sample Measurement		.433							
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.13				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L	Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.01	2.01	1.94			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.386	.380							
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD					5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						76%	%		
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent	Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						379.0			
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L	Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						254.0			
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L	Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT:  
 CLASS SIZE: Final  
 N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

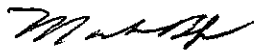
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: May 1, 2016 To: May 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	7.2						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	06/24/2016

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

ISSUANCE/REISSUANCE DATE:

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: May 1, 2016 To May 31, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.436	.436			0.6	6.8	0.7				
2	.383	.383			1.6	6.8	0.5				
3	.450		.403	.047	2.6	6.6	1.5	215.4	180	1.88	<0.5
4	.454		.406	.048	1.6	6.7	1.8				
5	.431	.251	.168	.012	1.5	6.8	2.4				
6	.432	.252	.168	.012	1.7	6.8	1.6				
7	.391	.391			0.8	6.7	1.4				
8	.402	.402									
9	.388	.388			0.8	6.8	0.5				
10	.406		.362	.044	1.7	6.7	0.8				
11	.353		.320	.033	1.5	6.7	1.4				
12	.369	.200	.134	.035	1.8	6.6	4.2				
13	.364		.329	.035	1.5	6.7	1.6				
14	.354	.354			1.0	6.8	3.2				
15	.303	.303			1.5	6.8	1.5				
16	.338	.338			0.6	6.7	2.0				
17	.422		.387	.035	1.6	6.8	2.0	379.0	254.0	1.94	1.67
18	.405		.372	.033	1.5	6.7	0.5				
19	.402		.368	.034	1.5	6.8	1.1				
20	.447		.405	.042	1.5	6.7	1.1				
21	.382	.382			0.6	6.8	1.3				
22	.357	.357									
23	.358	.358			1.0	6.8	0.5				
24	.374		.345	.029	3.6	6.7	0.5				
25	.355		.321	.034	1.6	6.8	1.0				
26	.376		.339	.037	1.6	6.7	1.1				
27	.362	.362			1.5	6.8	2.0				
28	.375	.375			1.9	6.7	1.4				
29	.349	.349			3.0	6.8	0.7				
30	.366	.366			1.5	6.9	1.0				
31	.389		.323	.066	1.7	6.7	0.5	205.3	191.0	2.01	1.67
<b>Total</b>	<b>11.973</b>	<b>6.047</b>	<b>5.350</b>	<b>.576</b>	<b>44.9</b>	<b>195.7</b>	<b>39.8</b>	<b>799.7</b>	<b>625</b>	<b>5.83</b>	<b>3.59</b>
<b>Mo. Avg.</b>	<b>.386</b>	<b>.195</b>	<b>.172</b>	<b>.019</b>	<b>1.55</b>	<b>6.75</b>	<b>1.37</b>	<b>266.6</b>	<b>208.3</b>	<b>1.94</b>	<b>1.20</b>

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>



## DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014951-011-DW2P**

Facility: **Key West Resort Utility WWTP**

Monitoring Period From: May 1, 2016 To May 31, 2016

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1								
2	3.0	<1						
3	<0.5	<1	0.60	1.17				
4	<0.5	<1						
5	<0.5	<1						
6								
7								
8								
9	<0.5	<1						
10	<0.5	<1						
11	1.4	<1						
12	7.2	<1						
13								
14								
15								
16	2.6	<1						
17	1.6	<1	1.30	0.26				
18	2.0	<1						
19	<0.5	<1						
20								
21								
22								
23	1.8	<1						
24	1.2	<1						
25	1.2	<1						
26	<0.5	<1						
27								
28								
29								
30	<0.5	<1 Q						
31	<0.5	<1	1.30	0.97				
<b>Total</b>	<b>24.25</b>	<b>9</b>	<b>3.20</b>	<b>2.40</b>				
<b>Avg.</b>	<b>1.35</b>	<b>0.5</b>	<b>1.07</b>	<b>0.80</b>				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street

PERMIT NUMBER: FLA014951-011-DW2P

Key West, Florida 33040

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island

Key West, FL 33045


RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: June 1, 2016 June 30, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement		.257								
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement		499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement		.185								
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.15						
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)		mg/L			Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.83	2.83	2.30				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					1.38					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				1.67	1.67	0.96				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	07/27/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP NUMBER: U-001

PERMIT NUMBER: FLA014951-011-DW2P

MONITORING PERIOD From: June 1, 2016 To:

June 30, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.52					
	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.5	0.5				
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement			6.8		7.6				
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement			0.6						
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				MNR					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement			1.6	1.6	1.6				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				MNR					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement			0.83	0.83	0.55				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic


FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: June 1, 2016 June 30, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.154						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.154						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.012						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			2.6				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	07/27/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): On May 12, the turbidity went above our automated limit of 3.5 NTU (4.2 NTU) and therefore rejected .200 MGD to wells at 7.2 mg/L TS! Since effluent was rejected from reuse and went to wells, there was no violation.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014951-011-DW2P

MONITORING PERIOD From: June 1, 2016 To: June 30, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement				6.8		7.6				
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement				1.5						
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon. Site No. EFB-001	Sample Measurement						2.4				
	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL PARM Code 50050 R Mon. Site No. FLW-001	Sample Measurement		.424								
	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-001	Sample Measurement					2.15					
	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-001	Sample Measurement				2.83	2.83	2.30				
	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL PARM Code 50050 S Mon. Site No. FLW-001	Sample Measurement	.358	.371								
	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon. Site No. FLW-001	Sample Measurement						74%	%			
	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent) PARM Code 80082 G Mon. Site No. INF-001	Sample Measurement						223.5				
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent) PARM Code 00530 Q Mon. Site No. INF-001	Sample Measurement						236.0				
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

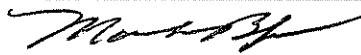
RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

COUNTY: Monroe  
 South District

MONITORING PERIOD From: June 1, 2016 To: June 30, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	8.4						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	07/27/2016

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

ISSUANCE/REISSUANCE DATE:

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: June 1, 2016** To **June 30, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.382		.345	.037	1.5	6.8	0.7				
2	.369	.215	.143	.001	2.3	6.9	1.0				
3	.328		.300	.082	2.5	6.6	0.7				
4	.331	.331			1.5	6.8	0.8				
5	.353	.353			0.9	6.8	0.9				
6	.394	.394			1.8	6.8	0.8				
7	.377	.377			0.6	6.8	0.5				
8	.373	.373			0.7	6.9	2.4				
9	.364	.364			0.7	6.9	0.5				
10	.384		.318	.066	1.8	6.8	1.0				
11	.394	.394			1.6	6.8	0.9				
12	.360	.360									
13	.361	.361			0.7	6.8	1.0				
14	.348		.310	.038	1.7	6.9	0.7	180.5	236.0	1.76	1.67
15	.344		.301	.043	1.5	6.9	0.6				
16	.376		.325	.051	1.8	7.2	1.5				
17	.395		.359	.036	1.6	7.3	0.5				
18	.325	.325			1.3	7.3	1.4				
19	.338	.338			1.1	7.2	1.0				
20	.348	.348			1.0	7.4	1.4				
21	.339		.281	.058	1.9	7.3	0.4				
22	.374		.344	.030	1.7	7.4	1.1				
23	.341		.311	.030	1.7	7.3	2.4				
24	.359		.327	.032	1.6	7.3	0.5				
25	.390	.390			0.6	7.2	0.9				
26	.346	.346			0.7	7.2	0.5				
27	.283	.283			1.0	7.3	0.4				
28	.380		.332	.048	1.6	7.6	1.4	223.5	214	2.83	<0.5
29	.363		.319	.044	1.7	7.5	0.5				
30	.332		.304	.028	1.8	7.5	2.0				
31											
<b>Total</b>	10.751	5.552	4.619	.580	40.9	205.5	28.4	404	450	4.59	1.92
<b>Mo. Avg.</b>	.358	.185	.154	.019	1.41	7.08	0.98	202	225	2.3	0.96

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: June 1, 2016 To June 30, 2016

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	1.0	<1						
2	1.4	<1						
3								
4								
5								
6	<0.5	<1						
7	<0.5	<1						
8	<0.5	<1						
9	1.6	<1						
10								
11								
12								
13	1.2	<1						
14	1.2	<1	1.60	0.83				
15	2.0	<1						
16	1.2	<1						
17								
18								
19								
20	1.2	<1						
21	1.0	<1						
22	1.0	<1						
23	1.2	<1 Q						
24								
25								
26								
27	<0.5	<1						
28	<0.5	<1	1.6	0.26				
29	2.6	<1						
30	<0.5	<1						
31								
Total	18.1	9	3.2	1.09				
Avg.	1.0	0.5	1.6	0.55				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>



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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic


FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: **July 1, 2016** **July 31, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.138						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.160						
PARM Code 50050 1 Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.014						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			1.8				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkeinper / Lead Operator		(305)295-3301	08/24/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014951-011-DW2P

MONITORING PERIOD

From: July 1, 2016 To:

July 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				6.9		7.3				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						1.8				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.418								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.20					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.12	2.12	1.56				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.362	.369								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						74%	%			
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						281				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						263				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
MAILING ADDRESS: 6630 Front Street  
Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
LOCATION: 6630 Front St., Stook Island  
Key West, FL 33045

LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: U-001  
MONITORING GROUP DESCRIPTION: two Class V injection wells


REPORT FREQUENCY: Monthly  
PROGRAM: Domestic

COUNTY: Monroe  
OFFICE: South District

RE-SUBMITTED DMR:   
NO DISCHARGE FROM SITE:   
MONITORING PERIOD From: July 1, 2016 To: July 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.267							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.184							
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.20					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.12	2.12	1.56			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				1.30				
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)		mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			<0.5	<0.5	0.25			
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	08/24/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: July 1, 2016 To:

July 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement					0.50					
	Permit Requirement					200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement					0.5	0.5				
	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement				6.9		7.3				
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement				0.5						
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement					MNR					
	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement				2.4	2.4	2.1				
	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement					MNR					
	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement				0.74	0.74	0.59				
	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

**When Completed mail this report to:** Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

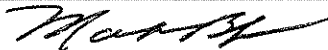
LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: July 1, 2016 To: July 31, 2016

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-  
 COUNTY: Monroe  
 South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	6.5						
PARM Code B0008 + Mon. Site No. RMP-I	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	08/24/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: July 1, 2016** To **July 31, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine , Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.348		.318	.030	1.5	7.3	1.8				
2	.371	.371			1.0	7.0	0.5				
3	.348	.348			0.8	7.0	0.5				
4	.348	.348			0.7	7.1	0.5				
5	.301		.266	.035	0.8	7.0	0.5				
6	.408		.372	.036	1.6	7.2	0.5				
7	.345		.307	.038	1.7	7.1	0.6				
8	.350		.326	.024	1.6	7.2	0.7				
9	.360	.360			1.7	7.0	1.4				
10	.337	.337			0.7	6.9					
11	.353	.353			0.7	7.2	0.4				
12	.337		.302	.035	1.8	7.1	0.5	281	263	<2	<0.5
13	.365		.318	.047	1.6	7.1	0.9				
14	.347		.310	.037	1.5	7.1	1.0				
15	.329		.300	.029	1.5	7.0	1.0				
16	.370	.370			1.6	7.1	1.1				
17	.337	.337			2.5		0.8				
18	.334	.334			0.5	7.1	1.5				
19	.359		.326	.033	1.6	7.2	1.3				
20	.372		.330	.042	1.6	7.2	1.4				
21	.404	.269	.113	.022	1.5	7.1	0.8				
22	.393	.393			0.8	7.2	1.1				
23	.384	.384			0.6	7.0	1.0				
24	.376	.376			0.6	7.0	1.5				
25	.390	.390			0.5	6.9	1.0				
26	.381		.347	.034	1.7	6.9	0.8	236.5	208	2.12	<0.5
27	.385		.351	.034	1.5	7.0	0.8				
28	.364		.329	.035	1.6	6.9	0.6				
29	.378		.340	.038	2.2	7.1	1.0				
30	.391	.391			0.8	7.2	0.7				
31	.342	.342									
<b>Total</b>	<b>11.207</b>	<b>5.703</b>	<b>4.955</b>	<b>.549</b>	<b>38.8</b>	<b>205.2</b>	<b>26.2</b>	<b>517.5</b>	<b>471</b>	<b>3.12</b>	<b>0.5</b>
<b>Mo. Avg.</b>	<b>.362</b>	<b>.184</b>	<b>.160</b>	<b>.018</b>	<b>1.29</b>	<b>7.08</b>	<b>0.90</b>	<b>258.8</b>	<b>235.5</b>	<b>1.56</b>	<b>0.25</b>

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period From: July 1, 2016 To July 31, 2016

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1								
2								
3								
4	<0.5	<1 Q						
5	<0.5	<1						
6	<0.5	<1						
7	<0.5	<1						
8								
9								
10								
11	1.8	<1						
12	<0.5	<1	2.40	0.43				
13	<0.5	<1						
14	<0.5	<1						
15								
16								
17								
18	1.6	<1						
19	<0.5	<1						
20	<0.5	<1						
21	1.4	<1						
22								
23								
24								
25	1.0	<1						
26	1.0	<1	1.80	0.74				
27	1.2	<1						
28	<0.5	<1						
29								
30								
31								
Total	10.5	8	4.2	1.17				
Avg.	0.66	0.5	2.1	0.59				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **U-001**  
 MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045


RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: **August 1, 2016** **August 31, 2016**

COUNTY: Monroe  
 OFFICE: South District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement		.271								
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement		.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement		.325								
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.18						
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)		mg/L			Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.61		2.61	1.81					
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement		60.0 (Max.)		45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L			Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				1.22						
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement				20.0 (An.Avg.)		mg/L			Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement		<0.5		<0.5	0.25					
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement		60.0 (Max.)		45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L			Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	09/21/2016

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



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001  
 NUMBER:

PERMIT NUMBER: FLA014951-011-DW2P

MONITORING PERIOD From: August 1, 2016 To:

August 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.51					
	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.52	1				
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement			6.5		7.6				
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement			0.5						
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				MNR					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement			2.1	2.1	1.80				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				MNR					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement			0.36	0.36	0.30				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: August 1, 2016 August 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.127						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.081						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.013						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			3.6				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			95%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	09/21/2016

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

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

FACILITY: **Key West Resort Utility WWTP**

MONITORING GROUP **R-001**

PERMIT NUMBER: **FLA014951-011-DW2P**

NUMBER:

MONITORING PERIOD From: **August 1, 2016** To:

**August 31, 2016**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				6.5		7.6				
PARM Code 00400 - A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 - A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						1.7				
PARM Code 00070 - B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		412								
PARM Code 50050 - R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.18					
PARM Code 80082 - Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.61	2.61	1.81				
PARM Code 80082 - A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.414	.378								
PARM Code 50050 - S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						76%	%			
PARM Code 00180 - I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						224				
PARM Code 80082 - G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						201				
PARM Code 00530 - Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

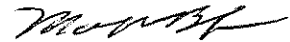
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: August 1, 2016 To: August 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	6.6						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkenper / Lead Operator		305-295-3301	09/21/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: August 1, 2016 To August 31, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.343	.343			0.8	7.2	0.7				
2	.381		.349	.032	1.7	7.3	0.7				
3	.439		.397	.042	1.5	7.2	0.8				
4	.517	.517			1.0	7.0	0.3				
5	.440	.440			1.0	7.2	1.0				
6	.383	.383			0.8	7.0	0.7				
7	.402	.402			0.6	7.0	1.1				
8	.377	.377			0.5	7.1	1.2				
9	.383		.367	.016	3.0	7.3	0.8	224	191	<2	<0.5
10	.371	.371			1.0	7.2	0.7				
11	.408	.408			1.0	7.0	0.8				
12	.374	.374			0.6	7.0	1.0				
13	.398	.398			1.0	6.9	1.0				
14	.301	.301			0.5						
15	.300	.300			0.6	6.5	3.0				
16	.385	.385			0.6	6.6	2.0				
17	.365	.365			0.7	6.8	4.0				
18	.372		.340	.032	1.5	6.9	0.2				
19	.355		.325	.030	1.8	7.0	0.5				
20	.388	.388			1.6	7.1	0.8				
21	.352	.352			1.5	7.1	0.7				
22	.351	.351			1.0	7.1	0.6				
23	.346		.308	.038	1.5	7.3	0.9				
24	.398	.166	.186	.046	2.0	7.2	0.3	211.5	201	2.61	<0.5
25	.557	.300	.230	.027	1.0/1.5	7.2	1.7				
26	.573	.573			0.6	7.0	1.7				
27	.515	.515			1.8	7.2	2.2				
28	.544	.544			0.5	7.2	2.0				
29	.544	.544			0.5	7.2	1.8				
30	.491	.491			0.8	7.6	1.5				
31	.476	.476			0.6	7.5	1.7				
<b>Total</b>	<b>12.829</b>	<b>10.064</b>	<b>2.502</b>	<b>0.263</b>	<b>33.6</b>	<b>7.2</b>	<b>36.4</b>	<b>435.5</b>	<b>392</b>	<b>3.61</b>	<b>0.5</b>
<b>Mo. Avg.</b>	<b>0.414</b>	<b>0.325</b>	<b>0.081</b>	<b>0.008</b>	<b>1.08</b>	<b>6.87</b>	<b>1.17</b>	<b>217.75</b>	<b>196</b>	<b>1.81</b>	<b>0.25</b>

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R. Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: August 1, 2016 To August 31, 2016**

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	1.4	<1						
2	<0.5	<1						
3	1.8	<1						
4	3.6	<1						
5								
6								
7								
8	1.4	<1						
9	<0.5	<1	1.50	.36				
10	1.0	<1						
11	<0.5	<1						
12								
13								
14								
15	<0.5	<1						
16	1.8	<1						
17	1.6	<1						
18	1.2	<1						
19								
20								
21								
22	1.6	<1						
23	1.2	<1	2.10	.24				
24	1.2	1						
25	2.2	<1						
26								
27								
28								
29	1.4	<1						
30	<0.5	<1						
31	<0.5	<1						
Total	22.9	10	3.60	0.60				
Avg.	1.21	.53	1.80	0.30				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: September 1, 2016 To September 30, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.443	.443			0.7	7.5	3.2				
2	.430	.430			0.5	7.4	1.6				
3	.420	.420			0.5	7.5	1.1				
4	.365	.365			0.5		2.1				
5	.396	.396			0.5	7.4	2.0				
6	.398	.398			0.5	7.5	.80	189.5	194.0	1.83	4.0
7	.440	.440			0.6	7.4	1.3				
8	.554	.554			0.6	7.6	2.5				
9	.491	.491			0.5	7.5	1.2				
10	.448	.448			0.6	7.5	1.0				
11	.451	.451			0.5	7.5	1.8				
12	.543	.543			0.6	7.2	1.1				
13	.625	.625			0.5	7.3	1.4				
14	.519	.519			0.6	7.2	1.1				
15	.442	.442			0.5	7.2	1.0				
16	.410	.410			0.8	7.3	1.2				
17	.423	.423			0.7		1.0				
18	.362	.362			0.6						
19	.362	.362			0.6	7.2	1.0				
20	.357	.357			1.0	7.4	1.1				
21	.405	.405			0.8	7.0	1.2	236.5	198.0	1.74	<0.5
22	.388		.337	.051	1.5	7.2	1.1				
23	.398	.398			1.5	7.3	1.2				
24	.444	.444			1.5		1.0				
25	.535	.535			0.5		1.1				
26	.497	.497			0.5	7.4	1.3				
27	.466	.466			1.0	7.4	1.8				
28	.448	.448			1.0	7.3	1.1				
29	.417	.417			1.5	7.2	.60				
30	.393	.393			1.5	7.4	.60				
31											
Total	13.27	12.882	.337	.051	23.2	183.8	38.5	426	392	3.57	4.25
Mo. Avg.	.442	.444	.337	.051	0.78	7.4	1.33	213	196	1.79	2.13

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R. Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014951-011-DW2P**

Facility: **Key West Resort Utility WWTP**

Monitoring Period **From: September 1, 2016 To September 30, 2016**

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	<0.5	<1						
2								
3								
4								
5	1.2	<1Q						
6	<0.5	<1	2.10	0.47				
7	<0.5	2						
8	1.0	<1						
9								
10								
11								
12	2.0	<1						
13	1.2	<1						
14	1.2	<1						
15	1.8	<1						
16								
17								
18								
19	<0.5	<1						
20	<0.5	<1						
21	<0.5	<1	7.80	0.62				
22	<0.5	<1						
23								
24								
25								
26	<0.5	<1						
27	2.0	<1						
28	5.4	<1						
29	<0.5	<1						
30								
31								
<b>Total</b>	18.05	10	9.90	1.09				
<b>Avg.</b>	1.06	0.59	4.95	0.55				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

ISSUANCE/REISSUANCE DATE: February 20, 2012



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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045


LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: **Monroe**  
 OFFICE: **South District**

MONITORING PERIOD From: **September 1, 2016** **September 30, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.111						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.011						
PARM Code 50050 1 Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.012						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			5.4				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			95%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	10/25/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: September 1, 2016 To:

September 30, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				7.0		7.6				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						1.1				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.403								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.18					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.83	1.83	1.79				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.442	.406								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						81%	%			
PARM Code 00180 1 Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						237				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						198				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **U-001**  
 MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

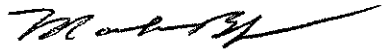
COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: **September 1, 2016** **September 30, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.281							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.429							
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.18					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.83					
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.20					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
Solids, Total Suspended	Sample Measurement			4.0					
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	10/25/2016

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: September 1, 2016 To:

September 30, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					0.51					
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement					200 (An. Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement					0.54	2				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH	Sample Measurement				7.0		7.6				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement					0.5					
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement					0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement					MNR					
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement					Report (An. Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement				7.8	7.8	4.95		2		
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement				Report (Max.)	Report (Wk. Avg.)	Report (Mo. Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement					MNR					
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement					Report (An. Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				.62	.62	.55				
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement				Report (Max.)	Report (Wk. Avg.)	Report (Mo. Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT:  
 CLASS SIZE:  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESCRIPTION:  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

Final  
 N/A  
 RMP-Q  
 Biosolids Quantity


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

From: **September 1, 2016** To: **September 30, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	6.2						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo.Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkenper / Lead Operator		305-295-3301	10/25/2016

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

ISSUANCE/REISSUANCE DATE:

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: October 1, 2016 To October 31, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.381	.381			1.8	7.3	1.2				
2	.406	.406			1.3	7.2	1.2				
3	.377	.377			0.5	7.1	1.4				
4	.416	.416			0.6	7.2	2.0	226.5	191.0	<2	<0.5
5	.427	.427			1.5	7.1	1.1				
6	.409	.409			1.0	7.2	3.8				
7	.431	.431			0.5	7.1	0.8				
8	.395	.395			1.3	7.2	1.3				
9	.408	.408			0.7	7.3	1.2				
10	.365	.365			0.7	7.2	1.2				
11	.400	.400			1.6	7.2	0.8				
12	.415	.415			0.8	7.0	1.0				
13	.420		.387	.033	1.6	7.0	1.4				
14	.453		.412	.041	1.7	7.3	1.0				
15	.503	.503			0.5	7.3	1.4				
16	.543	.543			0.5	7.2	0.9				
17	.563	.563			0.5	7.2	0.3				
18	.473	.473			0.6	7.2	1.2	163.5	185.0	1.44	<0.5
19	.491	.491			0.5	7.3	1.1				
20	.477		.438	.039	1.5	7.2	1.3				
21	.457		.416	.041	1.6	7.2	1.1				
22	.465	.465			1.0	7.1	0.8				
23	.449	.449			1.0	7.2	0.9				
24	.388	.388			1.0	7.2	1.4				
25	.428		.396	.032	1.5	7.3	1.0				
26	.417		.376	.041	1.5	7.1	0.9				
27	.417	.417			1.0	7.2	2.0				
28	.513	.513			0.5	7.2	1.0				
29	.553	.553			0.6	7.2	0.8				
30	.523	.523			1.5	7.3	1.6				
31	.570	.570			0.6	7.2	2.0				
<b>Total</b>	<b>13.933</b>	<b>11.281</b>	<b>2.425</b>	<b>.227</b>	<b>31.5</b>	<b>223</b>	<b>39.1</b>	<b>390</b>	<b>376</b>	<b>2.44</b>	<b>0.5</b>
<b>Mo. Avg.</b>	<b>.449</b>	<b>.364</b>	<b>.078</b>	<b>.007</b>	<b>1.02</b>	<b>7.19</b>	<b>1.26</b>	<b>195</b>	<b>188</b>	<b>1.22</b>	<b>0.25</b>

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R. Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: October 1, 2016 To October 31, 2016**

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1								
2								
3								
4	1.2	<1	3.10	0.24				
5	<0.5	<1						
6	<0.5	<1						
7								
8								
9								
10	2.2	<1						
11	1.8	<1						
12	1.2	<1						
13	<0.5	<1						
14	<0.5							
15								
16								
17	<0.5	<1						
18	<0.5	<1	2.90	0.47				
19	<0.5	<1						
20	<0.5	<1						
21								
22								
23								
24	<0.5	<1						
25	<0.5	<1						
26	<0.5	<1						
27	<0.5	<1						
28								
29								
30								
31	<0.5	<1						
Total	9.4	8.0	6.0	0.71				
Avg.	0.59	0.5	3.0	0.36				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

ISSUANCE/REISSUANCE DATE: February 20, 2012

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

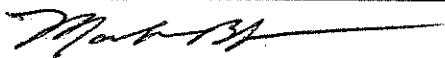
LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: **October 1, 2016** **October 31, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND PARM Code 50050 Y Mon. Site No. FLW-003	Sample Measurement	.111						
	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND PARM Code 50050 I Mon. Site No. FLW-003	Sample Measurement	.078						
	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC PARM Code 50050 Q Mon. Site No. FLW-004	Sample Measurement	.012						
	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended PARM Code 00530 B Mon. Site No. EFB-001	Sample Measurement			2.2				
	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement			<1				
	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site No. EFA-001	Sample Measurement			100%				
	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkenper / Lead Operator		(305)295-3301	11/22/2016

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



## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: October 1, 2016 To:

October 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				7.0		7.3				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						3.8				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.403								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.09					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.44	1.44	1.22				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.449	.435								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						87%	%			
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						226.5				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						191				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

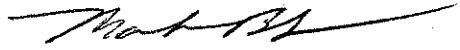
COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: October 1, 2016      October 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement		.281								
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement		.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement		.364								
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.09					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)	mg/L			Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.44	1.44	1.22				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					.074					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)	mg/L			Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement		.25		.25	0.25					
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	11/22/2016

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001  
 NUMBER:

PERMIT NUMBER: FLA014951-011-DW2P

MONITORING PERIOD From: October 1, 2016 To:

October 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.51					
	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.54	<1				
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement			7.0		7.3				
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement			0.5						
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				MNR					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement			3.10	3.10	3.0		2		
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				MNR					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement			0.47	0.47	0.36				
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

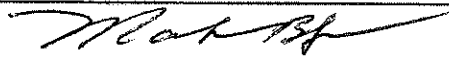
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: October 1, 2016 To: October 31, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	6.8						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	11/22/2016

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

ISSUANCE/REISSUANCE DATE:

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: November 1, 2016 To November 30, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.521	.521			1.5	7.4	0.3	210.5	195	2.3	2.0
2	.517	.517			0.6	7.3	1.3				
3	.465	.465			0.7	7.3	1.3				
4	.436	.436			0.6	7.3	1.3				
5	.462	.462			1.5		1.1				
6	.435	.435			0.5		1.1				
7	.397	.397			0.5	7.3	1.1				
8	.402		.351	.051	1.5	7.4	1.0				
9	.402		.366	.036	1.5	7.3	1.1				
10	.400	.400			1.0	7.2	1.1				
11	.442		.400	.042	1.5	7.3	0.8				
12	.443	.443			0.8	7.2	0.8				
13	.492	.492			1.0	7.3	0.8				
14	.434	.434			1.5	7.3	0.5				
15	.458		.413	.045	1.5	7.3	0.7	183.5	195.5	<2	<.5
16	.495	.495			1.0	7.3	1.1				
17	.463	.463			1.0	7.4	1.7				
18	.450		.396	.054	1.6	7.3	1.0				
19	.418	.418			1.6	7.4	1.2				
20	.415	.415			1.0	7.3	1.0				
21	.409	.409			1.5	7.3	1.4				
22	.388		.350	.038	1.5	7.1	0.7				
23	.389	.179	.201	.009	1.5	7.2	1.1				
24	.412	.412			0.8	7.1	0.5				
25	.409	.409			0.7	7.2	0.6				
26	.386	.386			1.0	7.2	1.0				
27	.383	.383			1.0	7.2	1.0				
28	.353	.353			1.5	7.3	0.7				
29	.416		.378	.038	2.5	7.2	0.7	175	203	3.31	<0.5
30	.361		.308	.053	1.6	7.2	1.8				
31											
<b>Total</b>	12.85	9.324	3.163	.366	36	203.6	29.8	569	593.5	6.61	2.5
<b>Mo. Avg.</b>	.428	.311	.105	.012	1.2	7.3	0.99	189.7	197.8	2.2	0.83

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R. Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: November 1, 2016 To November 30, 2016**

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	<.5	<1	1.6	.28				
2	<.5	<1						
3	<.5	<1						
4								
5								
6								
7	<.5	<1						
8	<.5	<1						
9	<.5	<1						
10	<.5	<1						
11								
12								
13								
14	2.2	<1						
15	<.5	<1	5.0	.43				
16	<.5	<1						
17	<.5	<1						
18								
19								
20								
21	1.4	<1						
22	<.5	<1						
23	<.5	<1						
24	<.5	<1Q						
25								
26								
27								
28	2.0	<1						
29	1.6	<1	12.2	0.86				
30	<.5	1						
31								
<b>Total</b>	10.7	9.5	18.8	1.57				
<b>Avg.</b>	0.59	0.53	6.26	0.52				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkenper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER:

FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT:  
 CLASS SIZE:  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESCRIPTION:  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

Final  
 N/A  
 U-001  
 two Class V injection wells


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

From: November 1, 2016 November 30, 2016

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.284							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.311							
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.15					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.31					
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			0.78					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
Solids, Total Suspended	Sample Measurement			2.0					
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	12/22/2016

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: November 1, 2016 To:

November 30, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement					0.52					
	Permit Requirement					200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement					0.52	1				
	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement				7.1		7.4				
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement				0.5						
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement					MNR					
	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement				12.2	12.2	6.26		1		
	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement					MNR					
	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement				0.86	0.86	0.52				
	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC



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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT:  
 CLASS SIZE:  
 MONITORING GROUP NUMBER:  
 MONITORING GROUP DESCRIPTION:  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

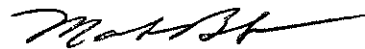
Final  
 N/A  
**R-001**  
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic  
 reuse storage golf course pond and irrigation system, with Influent

COUNTY: **Monroe**  
 OFFICE: **South District**

MONITORING PERIOD From: **November 1, 2016** **November 30, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - <b>POND</b>	Sample Measurement	.110						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - <b>POND</b>	Sample Measurement	.105						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - <b>MCDC</b>	Sample Measurement	.012						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement				2.2			
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement				5.0 (Max.)	mg/L	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				25 (Max.)	#/100mL	4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			94%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)		percent	4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	12/22/2016

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): We are contesting the lab results for TN. Their lab results correspond directly to our process control results for our NO3 reading. We believe that the results are not TN but rather NO3. We are working this out with the lab and plan to split samples for next several composites.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: November 1, 2016 To: November 30, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				7.1		7.4				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						1.8				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement	.406									
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement	0.499 (An.Avg.)		MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.15					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.31	3.31	2.2				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.428	.440								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						88%	%			
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						210.5				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						203				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
MAILING ADDRESS: 6630 Front Street  
Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
LOCATION: 6630 Front St., Stock Island  
Key West, FL 33045-


LIMIT: Final  
CLASS SIZE: N/A  
MONITORING GROUP NUMBER: RMP-Q  
MONITORING GROUP DESCRIPTION: Bio solids Quantity  
RE-SUBMITTED DMR:   
NO DISCHARGE FROM SITE:   
MONITORING PERIOD From: November 1, 2016 To: November 30, 2016

REPORT FREQUENCY: Monthly  
PROGRAM: Domestic

COUNTY: Monroe  
South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Land filled)	Sample Measurement	8.5						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	12/22/2016

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

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: December 1, 2016 To December 31, 2016**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.452		.413	.039	1.6	7.3	2.0				
2	.379	.253	.121	.005	1.6	7.3	0.9				
3	.402	.402			1.5	7.2	0.7				
4	.373	.373			1.5	7.3	0.9				
5	.393	.393			1.0	7.3	0.2				
6	.379		.342	.037	2.5	7.2	3.5				
7	.409	.239	.157	.013	1.5	7.2	1.1				
8	.364		.330	.034	1.8	7.2	1.0				
9	.386	.241	.135	.010	1.6	7.3	1.7				
10	.387	.387			1.0	7.2	1.0				
11	.400	.400			1.9	7.2	0.6				
12	.384	.384			1.0	7.1	0.7				
13	.384		.347	.037	1.5	7.2	1.7	280.5	290.0	1.92	2.33
14	.404		.360	.044	1.5	7.3	1.2				
15	.378	.378			2.0	7.3	1.1				
16	.395	.395			2.0	7.2	1.2				
17	.401	.401			1.0	7.3	1.5				
18	.394	.394			1.0	7.2	1.5				
19	.412	.412			0.5	7.3	1.4				
20	.395		.357	.038	1.5	7.0	1.5				
21	.406	.236	.161	.009	2.0	7.1	1.0				
22	.408	.238	.159	.011	3.5	7.2	1.0				
23	.374	.218	.142	.014	3.0	7.1	1.1				
24	.436		.382	.054	1.0	7.2	1.2				
25	.406	.406			0.8	7.1	1.4				
26	.341	.341			1.5	7.3	1.0				
27	.453	.264	.179	.010	1.5	7.2	1.0	196.5	204.0	2.66	1.84
28	.466	.466			2.0	7.2	1.2				
29	.401		.364	.037	1.5	7.2	1.2				
30	.496	.496			0.6	7.2	0.8				
31	.448	.448			0.5	7.2	0.9				
<b>Total</b>	12.506	8.165	3.949	.392	47.4	223.6	37.2	477	494	4.58	4.17
<b>Mo. Avg.</b>	.403	.355	.263	.026	1.53	7.2	1.2	238.5	247	2.29	2.09

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R. Miller</u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: December 1, 2016 To December 31, 2016**

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	<0.5	<1						
2								
3								
4								
5	1.6	<1						
6	1.4	<1						
7	<0.5	<1						
8	<0.5	<1						
9								
10								
11								
12	<0.5	<1						
13	<0.5	<1	3.50	0.30				
14	<0.5	<1						
15	<0.5	<1						
16								
17								
18								
19	1.6	<1						
20	1.6	<1						
21	1.0	<1						
22	1.2	<1						
23	<0.5	<1						
24								
25								
26	<0.5	<1Q						
27	<0.5	<1	0.60	0.36				
28	<0.5	<1						
29	<0.5	<1						
30	1.0	<1						
31								
Total	12.4	9.5	4.10	0.66				
Avg.	0.65	0.5	2.05	0.33				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

ISSUANCE/REISSUANCE DATE: February 20, 2012

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

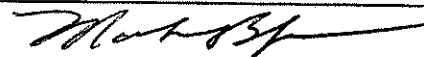
LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **December 1, 2016** to **December 31, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.113						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.127						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.012						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement				1.6			
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement				5.0 (Max.)	mg/L	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				25 (Max.)	#/100mL	4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)		percent	4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	01/27/2017

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): We are contesting the lab results for TN. Their lab results correspond directly to our process control results for our NO3 reading. We believe that the results are not TN but rather NO3. We are working this out with the lab and plan to split samples for next several composites.

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: December 1, 2016 To:

December 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				7.0		7.3				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						3.5				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.404								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.19					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.66	2.66	2.29				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.403	.427								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						86%	%			
PARM Code 00180 1 Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						280.5				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						290.0				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP: two Class V injection wells  
 DESCRIPTION:

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic


COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: **December 1, 2016** **December 31, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement	.278						
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement	.263						
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.19				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.66				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks
Solids, Total Suspended	Sample Measurement			0.90				
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			2.33				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	01/27/2017

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



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: December 1, 2016 To:

December 31, 2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement					0.52					
	Permit Requirement					200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement					0.52	<1				
	Permit Requirement					200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement				7.0		7.3				
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement				0.5						
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement					MNR					
	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-br FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement				3.5	3.5	2.05				
	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement					2.39					
	Permit Requirement					Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement				0.36	0.36	0.33				
	Permit Requirement				Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **RMP-Q**  
 MONITORING GROUP DESCRIPTION: **Bio solids Quantity**

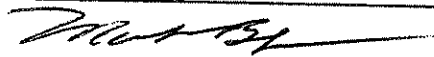
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **November 1, 2016** To: **November 30, 2016**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
<b>Biosolids Quantity (Land filled)</b>	Sample Measurement	10.0						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	01/27/2017

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

ISSUANCE/REISSUANCE DATE:

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: January 1, 2016 To January 31, 2017**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.438	.438			1.5	7.2	0.9				
2	.438	.438			1.0	7.3	1.0				
3	.387	.387			1.0	7.2	1.2				
4	.394	.394			0.5	7.2	1.2				
5	.414	.414			0.5	7.2	1.3				
6	.408	.408			0.5	7.2	1.2				
7	.464	.095	.356	.013	1.6	7.2	0.6				
8	.437	.437			1.5	7.3	0.4				
9	.378	.378			1.5	7.3	0.9				
10	.417	.417			0.9	7.2	0.9	309.5	164.0	5.95	15.67
11	.410	.410			1.0	7.2	1.0				
12	.425		.376	.049	1.5	7.2	1.1				
13	.415		.363	.052	1.5	7.2	1.2				
14	.439	.439			1.7	7.2	0.6				
15	.403	.403			1.0		0.8				
16	.403	.403			1.8	7.2	1.2				
17	.434		.381	.053	1.5	7.1	1.9				
18	.428	.428			0.6	7.2	2.7				
19	.424	.247	.163	.012	1.5	7.2	1.3				
20	.402		.355	.047	2.0	7.2	1.3				
21	.391	.391			0.6	7.2	0.3				
22	.385	.385			0.9	7.1	0.7				
23	.455	.455			2.0	7.2	0.8				
24	.497	.497			1.5	7.2	0.8	299.0	262.0	2.20	<0.5
25	.366	.016	.308	.042	1.6	7.3	0.3				
26	.424	.247	.159	.018	1.5	7.3	0.4				
27	.373	.208	.150	.015	1.5	7.2	0.5				
28	.396		.337	.059	1.8	7.2	1.4				
29	.387	.387			2.0	7.2	0.3				
30	.421	.421			1.0	7.3	0.2				
31	.398		.351	.047	1.6	7.2	1.2				
<b>Total</b>	12.851	9.143	3.301	.407	40.6	216.4	29.6	608.5	426	8.15	15.92
<b>Mo. Avg.</b>	.414	.295	.106	.013	1.3	7.2	1.85	305.25	213	4.08	7.96

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R. Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: January 1, 2017 To January 31, 2017**

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1								
2	<0.5	<1						
3	<0.5	1						
4	<0.5	<1						
5	1.2	<1						
6	<0.5	<1						
7								
8								
9	<0.5	<1						
10	<0.5	<1	2.40	0.23				
11	3.4	<1						
12	2.8	<1						
13	<0.5	<1						
14								
15								
16	3.2	<1						
17	1.8	<1						
18	1.4	<1 Q						
19	2.0	<1						
20	<0.5	<1						
21								
22								
23	<0.5	<1						
24	<0.5	<1	3.80	0.75				
25	<0.5	<1						
26	<0.5	<1						
27	<0.5	<1						
28								
29								
30	<0.5	<1						
31	3.8	<1						
<b>Total</b>	23.1	11.5	6.2	0.98				
<b>Avg.</b>	1.05	0.52	3.1	0.49				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT:  
 CLASS SIZE: Final  
 N/A  
 MONITORING GROUP NUMBER: **RMP-Q**  
 MONITORING GROUP DESCRIPTION: **Bio solids Quantity**


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **January 1, 2017** To: **January 31, 2017**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
<b>Biosolids Quantity (Land filled)</b>	Sample Measurement	13.2						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	01/27/2017

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: January 1, 2017 To:

January 31, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.52					
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal	Sample Measurement				0.52	1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH	Sample Measurement			7.1		7.3				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement				2.49					
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total	Sample Measurement			3.80	3.80	3.1				
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				0.51					
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement			0.75	0.75	0.49				
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

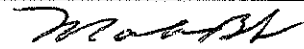
RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: **January 1, 2017** **January 31, 2017**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.114						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.106						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.013						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			3.8				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			95%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	01/27/2017

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: January 1, 2017 To: January 31, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				7.1		7.3				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement						2.7				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement		.404								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.38					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.95	5.95	4.08				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.414	.415								
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						83%	%			
PARM Code 00180 I Mon. Site No. FLW-001	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement						309.5				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement						262				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC



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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP: two Class V injection wells  
 DESCRIPTION:

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

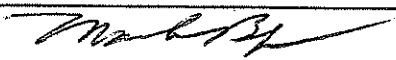
COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

MONITORING PERIOD From: January 1, 2017 January 31, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement	.277						
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement	.295						
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.38				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.95	5.95	4.08		
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks
Solids, Total Suspended	Sample Measurement			1.45				
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)			mg/L	Every 2 weeks
Solids, Total Suspended	Sample Measurement			15.67	15.67	7.96		1
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	01/27/2017

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): High TSS on 1-10-17 due to possible construction debris and dust during expansion project.

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: February 1, 2016 To February 28, 2017**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.399	.233	.151	.015	1.8	7.3	1.3				
2	.367		.319	.048	1.7	7.4	1.4				
3	.430	.430			1.5	7.3	0.7				
4	.381		.339	.042	1.5	7.2	0.8				
5	.412	.412			1.0	7.3	0.8				
6	.381	.381			1.5	7.3	1.2				
7	.381		.332	.049	1.6	7.3	2.1	307	238	1.97	<0.5
8	.440	.440			1.2	7.2	1.1				
9	.425		.369	.056	1.5	7.2	1.1				
10	.463	.463			1.5	7.3	1.6				
11	.379	.379			0.6	7.2	0.1				
12	.392	.392			1.0	7.2	0.2				
13	.402	.402			1.2	7.2	1.2				
14	.369	.369			0.6	7.3	1.3				
15	.374	.374			0.6	7.3	1.5				
16	.408	.408			0.7	7.2	1.6				
17	.398	.398			0.7	7.3	1.4				
18	.403	.403			0.8	7.3	1.1				
19	.411	.411			0.7	7.2	1.3				
20	.432	.432			0.7	7.2	1.5				
21	.340	.340			0.8	7.3	1.6	278	187	<2.0	1.84
22	.415	.415			0.6	7.3	1.8				
23	.515	.515			0.6	7.2	1.3				
24	.394	.394			0.7	7.3	1.4				
25	.394	.394			0.8	7.2	1.2				
26	.416	.416			0.7	7.2	1.4				
27	.405	.405			0.7	7.2	1.0				
28	.399	.399			0.8	7.4	1.6				
29											
30											
31											
<b>Total</b>	11.325	9.605	1.510	.210	28.1	203.3	34.6	585	425	2.97	2.09
<b>Mo. Avg.</b>	.404	.343	0.054	0.007	1.00	7.26	1.24	292.5	212.5	1.49	1.05

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R. Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: February 1, 2017 To February 28, 2017**

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	<0.5	<1						
2	<0.5	<1						
3	1.2	<1						
4								
5								
6	<0.5	<1						
7	<0.5	<1	1.30	0.60				
8	<0.5	<1						
9	1.0	<1						
10								
11								
12								
13	<0.5	<1						
14	1.0	<1 Q						
15	<0.5	<1						
16	<0.5	<1 Q						
17	1.0	<1						
18								
19								
20	<0.5	<1						
21	<0.5	<1	0.33	0.11				
22	<0.5	<1						
23	<0.5	<1						
24	<0.5	<1						
25								
26								
27	<0.5	<1						
28	<0.5	<1						
29								
30								
31								
<b>Total</b>	8.20	10	1.63	0.71				
<b>Avg.</b>	0.41	0.5	0.82	0.36				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: <u>B</u>	Certificate No: <u>17028</u>	Name: <u>Glenn R Miller</u>
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkenper</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING: 6630 Front Street  
 ADDRESS: Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

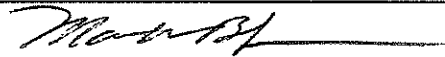
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

MONITORING PERIOD From: February 1, 2017 February 28, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.115						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	.054						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	.012						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement			1.2				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			0.5				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement			25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)	percent		4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	01/27/2017

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: February 1, 2017 To: February 28, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	
pH	Sample Measurement				7.2	7.4				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.5					
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement					2.1				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL	Sample Measurement	.401								
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD					5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.38				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.97	1.97				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Flow - TOTAL	Sample Measurement	.404	.407							
PARM Code 50050 S Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD					5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					82%	%			
PARM Code 00180 1 Mon. Site No. FLW-001	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					307				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement					238				
PARM Code 00530 Q Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **U-001**  
 MONITORING GROUP DESCRIPTION: two Class V injection wells


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **February 1, 2017** to **February 28, 2017**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement	.274						
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	499 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement	.343						
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.38				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An. Avg.)	mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.97	1.97	1.49		
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Every 2 weeks
Solids, Total Suspended	Sample Measurement			1.52				
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An. Avg.)	mg/L		Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.84	1.84	1.05		
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Every 2 weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	01/27/2017

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

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

FACILITY: **Key West Resort Utility WWTP**

MONITORING GROUP **U-001**

PERMIT NUMBER: **FLA014951-011-DW2P**

NUMBER:

MONITORING PERIOD From: **February 1, 2017** To:

**February 28, 2017**

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.51					
	Permit Requirement				200 (An Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.5	0.5				
	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement			7.2		7.4				
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement			0.5						
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				2.47					
	Permit Requirement				Report (An Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement			1.3	1.3	0.82				
	Permit Requirement			Report (Max.)	Report (Wk. Avg.)	Report (Mo. Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				0.48					
	Permit Requirement				Report (An Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement			0.6	0.6	0.36				
	Permit Requirement			Report (Max.)	Report (Wk. Avg.)	Report (Mo. Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **RMP-Q**  
 MONITORING GROUP DESCRIPTION: **Bio solids Quantity**

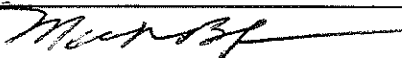
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **February 1, 2017** To: **February 28, 2017**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Land filled)	Sample Measurement	11.6						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	01/27/2017

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



## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: March 1, 2016 To March 31, 2017**

	Flow MGD Total	Flow MGD Wells	Flow MGD Pond	Flow MGD MCDC	Chlorine, Total Residual (For Disinfection)	pH s.u.	Turbidity NTU Reuse	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L
Code	50050	50050	50050	50050	50060	00400	00070	80082	00530	80082	00530
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	EFA-001	EFA-001	EFB-001	INF-001	INF-001	EFA-001	EFA-001
1	.441	.441			0.9	7.2	2.0				
2	.423	.423			0.8	7.3	2.3				
3	.421	.421			0.7	7.3	2.4				
4	.431	.431			0.7	7.2	2.1				
5	.340	.340			0.8	7.2	2.0				
6	.395	.395			0.6	7.2	1.2				
7	.409	.409			0.8	7.3	1.1	386.0	280.0	2.39	<0.5
8	.426	.426			0.9	7.3	1.1				
9	.395	.395			0.9	7.2	1.2				
10	.400	.400			1.2	7.2	1.2				
11	.415	.415			1.1	7.2	1.1				
12	.375	.375			0.9	7.3	1.5				
13	.401	.401			0.9	7.2	1.7				
14	.415	.415			0.6	7.1	1.8	212.4	177.0	1.52	<0.5
15	.441	.441			0.7	7.2	1.1				
16	.428	.428			0.8	7.2	1.3				
17	.430	.430			0.7	7.3	1.5				
18	.425	.425			0.6	7.2	1.7				
19	.435	.435			0.6	7.2	1.6				
20	.553	.553			0.6	7.0	1.5				
21	.440	.440			0.8	7.2	1.7	354.6	238.0	<2	3.75
22	.389	.389			0.7	7.3	1.9				
23	.322	.322			0.8	7.2	1.5				
24	.327	.327			0.7	7.2	1.7				
25	.430	.430			1.0	7.1	1.8				
26	.380	.380			0.7	7.2	2.2				
27	.419	.419			0.7	7.3	2.0				
28	.453	.453			0.9	7.3	1.7	251.7	210.0	<2.0	<0.5
29	.447	.447			0.8	7.3	2.0				
30	.412	.412			0.9	7.3	1.8				
31	.413	.413			0.6	7.3	1.4				
<b>Total</b>	<b>12.831</b>	<b>12.831</b>			<b>24.4</b>	<b>224</b>	<b>51.1</b>	<b>1184.7</b>	<b>905</b>	<b>5.91</b>	<b>4.5</b>
<b>Mo. Avg.</b>	<b>.414</b>	<b>.414</b>			<b>0.8</b>	<b>7.2</b>	<b>1.6</b>	<b>296.2</b>	<b>226.3</b>	<b>1.48</b>	<b>1.13</b>

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

## DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014951-011-DW2P**

 Facility: **Key West Resort Utility WWTP**

 Monitoring Period **From: March 1, 2017 To March 31, 2017**

	Solids, Total Suspended mg/L Reuse	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	00530	74055	00600	00665				
Mon. Site	EFB-001	EFA-001	EFA-001	EFA-001				
1	<0.5	<1						
2	1.6	<1						
3	1.4	<1						
4								
5								
6	1.0	<1						
7	<0.5	<1	0.82	<0.048				
8	<0.5	<1						
9	<0.5	<1						
10	<0.5	<1						
11								
12								
13								
14		<1	9.7	5.6				
15								
16								
17								
18								
19								
20								
21			2.10	0.51				
22		<1						
23								
24								
25								
26								
27								
28			0.86	0.51				
29		<1						
30								
31								
Total	5.25	5.5	13.48	6.67				
Avg.	0.66	0.5	3.37	1.67				

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>20501</u>	Name: <u>Greg Wright</u>
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>B</u>	Certificate No: <u>5355</u>	Name: <u>Mark Burkemper</u>

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

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3875

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-011-DW2P

FACILITY: Key West Resort Utility WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: two Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

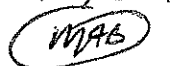
From: March 1, 2017 March 31, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - WELLS	Sample Measurement	.289							
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - WELLS	Sample Measurement	.414							
PARM Code 50050: 1 Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.11					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Every 2 weeks	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.39	2.39	1.48			
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.59					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)			mg/L	Every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement			3.75	3.75	1.13			
PARM Code 00530: A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Every 2 weeks	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	<del>01/27/2017</del>

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

04/25/2017  


DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-011-DW2P

NUMBER:

MONITORING PERIOD From: March 1, 2017 To:

March 31, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFA-001	Sample Measurement				0.51					
	Permit Requirement				200 (An.Avg.)		#/100mL		Every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-001	Sample Measurement				0.5	0.5				
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement			7.0		7.3				
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement			0.6						
	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 Y Mon. Site No. EFA-001	Sample Measurement				2.66					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Nitrogen, Total PARM Code 00600 A Mon. Site No. EFA-001	Sample Measurement			9.7	9.7	3.37		1		
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site No. EFA-001	Sample Measurement				0.60					
	Permit Requirement				Report (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site No. EFA-001	Sample Measurement			5.6	5.6	1.67		2		
	Permit Requirement			Report (Max.)	Report (Wk.Avg.)	Report (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: reuse storage golf course pond and irrigation system, with Influent  
 REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District


RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **March 1, 2017** to **March 31, 2017**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - POND	Sample Measurement	.103						
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - POND	Sample Measurement	0.0						
PARM Code 50050 I Mon. Site No. FLW-003	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement	0.011						
PARM Code 50050 Q Mon. Site No. FLW-004	Permit Requirement	(An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Solids, Total Suspended	Sample Measurement				1.6			
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement				5.0 (Max.)	mg/L	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.5			
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				25 (Max.)	#/100mL	4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement			100%				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement			75 (Mo.Total)		percent	4 Days/Week	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305)295-3301	01/27/2017

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Facility is still under construction for expansion.

04/25/2017  


DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Key West Resort Utility WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014951-011-DW2P

MONITORING PERIOD From: March 1, 2017 To: March 31, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	
pH PARM Code 00400 A Mon. Site No. EFA-001	Sample Measurement				7.0		7.3				
	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-001	Sample Measurement				NOD						
	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon. Site No. EFB-001	Sample Measurement						NOD				
	Permit Requirement						Report (Max.)	NTU		Continuous	Meter
Flow - TOTAL PARM Code 50050 R Mon. Site No. FLW-001	Sample Measurement		.404								
	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-001	Sample Measurement					2.11					
	Permit Requirement					20.0 (An.Avg.)		mg/L		Every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-001	Sample Measurement				2.39	2.39	1.48				
	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Every 2 weeks	8-hr FPC
Flow - TOTAL PARM Code 50050 S Mon. Site No. FLW-001	Sample Measurement	.414	.411								
	Permit Requirement	Report (Mo.Avg.)	Report (Qt.Avg.)	MGD						5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 1.00 PARM Code 00180 I Mon. Site No. FLW-001	Sample Measurement						82%	%			
	Permit Requirement						Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent) PARM Code 80082 G Mon. Site No. INF-001	Sample Measurement						386				
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent) PARM Code 00530 Q Mon. Site No. INF-001	Sample Measurement						280				
	Permit Requirement						Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

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

When Completed mail this report to: Department of Environmental Protection, South District Branch Office, 2796 Overseas Highway, Suite 221, Marathon, FL, 33050

PERMITTEE NAME: K W Utility Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: **FLA014951-011-DW2P**

FACILITY: **Key West Resort Utility WWTP**  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045-

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: **RMP-Q**  
 MONITORING GROUP DESCRIPTION: **Bio solids Quantity**

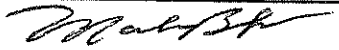
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 South District


RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **March 1, 2017** To: **March 31, 2017**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
<b>Biosolids Quantity (Land filled)</b>	Sample Measurement	10.4						
PARM Code B0008 + Mon. Site No. RMP-1	Permit Requirement	Report (Mo. Total)	dry tons			0	Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		305-295-3301	<del>01/27/2017</del>

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

04/25/2017  


ISSUANCE/REISSUANCE DATE:

# NEW PERMIT # DMR

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-013-DW1P  
From: April 1, 2017 To: April 30, 2017

Facility: KW Resort Utilities Corp. WWTP

	Flow MGD TOTAL	Flow MGD WELLS	Flow MGD GOLF COURSE	Flow MGD MCDC	Flow MGD LKMC	Flow MGD FKCC	Chlorine, Total Residual (For Disinfection) mg/L	pH s.u.	Turbidity NTU	Solids, Total Suspended mg/L GRAB	Coliform, Fecal #/100mL
Code	50050	50050	50050	50050	50050	50050	50060	00400	00070	00530	74055
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	FLW-006	EFA-001	EFA-001	EFB-001	EFB-001	EFA-001
1	.416	.416					0.7	7.2	0.2		
2	.419	.419					0.6	7.2	0.2		
3	.402	.402					0.6	7.3	SEF		
4	.438	.438					0.8	7.0	SEF		
5	.328	.328					0.8	7.2	SEF		<1
6	.434	.434					0.7	7.3	SEF		
7	.403	.403					0.6	7.2	SEF		
8	.356	.356					0.9	7.2	0.8		
9	.360	.360					0.7	7.3	0.8		
10	.377	.377					0.7	7.2	1.8		
11	.456	.456					0.8	7.3	0.5		
12	.410	.410					0.7	7.3	0.4		<1
13	.427	.427					0.8	7.3	0.6		
14	.522	.522					0.7	7.4	2.1		
15	.465	.465					0.8	7.3	2.3		
16	.406	.406					0.9	7.2	1.4		
17	.409	.409					0.8	7.2	0.7		
18	.429	.429					0.9	7.6	1.7		
19	.461	.461					1.2	7.4	2.0		<1
20	.444	.444					0.7	7.3	1.0		
21	.375	.375					0.7	7.8	1.1		
22	.512	.512					1.2	7.3	0.2		
23	.451	.451					0.8	7.3	1.7		
24	.513	.513					1.2	7.4	1.1		
25	.510	.510					1.4	7.5	1.4		
26	.435	.435					1.6	7.5	1.0		<1
27	.459	.459					1.2	7.5	1.9		
28	.436	.436					1.0	7.4	0.5		
29	.425	.425					1.1	7.6	0.5		
30	.413	.413					1.0	7.5	0.6		
31											
<b>Total</b>	12.891	12.891					26.6	220.2	26.5		2
<b>Mo. Avg.</b>	.430	.430					0.89	7.34	1.06		0.5

**PLANT STAFFING:**

Operator                      Class:   A        Certificate No:   23609        Name:   Tim Sunderman  

Evening Shift Operator      Class:             Certificate No:             Name:       

Night Shift Operator        Class:             Certificate No:             Name:       

Lead Operator                Class:   B        Certificate No:   5355        Name:   Mark Burkemper



## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-013-DWIP  
From: April 1, 2017 To: April 30, 2017

Facility: KW Resort Utilities Corp. WWTP

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L  COMP	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	80082	00530	80082	00530	00600	00665				
Mon. Site	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001				
1										
2										
3										
4	271.5	271.0	<2	2.15	0.60	0.38				
5										
6										
7										
8										
9										
10										
11	284.5	122.5	<2	2.15	1.3	1.3				
12										
13										
14										
15										
16										
17										
18	230.5	208.0	<2	1.8	0.41	0.18				
19										
20										
21										
22										
23										
24										
25	250.6	204.5	<2	<0.5	0.40	0.37				
26										
27										
28										
29										
30										
31										
<b>Total</b>	1037.1	806	4	6.35	2.71	2.23				
<b>Mo. Avg.</b>	259.3	201.5	1.0	1.59	0.68	0.56				

**PLANT STAFFING:**

Operator	Class: <u>  A  </u>	Certificate No: <u>  23609  </u>	Name: <u>  Tim Sundeman  </u>
Evening Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Night Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Lead Operator	Class: <u>  B  </u>	Certificate No: <u>  5355  </u>	Name: <u>  Mark Burkemper  </u>

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

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-013-DW1P

FACILITY: KW Resort Utilities Corp. WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: Reuse, with Influent

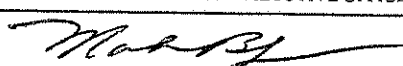
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: April 1, 2017 To: April 30, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - GOLF COURSE	Sample Measurement		.087								
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement		1.0 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - MCDC	Sample Measurement		.011								
PARM Code 50050 1 Mon. Site No. FLW-004	Permit Requirement		0.060 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - LKMC	Sample Measurement		NOD								
PARM Code 50050 P Mon. Site No. FLW-005	Permit Requirement		0.040 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - FKCC	Sample Measurement		NOD								
PARM Code 50050 Q Mon. Site No. FLW-006	Permit Requirement		0.010 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.93					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					20.0 (An. Avg.)	mg/L			Weekly	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	1.0				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				60.0 (Max.)	45.0 (Max. Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Weekly	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	05/24/2017

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

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

FACILITY: KW Resort Utilities Corp. WWTP

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD

R-002

From: April 1, 2017 To:

PERMIT NUMBER: FLA014951-013-DW1P

April 30, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					NOD				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement					5.0 (Max.)	mg/L		Daily, 24 hours	Grab
Coliform, Fecal	Sample Measurement					NOD				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)	#/100mL		Daily, 24 hours	Grab
Coliform, Fecal, % less than detection	Sample Measurement					NOD				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement					75 (Min. Mo. Total)	percent		Daily, 24 hours	Calculated
pH	Sample Measurement					7.0				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement					6.0 (Min.)			5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement					NOD				
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement					1.0 (Min.)	mg/L		Continuous	Meter
Turbidity	Sample Measurement					NOD				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					<2				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement					2.15				
PARM Code 00530 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Weekly	8-hr FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					83%				
PARM Code 00180 P Mon. Site No. CAL-001	Permit Requirement					Report (3Mo. Avg.)	percent		Monthly	Calculated
Flow - TOTAL	Sample Measurement		.409							
PARM Code 50050 P Mon. Site No. FLW-001	Permit Requirement		0.499 (An. Avg.)	MGD					5 Days/Week	Calculated
Flow - TOTAL	Sample Measurement	.416	.430							
PARM Code 50050 Q Mon. Site No. FLW-001	Permit Requirement	Report (Qt. Avg.)	Report (Mo. Avg.)	MGD					5 Days/Week	Calculated

ISSUANCE/REISSUANCE DATE: September 14, 2016

DMR EFFECTIVE DATE: 1st day of the 2nd month following effective date of permit - Permit expiration

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

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-013-DW1P

FACILITY: KW Resort Utilities  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: Injection Well System

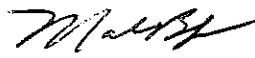
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: April 1, 2017 To: April 30, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement		.312								
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement		0.499 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement		.430								
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement		Report (Mo. Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.93					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					5.0 (An. Avg.)		mg/L		Weekly	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	1.0				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				10.0 (Max.)	7.5 (Max. Wk. Avg.)	6.25 (Mo. Avg.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement					1.64					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement					5.0 (An. Avg.)		mg/L		Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement				2.15	2.15	1.59				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement				10.0 (Max.)	7.5 (Max. Wk. Avg.)	6.25 (Mo. Avg.)	mg/L		Weekly	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	05/24/2017

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: KW Resort Utilities Corp. WWTP

MONITORING GROUP NUMBER: U-001

PERMIT NUMBER: FLA014951-013-DW1P

MONITORING PERIOD From: April 1, 2017 To:

April 30, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					0.51				
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement					200 (An Avg.)	#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement					0.5	0.5			
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					200 (Mo. Geo. Mn.)	300 (Max.)	#/100mL	Weekly	Grab
pH	Sample Measurement				7.0		7.8			
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)		8.5 (Max.)	s.u.	5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.6					
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				0.5 (Min.)			mg/L	5 Days/Week	Grab
Nitrogen, Total	Sample Measurement					2.57				
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement					3.0 (An Avg.)		mg/L	Weekly	8-hr FPC
Nitrogen, Total	Sample Measurement				1.30	1.30	0.68			
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Max.)	4.5 (Max Wk. Avg.)	3.75 (Mo. Avg.)	mg/L	Weekly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement					0.59				
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement					1.0 (An Avg.)		mg/L	Weekly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				1.3	1.3	0.56			
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement				2.0 (Max.)	1.5 (Max Wk. Avg.)	1.25 (Mo. Avg.)	mg/L	Weekly	8-hr FPC

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

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-013-DW1P

FACILITY: KW Resort Utilities  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

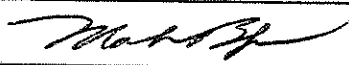
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: April, 1 2017 To: April 30, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement		4.5								
PARM Code B0008 + Mon. Site No. RMP-01	Permit Requirement		Report (Mo. Total)	dry tons						Monthly	Calculated
Biosolids Quantity (Transferred)	Sample Measurement										
PARM Code B0007 + Mon. Site No. RMP-01	Permit Requirement		Report (Mo. Total)	dry tons						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	05/24/2017

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

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-013-DW1P  
From: May 1, 2017 To: May 31, 2017

Facility: KW Resort Utilities Corp. WWTP

	Flow MGD  TOTAL	Flow MGD  WELLS	Flow MGD  GOLF COURSE	Flow MGD  MCDC	Flow MGD  LKMC	Flow MGD  FKCC	Chlorine, Total Residual (For Disinfection) mg/L	pH s.u.	Turbidity NTU	Solids, Total Suspended mg/L  GRAB	Coliform, Fecal #/100mL
Code	50050	50050	50050	50050	50050	50050	50060	00400	00070	00530	74055
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	FLW-006	EFA-001	EFA-001	EFB-001	EFB-001	EFA-001
1	.420	.420					0.7	7.6	2.5		
2	.416	.416					0.6	7.4	1.5		
3	.404	.404					0.6	7.8	0.8		<1
4	.374	.374					1.7	7.7	1.9		
5	.376	.376					2.0	7.7	1.5		
6	.340	.340					1.1	7.6	1.0		
7	.404	.404					0.8	7.5	0.9		
8	.387	.387					0.9	7.6	2.5		
9	.392	.392					1.1	7.8	1.9		
10	.349	.349					1.7	7.8	2.2		<1
11	.352	.352					2.1	7.7	2.2		
12	.392	.392					0.9	7.7	2.1		
13	.399	.399					1.0	7.7	0.8		
14	.345	.345					0.6	7.8	0.8		
15	.376	.376					2.0	7.8	2.2		
16	.389	.389					1.9	7.7	2.2		
17	.392	.392					1.8	7.5	1.7		<1
18	.386	.386					2.2	7.5	2.1		
19	.324	.324					2.0	7.5	2.6		
20	.386	.386					1.6	7.6	2.7		
21	.386	.386					2.0	7.7	2.0		
22	.387	.387					0.7	7.5	2.4		
23	.400	.400					1.0	7.6	2.2		
24	.378	.378					0.9	7.5	1.4		<1
25	.372	.372					1.1	7.5	0.8		
26	.401	.401					2.0	7.5	1.0		
27	.438	.438					1.3	7.5	1.5		
28	.388	.388					1.1	7.2	1.1		
29	.356	.356					1.1	7.5	1.1		
30	.380	.380					1.9	7.5	0.8		
31	.389	.389					1.1	7.5	0.8		<1
<b>Total</b>	11.968	11.968					<b>41.5</b>	<b>235.5</b>	<b>51.2</b>		2.5
<b>Mo. Avg.</b>	.386	.386					<b>1.34</b>	<b>7.6</b>	<b>1.65</b>		0.5

**PLANT STAFFING:**

Operator                      Class:   A        Certificate No:   23609        Name:   Tim Sunderman  

Evening Shift Operator      Class:             Certificate No:             Name:       

Night Shift Operator        Class:             Certificate No:             Name:       

Lead Operator                Class:   B        Certificate No:   5355        Name:   Mark Burkemper

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-013-DW1P  
From: May 1, 2017 To: May 31, 2017

Facility: KW Resort Utilities Corp. WWTP

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L  COMP	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	80082	00530	80082	00530	00600	00665				
Mon. Site	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001				
1										
2	235.9	203	<2	<0.5	0.1	0.25				
3										
4										
5										
6										
7										
8										
9	255	250	1.83	<0.5	5.7	3.1				
10										
11										
12										
13										
14										
15										
16	272	222	1.85	<0.5	0.19	0.048				
17										
18										
19										
20										
21										
22										
23	263.5	231	4.43	<0.5	0.4	0.066				
24										
25										
26										
27										
28										
29										
30	276.5	266	<2	<0.5	0.97	0.11				
31										
<b>Total</b>	1302.91	1172	10.11	1.25	7.36	3.574				
<b>Mo. Avg.</b>	260.58	234.4	2.02	0.25	1.47	0.71				

**PLANT STAFFING:**

Operator	Class: <u>  A  </u>	Certificate No: <u>  23609  </u>	Name: <u>  Tim Sunderman  </u>
Evening Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Night Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Lead Operator	Class: <u>  B  </u>	Certificate No: <u>  5355  </u>	Name: <u>  Mark Burkemper  </u>



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER:

FLA014951-013-DW1P

FACILITY: KW Resort Utilities Corp. WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: Reuse, with Influent

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic


COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

From: May 1, 2017 To: May 31, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow - GOLF COURSE	Sample Measurement	.073							
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	1.0 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - MCDC	Sample Measurement	.008							
PARM Code 50050 I Mon. Site No. FLW-004	Permit Requirement	0.060 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - LKMC	Sample Measurement	NOD							
PARM Code 50050 P Mon. Site No. FLW-005	Permit Requirement	0.040 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow - FKCC	Sample Measurement	NOD							
PARM Code 50050 Q Mon. Site No. FLW-006	Permit Requirement	0.010 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.94					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An. Avg.)	mg/L		Weekly	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.43	4.43				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Max. Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Weekly	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	06-26-2017

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

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

FACILITY: KW Resort Utilities Corp. WWTP

MONITORING GROUP

R-002

PERMIT NUMBER: FLA014951-013-DW1P

NUMBER:

MONITORING PERIOD From: May 1, 2017 To:

May 31, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					NOD				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement					5.0 (Max.)	mg/L		Daily, 24 hours	Grab
Coliform, Fecal	Sample Measurement					NOD				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)	#/100mL		Daily, 24 hours	Grab
Coliform, Fecal, % less than detection	Sample Measurement					NOD				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement					75 (Min.Mo.Total)	percent		Daily, 24 hours	Calculated
pH	Sample Measurement					7.2				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement					6.0 (Min.)	8.5 (Max.)	s.u.	5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement					NOD				
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement					1.0 (Min.)	mg/L		Continuous	Meter
Turbidity	Sample Measurement					NOD				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					4.43				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement					<0.5				
PARM Code 00530 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Weekly	8-hr FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					82%				
PARM Code 00180 P Mon. Site No. CAL-001	Permit Requirement					Report (3Mo.Avg.)	percent		Monthly	Calculated
Flow - TOTAL	Sample Measurement		.409							
PARM Code 50050 P Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD					5 Days/Week	Calculated
Flow - TOTAL	Sample Measurement	.410	.386							
PARM Code 50050 Q Mon. Site No. FLW-001	Permit Requirement	Report (Qt. Avg.)	Report (Mo.Avg.)	MGD					5 Days/Week	Calculated

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

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-013-DW1P

FACILITY: KW Resort Utilities  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: Injection Well System

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic


COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:

MONITORING PERIOD From: May 1, 2017 To: May 31, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement		.327								
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement		0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement		.386								
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement		Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.94					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement					5.0 (An.Avg.)		mg/L		Weekly	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.43	4.43	2.02				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement				10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement					1.56					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement					5.0 (An.Avg.)		mg/L		Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement				<0.5	<0.5	0.25				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement				10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Weekly	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	06-26-2017

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

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

FACILITY: KW Resort Utilities Corp. WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-013-DWIP

NUMBER:

MONITORING PERIOD From: May 1, 2017 To:

May 31, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement				0.51						
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement				200 (An. Avg.)		#/100mL		Weekly	Grab	
Coliform, Fecal	Sample Measurement				0.5	0.5					
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL		Weekly	Grab	
pH	Sample Measurement				7.2						
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab	
Chlorine, Total Residual (For Disinfection)	Sample Measurement				0.6						
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				0.5 (Min.)		mg/L		5 Days/Week	Grab	
Nitrogen, Total	Sample Measurement				2.60						
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement				3.0 (An. Avg.)		mg/L		Weekly	8-hr FPC	
Nitrogen, Total	Sample Measurement				5.7	5.7	1.47				
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Max.)	4.5 (Max. Wk. Avg.)	3.75 (Mo. Avg.)	mg/L		Weekly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				0.58						
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement				1.0 (An. Avg.)		mg/L		Weekly	8-hr FPC	
Phosphorus, Total (as P)	Sample Measurement				3.1	3.1	0.71	1			
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement				2.0 (Max.)	1.5 (Max. Wk. Avg.)	1.25 (Mo. Avg.)	mg/L		Weekly	8-hr FPC

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

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-013-DW1P

FACILITY: KW Resort Utilities  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: May, 1 2017 To: May 31, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	3.6								
PARM Code B0008 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons						Monthly	Calculated
Biosolids Quantity (Transferred)	Sample Measurement									
PARM Code B0007 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons						Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	06-26-2017

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

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-013-DWIP  
From: June 1, 2017 To: June 30, 2017

Facility: KW Resort Utilities Corp. WWTP

	Flow MGD TOTAL	Flow MGD WELLS	Flow MGD GOLF COURSE	Flow MGD MCDC	Flow MGD LKMC	Flow MGD FKCC	Chlorine, Total Residual (For Disinfection) mg/L	pH s.u.	Turbidity NTU	Solids, Total Suspended mg/L GRAB	Coliform, Fecal #/100mL
Code	50050	50050	50050	50050	50050	50050	50060	00400	00070	00530	74055
Mon. Site	FLW-001	FLW-002	FLW-003	FLW-004	FLW-005	FLW-006	EFA-001	EFA-001	EFB-001	EFB-001	EFA-001
1	.365	.365					1.36	7.6	.70		
2	.415	.415					2.0	7.6	.60		
3	.396	.396					2.10	7.5	.90		
4	.356	.356					2.10	7.6	.80		
5	.385	.385					1.93	7.6	.90		
6	.393	.393					1.5	7.6	1.5		
7	.401	.401					1.4	7.6	1.2		<1
8	.608	.608					1.2	7.5	1.8		
9	.678	.678					1.8	7.6	1.1		
10	.557	.557					1.4	7.5	1.6		
11	.542	.542					1.7	7.5	2.1		
12	.443	.443					0.8	7.4	1.7		
13	.408	.408					0.9	7.4	0.8		
14	.398	.398					1.8	7.5	1.4		<1
15	.413	.413					1.5	7.6	1.7		
16	.387	.387					3.0	7.5	.80		
17	.394	.394					1.5	7.5	.80		
18	.370	.370					2.3	7.6	.70		
19	.392	.392					2.2	7.5	1.2		
20	.404	.404					1.6	7.5	1.3		
21	.392	.392					1.8	7.6	0.7		<1
22	.415	.415					2.6	7.5	0.9		
23	.382	.382					1.2	7.5	1.0		
24	.417	.417					1.4	7.5	1.1		
25	.380	.380					1.0	7.6	0.8		
26	.404	.404					1.0	7.1	0.7		
27	.363	.363					2.0	7.0	0.9		
28	.359	.359					1.5	7.1	0.5		<1
29	.359	.359					1.6	7.1	0.8		
30	.362	.362					2.5	7.1	0.9		
31											
Total	12.538	12.538					50.69	223.8	31.9		2.0
Mo. Avg.	.418	.418					1.69	7.46	1.06		0.5

**PLANT STAFFING:**

Operator	Class: <u>  A  </u>	Certificate No: <u>  23609  </u>	Name: <u>  Tim Sunderman  </u>
Evening Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>          </u>
Night Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>          </u>
Lead Operator	Class: <u>  B  </u>	Certificate No: <u>  5355  </u>	Name: <u>  Mark Burkenper  </u>

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-013-DW1P  
From: June 1, 2017 To: June 30, 2017

Facility: KW Resort Utilities Corp. WWTP

	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L  COMP	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L				
Code	80082	00530	80082	00530	00600	00665				
Mon. Site	INF-001	INF-001	EFA-001	EFA-001	EFA-001	EFA-001				
1										
2										
3										
4										
5										
6	228.50	260.00	<2.0	1.68	3.1	.77				
7										
8										
9										
10										
11										
12										
13	215.50	191.00	<2.0	<2	3.5	0.21				
14										
15										
16										
17										
18										
19										
20	214.50	181.50	<2.0	<2	2.6	0.80				
21										
22										
23										
24										
25										
26										
27	300.00	242.00	<2.0	<0.5	2.6	.05				
28										
29										
30										
31										
<b>Total</b>	958.50	874.5	4.0	3.93	11.8	1.83				
<b>Mo. Avg.</b>	239.6	218.6	1.0	0.98	2.95	0.46				

**PLANT STAFFING:**

Operator	Class: <u>  A  </u>	Certificate No: <u>  23609  </u>	Name: <u>  Tim Sunderman  </u>
Evening Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Night Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Lead Operator	Class: <u>  B  </u>	Certificate No: <u>  5355  </u>	Name: <u>  Mark Burkemper  </u>

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

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA01495I-013-DW1P

FACILITY: KW Resort Utilities Corp. WWTP  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: Reuse, with Influent


REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: June 1, 2017 To: June 30, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - GOLF COURSE PARM Code 50050 Y Mon. Site No. FLW-003	Sample Measurement		.060								
	Permit Requirement		1.0 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - MCDC PARM Code 50050 I Mon. Site No. FLW-004	Sample Measurement		.007								
	Permit Requirement		0.060 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - LKMC PARM Code 50050 P Mon. Site No. FLW-005	Sample Measurement		NOD								
	Permit Requirement		0.040 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - FKCC PARM Code 50050 Q Mon. Site No. FLW-006	Sample Measurement		NOD								
	Permit Requirement		0.010 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-001	Sample Measurement					1.83					
	Permit Requirement					20.0 (An.Avg.)	mg/L			Weekly	8-hr FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site No. EFA-001	Sample Measurement				<2	<2	1.0				
	Permit Requirement				60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Weekly	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	07-27-2017

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



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

FACILITY: KW Resort Utilities Corp. WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014951-013-DW1P

MONITORING PERIOD From: June 1, 2017 To:

June 30, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement					NOD				
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement					5.0 (Max.)	mg/L		Daily; 24 hours	Grab
Coliform, Fecal	Sample Measurement					NOD				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)	#/100mL		Daily; 24 hours	Grab
Coliform, Fecal, % less than detection	Sample Measurement					NOD				
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement					75 (Min.Mo.Total)	percent		Daily; 24 hours	Calculated
pH	Sample Measurement					7.0				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement					6.0 (Min.)			5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement					NOD				
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement					1.0 (Min.)	mg/L		Continuous	Meter
Turbidity	Sample Measurement					NOD				
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					300				
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement					260.0 <sup>(M)</sup> <del>&lt;0.5</del> 300.0				
PARM Code 00530 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Weekly	8-hr FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					82%				
PARM Code 00180 P Mon. Site No. CAL-001	Permit Requirement					Report (3Mo.Avg.)	percent		Monthly	Calculated
Flow - TOTAL	Sample Measurement		.414							
PARM Code 50050 P Mon. Site No. FLW-001	Permit Requirement		0.499 (An.Avg.)	MGD					5 Days/Week	Calculated
Flow - TOTAL	Sample Measurement	.411	.418							
PARM Code 50050 Q Mon. Site No. FLW-001	Permit Requirement	Report (Qt. Avg.)	Report (Mo.Avg.)	MGD					5 Days/Week	Calculated

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

FACILITY: KW Resort Utilities Corp. WWTP

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-013-DW1P

NUMBER:

MONITORING PERIOD From: June 1, 2017 To:

June 30, 2017

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.51					
PARM Code 74055 Y Mon. Site No. EFA-001	Permit Requirement				200 (An.Avg.)		#/100mL		Weekly	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5				
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Weekly	Grab
pH	Sample Measurement			7.0		7.6				
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			0.8		3.0				
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement				2.71					
PARM Code 00600 Y Mon. Site No. EFA-001	Permit Requirement				3.0 (An.Avg.)		mg/L		Weekly	8-hr FPC
Nitrogen, Total	Sample Measurement			3.5	3.5	2.95				
PARM Code 00600 A Mon. Site No. EFA-001	Permit Requirement			6.0 (Max.)	4.5 (Max.Wk.Avg.)	3.75 (Mo.Avg.)	mg/L		Weekly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement				0.58					
PARM Code 00665 Y Mon. Site No. EFA-001	Permit Requirement				1.0 (An.Avg.)		mg/L		Weekly	8-hr FPC
Phosphorus, Total (as P)	Sample Measurement			.80	.80	0.46		1		
PARM Code 00665 A Mon. Site No. EFA-001	Permit Requirement			2.0 (Max.)	1.5 (Max.Wk.Avg.)	1.25 (Mo.Avg.)	mg/L		Weekly	8-hr FPC

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

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-013-DWIP

FACILITY: KW Resort Utilities  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: Injection Well System

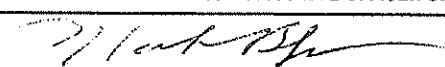
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: June 1, 2017 To: June 30, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement	.347								
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	0.499 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement	.418								
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.83					
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement				5.0 (An.Avg.)		mg/L		Weekly	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	<2.0	1.0				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement				1.56					
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement				5.0 (An.Avg.)		mg/L		Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.68	1.68	0.98				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Weekly	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	6-27-2017

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-013-DW1P

FACILITY: KW Resort Utilities  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: Injection Well System

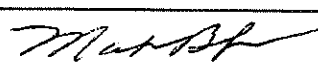
REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: June 1, 2017 To: June 30, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow - WELLS	Sample Measurement	.347						
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	0.499 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow - WELLS	Sample Measurement	.418						
PARM Code 50050 I Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.83				
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			5.0 (An.Avg.)	mg/L		Weekly	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			10.0 (Max.)				
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.5				
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			6.25 (Mo.Avg.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement			1.68				
PARM Code 00530 Y Mon. Site No. EFA-001	Permit Requirement			5.0 (An.Avg.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement			<2.0				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			10.0 (Max.)				
Solids, Total Suspended	Sample Measurement			7.5				
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			6.25 (Mo.Avg.)	mg/L		Weekly	8-hr FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	07-27-2017

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

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

When Completed email this report to: [SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

PERMITTEE NAME: KW Resort Utilities Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

FACILITY: KW Resort Utilities  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

COUNTY: Monroe  
 OFFICE: South District

PERMIT NUMBER: FLA014951-013-DW1P

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

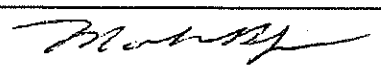
RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

From: June 1, 2017 To: June 30, 2017

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Landfilled)	Sample Measurement	4.8						
PARM Code B0008 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated
Biosolids Quantity (Transferred)	Sample Measurement							
PARM Code B0007 + Mon. Site No. RMP-01	Permit Requirement	Report (Mo.Total)	dry tons				Monthly	Calculated

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Mark Burkemper / Lead Operator		(305) 295-3301	07-27-2017

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

**RULE 25.30-440(5)**

**INSPECTION REPORTS**



## Florida Department Of Environmental Protection

Marathon Branch Office  
2796 Overseas Highway, Suite 221  
Marathon, Florida 33050  
[SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Jonathan P. Steverson  
Secretary

### SENT VIA ELECTRONIC MAIL

April 21, 2016

Mr. Chris Johnson, President  
6630 Front Street  
Key West, Florida 33040  
Email: [chriskw@bellsouth.net](mailto:chriskw@bellsouth.net)



RE: In Compliance Letter  
Key West Resort Utility Wastewater Treatment Plant  
FLA014951  
Monroe County

Dear Mr. Johnson:

Department personnel conducted a Compliance Evaluation Inspection of the above-referenced facility on March 10, 2016. Based on the information provided during the inspection, the Facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is available in the Department's records management database, OCULUS.

The Department appreciates your efforts to maintain this Facility in compliance with state and federal rules. Should you have any questions or comments, please contact Gary Hardie at (305)289-7074 or via e-mail at [Gary.Hardie@dep.state.fl.us](mailto:Gary.Hardie@dep.state.fl.us).

Sincerely,

A handwritten signature in black ink that reads "Gus Rios". Below the signature is a horizontal line.

Gus Rios  
Environmental Administrator  
South District Marathon Branch Office

cc: [SD\\_CAE\\_WPR@dep.state.fl.us](mailto:SD_CAE_WPR@dep.state.fl.us)  
Adam Hill – Public Service Commission ([AHill@psc.state.fl.us](mailto:AHill@psc.state.fl.us))

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

**WASTEWATER COMPLIANCE INSPECTION REPORT**

**FACILITY AND INSPECTION INFORMATION**

@ = Optional

<b>Name and Physical Location of Facility</b>	<b>WAFR ID:</b>	<b>County</b>	<b>Entry Date/Time</b>
Key West Resort Utility	FLA014951	Monroe	03/10/2016
6630 Front Street, Stock Island		<b>Phone</b>	<b>Exit Date/Time</b>
Key West, Florida 33045		(305) 289-4161	03/10/2016
<b>Name(s) of Field Representatives(s)</b>	<b>Title</b>	<b>Email</b>	<b>Phone</b>
Gregory Wright	Operations Coordinator	<a href="mailto:greg@kwru.com">greg@kwru.com</a>	
<b>Name and Address of Permittee or Designated Representative</b>	<b>Title</b>	<b>Phone</b>	<b>Operator Certification #</b>
Christopher Johnson	President	(305) 289-4161	
6630 Front Street	<b>Email</b>		
Key West, Florida 33040	<a href="mailto:chris@kwru.com">chris@kwru.com</a>		

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



**FACILITY COMPLIANCE AREAS EVALUATED**

IC: In Compliance; MC: Minor Out of Compliance; NC: Out of Compliance SC: Significant Non-Compliance;  
NA: Not Applicable; NE or Blank: Not Evaluated

Significant Non-Compliance Criteria Should be Reviewed When Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦ Permit	IC	3. Laboratory	IC	6. Facility Site Review	IC	9. ♦ Effluent Quality
IC	2. ♦ Compliance Schedules	IC	4. Sampling	IC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	IC	11. Biosolids/Sludge
						NA	12. Groundwater
NA	14. Other:					NE	13. SSO Survey

<b>Facility and/or Order Compliance Status:</b> <input checked="" type="checkbox"/> In-Compliance <input type="checkbox"/> Out-Of-Compliance <input type="checkbox"/> Significant-Out-Of-Compliance
<b>Recommended Actions:</b>

<b>Name(s) and Signature(s) of Inspector(s)</b>	<b>District Office/Phone Number</b>	<b>Date</b>
Gary Hardie 	SDB/ (305)289-7070	04/07/2016
<b>Signature of Reviewer</b>	<b>District Office/Phone Number</b>	<b>Date</b>
Diane DiPascale 	SD/ (239)344-5641	04/19/2016

<b>Single Event Violation Code(s):</b>
--



## INSPECTION REPORT SUMMARY

**Facility Name:** Key West Resort Utility

**Facility ID:** FLA014951

**Inspection Type:** CEI

**Inspection Date:** 03/10/2016

### **FACILITY BACKGROUND:**

**Facility Address:** 6630 Front Street, Stock Island, Key West, Florida 33045, Monroe County

**Program/ Permit Information:** DW, permit issue date: 02/20/2012, expiration date: 02/19/2017

**Treatment Summary:** Extended aeration with filtration and chlorinated effluent to two Class V wells or reuse

**Permitted Capacity:** 0.499 MGD

#### 1. **Permit:** RATING – IN COMPLIANCE

1.1 **Observation:** *General* – A copy of the permit was onsite and available to plant personnel.

**Additional Comments:** The current facility operating permit, FLA014951-011, will expire on February 19, 2017.

#### 2. **Compliance Schedules:** RATING – IN COMPLIANCE

2.1 **Observation:** *General* – The facility was in compliance with the current administrative schedule.

#### 3. **Laboratory:** RATING – IN COMPLIANCE

3.1 **Observation:** *General* – The laboratory is certified by the Department of Health.

**Additional Comments:** U.S. Water - E85222; Sanders - E89380

#### 4. **Sampling:** RATING – IN COMPLIANCE

4.1 **Observation:** *General* – Safe and dry access to influent and effluent sampling points are provided.

4.2 **Observation:** *General* – Calibrations for process control equipment were performed correctly.

4.3 **Observation:** *General* – Calibration standards/buffers were within the expiration dates.

#### 5. **Records and Reports:** RATING – IN COMPLIANCE

5.1 **Observation:** *General* – Operators' certification(s) were current and available on-site.

**Additional Comments:** Chris Johnson - WWA0013917; Greg Wright - WWB0020501; Mark Burkemper - WWB0005335; Eric Chamberland - WWC0019699

5.2 **Observation:** *General* – The certified operator's daily logbook was complete.

5.3 **Observation:** *General* – A copy of the current laboratory certification was available at the time of the inspection [62-620.350(1), Florida Administrative Code (F.A.C.)].

**Please Note: A more efficient and paperless alternative to reporting discharge and groundwater monitoring data is available at <http://www.edmr.dep.state.fl.us>.**

#### 6. **Facility Site Review:** RATING – IN COMPLIANCE

6.1 **Observation:** *General* – The facility grounds were secured properly.

6.2 **Observation:** *General* – The facility grounds were clean and well maintained.

6.3 **Observation:** *General* – Foul odors did not permeate beyond the boundaries of the plant site at the time of the inspection.

- 6.4 Observation: *Alternate Power* – The onsite generator is tested under load on a routine basis
- 6.5 Observation: *Alternate Power* – A record of testing was available for the onsite generator.
- 6.6 Observation: *Aeration Basins/Act. Sludge* – The contents in the aeration chambers appeared to be adequately mixed.
- 6.7 Observation: *Aeration Basins/Act. Sludge* – The air line(s) to the aeration basin was free from leaks at the time of the inspection.
- 6.8 Observation: *Aeration Basins/Act. Sludge* – The time clock for the aeration system control was operational at the time of the inspection.
- 6.9 Observation: *Aeration Basins/Act. Sludge* – The RAS line was properly located.
- 6.10 Observation: *Blowers/Motors* – The blowers were equipped with belt guards.
- 6.11 Observation: *Clarifiers* – The clarifier weirs appear to be level.
- 6.12 Observation: *Clarifiers* – The clarifier had good settling and clear effluent.
- 6.13 Observation: *Filtration* – The filter contained sufficient media.
- 6.14 Observation: *Disinfection* – The chlorine contact chamber was clean and the effluent leaving the plant was clear.
- 6.15 Observation: *Digestors* – The digestors were free from excessive odors.
- 6.16 Observation: *Digestors* – The digester was free from excessive foaming.
- 6.17 Observation: *Digestors* – The tank contents in the aerobic digester were well mixed.

7. **Flow Measurement:** RATING – IN COMPLIANCE

- 7.1 Observation: *General* – The flow measurement device was installed properly.
- 7.2 Observation: *General* – The copy of the flow calibration report is current and satisfactory.  
Additional Comments: The flow measurement device was last calibrated on October 6, 2015.

8. **Operation and Maintenance:** RATING – IN COMPLIANCE

- 8.1 Observation: *General* – The operator is performing treatment plant operation and maintenance duties in a responsible and professional manner
- 8.2 Observation: *General* – A certified operator as required by Rule 62-602 and the Permit, was operating the WWTF.
- 8.3 Observation: *General* – The facility maintains an adequate spare parts inventory.

9. **Effluent Quality:** RATING – IN COMPLIANCE

- 9.1 Observation: *General* – The effluent appeared clear with an acceptable chlorine residual.  
Additional Comments: TRC = 1.60 mg/L from operator's daily log and continuous monitoring.
- 9.2 Observation: *General* – A review of the Discharge Monitoring Reports did not reveal any effluent exceedances.

10. **Effluent Disposal:** RATING – IN COMPLIANCE

- 10.1 Observation: *General* – The facility was discharging at the time of the inspection.
- 10.2 Observation: *General* – The effluent was free from visible sheen at the time of the inspection.
- 10.3 Observation: *General* – The effluent was free from excessive turbidity.
- 10.4 Observation: *General* – The effluent was free from excessive foam.

11. **Biosolids/Sludge:** RATING – IN COMPLIANCE

- 11.1 Observation: *General* – Residuals were being disposed of in accordance with the permit.

**Facility Name:** Key West Resort Utility

**Inspection Date:** 03/10/2016

12. **Groundwater Quality:** RATING – NOT APPLICABLE

12.1 Observation: *General* – Not Applicable.

13. **SSO Survey:** RATING – NOT EVALUATED

13.1 Observation: No observations were recorded.

14. **Other:** RATING – NOT APPLICABLE

14.1 Observation: *General* – Not Applicable.

**RULE 25.30-440(6)**

**PERMITS**



# Florida Department of Environmental Protection

South District  
Post Office Box 2549  
Fort Myers, Florida 33902-2549  
[SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Noah Valenstein  
Secretary

*Sent via electronic mail*

August 30, 2017

In the Matter of an  
Application for Permit by:

Key West Resort Utility, Corp.  
Christopher Johnson  
6630 Front Street  
Key West, Florida 33040  
[chris@kwru.com](mailto:chris@kwru.com)

Monroe County – Domestic Wastewater  
Key West Resort Utility  
File Number FLA014951-016-DW1P

## NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA014951 to operate the Key West Resort Utility, issued under Chapter 403, Florida Statutes.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request an extension of the time for filing a petition for an administrative hearing. The request must be filed (received by the Clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Section 120.60(3), Florida Statutes, however, also allows that any person who has asked the Department in writing for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition or request for an extension of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information, as indicated in Rule 28-106.201, Florida Administrative Code:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, any e-mail address, any facsimile number, and telephone number of the petitioner, if the petitioner is not represented by an attorney or a qualified representative; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the determination;
- (c) A statement of when and how the petitioner received notice of the Department's decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the Department's proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's proposed action.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

This permit action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for an extension of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for an extension of time), this permit will not be effective until further order of the Department.

Any party to the permit has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, 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 30 days from the date when this permit action is filed with the Clerk of the Department.

Executed in Ft. Myers, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



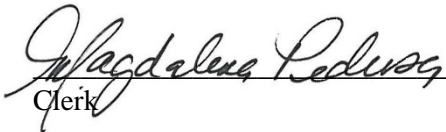
Jon M. Iglehart  
Director of District Management

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed or emailed before the close of business on August 30, 2017, to the listed persons.

FILING AND ACKNOWLEDGMENT

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

  
Clerk

August 30, 2017  
Date

jmi/wdr

Enclosed:  
Revised Permit  
DMR  
Pathogen Monitoring Report  
EzDMR

Copies furnished to:  
Greg Wright, Key West Resort Utilities, [greg@kwru.com](mailto:greg@kwru.com)  
Edward Castle, P.E., Weiler Engineering Corp., [ecastle@me.com](mailto:ecastle@me.com)



# Florida Department of Environmental Protection

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

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Noah Valenstein  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

### PERMITTEE:

Key West Resort Utility, Corp.

### RESPONSIBLE OFFICIAL:

Christopher Johnson  
6630 Front Street  
Key West, Florida 33040  
(305) 295-3301

**PERMIT NUMBER:** FLA014951  
**FILE NUMBER:** FLA014951-016-DW1P  
**EFFECTIVE DATE:** August 30, 2017  
**EXPIRATION DATE:** February 19, 2022

### FACILITY:

Key West Resort Utility  
6630 Front St., Stock Island  
Key West, FL 33045  
Monroe County  
Latitude: 24°34' 2.4058" N      Longitude: 81°44' .7186" W

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

### WASTEWATER TREATMENT:

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

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

### REUSE OR DISPOSAL:

**Underground Injection U-001:** An existing 0.849 MGD annual average daily flow permitted capacity underground injection well system consisting of 4 Class V underground injection wells permitted under Department permit number(s) 184940-022-UO, 184940-023-UO, 184940-024-UO, and 184940-025-UO discharging to Class G-III ground water. Underground Injection Well System U-001 is located approximately at latitude 24°33' 55" N, longitude 81°44' 51" W.



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**Land Application R-001:** An existing 0.849 MGD annual average daily flow (AADF) permitted capacity slow-rate public access system. R-001 is a reuse system which consists of an existing 0.849 MGD AADF permitted capacity slow-rate public access system (R-001). R-001 consists of an existing system for golf course irrigation (including two interconnected Lakes) at the Key West Golf Course, toilet flushing, AC makeup water and fire protection for the Monroe County Detention Center, and for irrigation at Bernstein Park which is located on Stock Island.

**IN ACCORDANCE WITH:** The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 24 of this permit.

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

**A. Underground Injection Control Systems**

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

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

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

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

3. A recording flow meter with totalizer shall be utilized to measure flow and calibrated at least once every 12 months. *[62-600.200(25)]*
4. To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). *[62-600.440(6)(a)]*
5. Total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-600.440(5)(c) and (6)(b)]*
6. The permittee shall monitor to ensure proper process control in accordance with the operator sampling and testing schedule included in the facility's Operation and Maintenance Manual. This monitoring may be performed using methods other than those in Chapter 62-160, F.A.C., as long as this data is for process control purposes and is not reported on the Discharge Monitoring Report. *[62-620.320(6)]*

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**B. Reuse and Land Application Systems**

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

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow	MGD	Max	0.774	Annual Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-003	See I.B.2
Flow	MGD	Max	0.06	Annual Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-004	
Flow	MGD	Max	0.015	Annual Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-005	
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Weekly	8-hr FPC	EFA-001	
Solids, Total Suspended	mg/L	Max	5.0	Single Sample	Daily; 24 hours	Grab	EFA-001	
Coliform, Fecal	#/100mL	Max	25	Single Sample	Daily; 24 hours	Grab	EFA-001	
Coliform, Fecal, % less than detection	percent	Min	75	Monthly Total	Daily; 24 hours	Calculated	EFA-001	See I.B.3
pH	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-001	
Chlorine, Total Residual (For Disinfection)	mg/L	Min	1.0	Single Sample	Continuous	Meter	EFA-001	See I.B.4 and I.B.7
Turbidity	NTU	Max	Report	Single Sample	Continuous	Meter	EFA-001	See I.B.5 and I.B.7
Giardia	cysts/100L	Max	Report	Single Sample	Every 5 years	Grab	EFA-001	See I.B.8
Cryptosporidium	oocysts/100L	Max	Report	Single Sample	Every 5 years	Grab	EFA-001	See I.B.8

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

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

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

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

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

Parameter	Units	Max/Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow	MGD	Max Max Max	0.849 Report Report	Annual Average Monthly Average 3-Month Rolling Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-001	See I.C.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	Monthly	Calculated	CAL-001	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Weekly	8-hr FPC	INF-001	See I.C.3 and I.C.15
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Weekly	8-hr FPC	INF-001	See I.C.3 and I.C.15

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

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

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-600.660(4)(a)]
4. A recording flow meter with totalizer shall be utilized to measure flow and calibrated at least once every 12 months. [62-600.200(25)]
5. Sampling results for giardia and cryptosporidium shall be reported on DEP Form 62-610.300(4)(a)4, Pathogen Monitoring, which is attached to this permit. This form shall be submitted to the Department's South District Office and to DEP's Reuse Coordinator in Tallahassee. [62-610.300(4)(a)]
6. The sample collection, analytical test methods, and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-600, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at <http://www.dep.state.fl.us/labs/library/index.htm>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
- The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
  - The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
  - If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

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

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

7. The permittee shall provide safe access points for obtaining representative samples which are required by this permit. [62-600.650(2)]

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

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

The permittee shall submit the completed DMR to the Department by the twenty-eighth (28th) of the month following the month of operation. Please contact the Department at (305) 289-7070 if you are unable to submit the completed DMR electronically using the EzDMR system.

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

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

9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for asbestos, total coliform, color, odor, and residual disinfectants). These monitoring results shall be reported to the Department annually on the DMR. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted with the signed DMR in lieu of performing the analysis. When such a certification is submitted with the DMR, monitoring not required this period should be noted on the DMR. The annual reclaimed water or effluent analysis report, and certification if applicable, shall be completed and submitted in a timely manner so as to be received by the Department at the address identified on the DMR by January 28 of each year. Approved analytical methods identified in Rule 62-620.100(3)(j), F.A.C., shall be used for the analysis. If no method is included for a parameter, methods specified in Chapter 62-550, F.A.C., shall be used. *[62-600.660(2) and (3)(d)] [62-600.680(2)][62-610.300(4)]*
10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. *[62-610.870(3)]*
11. Operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department's South District Office for review and approval upon revision of the operating protocol(s) and with each permit application. *[62-610.320(6)] [62-610.463(2)]*
12. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department's South District Office at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. *[62-610.464(5)]*



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

[SouthDistrict@dep.state.fl.us](mailto:SouthDistrict@dep.state.fl.us)

Please contact the Department at (305) 289-7070 if you are unable to submit electronically. [62-620.305]

[62-620.305]

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

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

**II. BIOSOLIDS MANAGEMENT REQUIREMENTS**

**A. Basic Requirements**

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

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

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

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

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

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

**B. Disposal**

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

**C. Transfer**

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

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

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

[62-640.880(4)]

**D. Receipt**

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

**III. GROUND WATER REQUIREMENTS**

1. Section III is not applicable to this facility.

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

1. This reuse system includes the following user(s) of reclaimed water:

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Site Number	User Name	User Type	Capacity(MGD)	Acreage	Latitude	Longitude
PAA-001	Key West Golf Club	Golf Courses	0.774	100.27	24° 34' 35"	81° 45' 04"
PAA-002	Monroe County Detention Center	Industrial Uses (Cooling Water, Process Water, and Wash Water at Industrial Facilities)	0.06	3.00	24° 34' 38"	81° 44' 43"
PAA-005	Bernstein Park	Athletic Complexes and Parks	0.015	4.12	24° 34' 5"	81° 44' 25"
Total			0.849	107.39		

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

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

*[62-555.350(3) and 62-555.360] [62-620.610(20)]*

6. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7)]*

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

## **V. OPERATION AND MAINTENANCE REQUIREMENTS**

### **A. Staffing Requirements**

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of one or more operators certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Domestic Wastewater Treatment, Category I, Class B facility. The facility utilizes an electronic control system (SCADA system) and is therefore allowed to operate under the reduced staffing allowance as described in rule 62-699.311(5)(b)2, F.A.C. At minimum, operators with appropriate certification must be on site as follows:

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

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

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

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

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

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

1. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility.
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
  - b. Copies of all reports required by 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;
  - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
  - g. A copy of any required record drawings;
  - h. Copies of the licenses of the current certified operators;

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- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and license number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed; and
- j. Records of biosolids quantities, treatment, monitoring, and hauling for at least five years.

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

**VI. SCHEDULES**

- 1. The following improvement actions shall be completed according to the following schedule:

Improvement Action	Completion Date
1. Recertify the facility electronic control system (SCADA system) to the recently uprated capacity of 0.849 MGD (AADF) and submit a copy of the certification to the Department.	10/01/2017

*[62-620.320(6)]*

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

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

**VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS**

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

**VIII. OTHER SPECIFIC CONDITIONS**

- 1. In the event that the 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. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(5) and 62-640.400(6)]*
- 2. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*

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3. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
4. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
  - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

*[62-604.130(5)]*

5. The treatment facility shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-600.400(2)(b)]*
6. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*
7. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. *[62-620.310(4)]*
8. The permittee shall provide verbal notice to the Department's South District Office as soon as practical after discovery of a sinkhole or other karst feature within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's South District Office in a written report within 7 days of the sinkhole discovery. *[62-620.320(6)]*
9. The permittee shall provide notice to the Department of the following:
  - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C., if it were directly discharging those pollutants; and
  - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.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)]*

## **IX. GENERAL CONDITIONS**

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



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10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2), F.A.C., for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
  - a. A description of the anticipated noncompliance;
  - b. The period of the anticipated noncompliance, including dates and times; and
  - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17)]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246 and Chapters 62-160, 62-600, and 62-610, F.A.C., and 40 CFR 136, as appropriate.

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

*[62-620.610(18)]*

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department's South District Office 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.
  - 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. Oral reports as required by this subsection shall be provided as follows:
    - (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WATCH OFFICE TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Watch Office:
      - (a) Name, address, and telephone number of person reporting;
      - (b) Name, address, and telephone number of permittee or responsible person for the discharge;
      - (c) Date and time of the discharge and status of discharge (ongoing or ceased);
      - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);

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- (e) Estimated amount of the discharge;
  - (f) Location or address of the discharge;
  - (g) Source and cause of the discharge;
  - (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
  - (i) Description of area affected by the discharge, including name of water body affected, if any; and
  - (j) Other persons or agencies contacted.
- (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's South District Office within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department's South District Office shall waive the written report.

*[62-620.610(20)]*

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX.17., IX.18., or IX.19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX.20. of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

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

*[62-620.610(22)]*

23. Upset Provisions.

- a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
  - (1) An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.

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

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- (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.
- b. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
  - (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
  - (2) The permitted facility was at the time being properly operated;
  - (3) The permittee submitted notice of the upset as required in Permit Condition IX.20. of this permit; and
  - (4) The permittee complied with any remedial measures required under Permit Condition IX.5. of this permit.
- c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- d. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

*[62-620.610(23)]*

## **X. INJECTION WELLS**

1. UIC General Conditions.
  - a. The terms, conditions, requirements, limitations and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to section 403.141, F.S.
  - b. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action.
  - c. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
  - d. This permit conveys no title to land, water, does not constitute State recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
  - e. This permit does not relieve the permittee from liability for harm to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefrom; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
  - f. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, or are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
  - g. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
    - i. Have access to and copy any records that must be kept under conditions of this permit;

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

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PA FILE NUMBER: FLA014951-016-DW1P

- ii. Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- iii. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

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

- h. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
  - i. A description of and cause of noncompliance; and
  - ii. The period of noncompliance, including dates and times; or, if not corrected the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent the recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.
- i. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is proscribed by sections 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
- j. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
- k. This permit is transferable only upon Department approval in accordance with rules 62-4.120 and 62-528.350, F.A.C. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
- l. This permit or a copy thereof shall be kept at the work site of the permitted activity.
- m. The permittee shall comply with the following:
  - i. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records shall be extended automatically unless the Department determines that the records are no longer required.
  - ii. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - iii. Records of monitoring information shall include:
    - 1. the date, exact place, and time of sampling or measurements;
    - 2. the person responsible for performing the sampling or measurements;
    - 3. the dates analyses were performed;
    - 4. the person responsible for performing the analyses;
    - 5. the analytical techniques or methods used;
    - 6. the results of such analyses.
  - iv. The permittee shall furnish to the Department, within the time requested in writing, any information which the Department requests to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, or to determine compliance with this permit.
  - v. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

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FACILITY: Key West Resort Utility WWTP

PERMIT NUMBER: FLA014951  
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- n. All applications, reports, or information required by the Department shall be certified as being true, accurate, and complete.
- o. Reports of compliance or noncompliance with, or any progress reports on, requirements contained in any compliance schedule of this permit shall be submitted no later than 14 days following each scheduled date.
- p. Any permit noncompliance constitutes a violation of the Safe Drinking Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or for denial of a permit renewal application.
- q. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.
- r. The permittee shall take all reasonable steps to minimize or correct any adverse impact on the environment resulting from noncompliance with this permit.
- s. This permit may be modified, revoked and reissued, or terminated for cause, as provided in 40 C.F.R. sections 144.39(a), 144.40(a), and 144.41 (1998). The filing of a request by the permittee for a permit modification, revocation or reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.
- t. The permittee shall retain all records of all monitoring information concerning the nature and composition of injected fluid until five years after completion of any plugging and abandonment procedures specified under rule 62-528.435, F.A.C. The permittee shall deliver the records to the Department office that issued the permit at the conclusion of the retention period unless the permittee elects to continue retention of the records.
- u. All reports and other submittals required to comply with this permit shall be signed by a person authorized under rules 62-528.340(1) or (2), F.A.C. All reports shall contain the certification required in rule 62-528.340(4), F.A.C.
- v. The permittee shall notify the Department as soon as possible of any planned physical alterations or additions to the permitted facility. In addition, prior approval is required for activities described in rule 62-528.410(1)(h).
- w. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or injection activity which may result in noncompliance with permit requirements.
- x. The permittee shall report any noncompliance which may endanger health or the environment including:
  - i. Any monitoring or other information which indicates that any contaminant may cause an endangerment to an underground source of drinking water; or
  - ii. Any noncompliance with a permit condition or malfunction of the injection system which may cause fluid migration into or between underground sources of drinking water.Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause, the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

## 2. UIC Operation.

- a. In accordance with rules 62-4.090(1) and 62-528.455(3)(a), F.A.C., the permittee shall submit an application for permit renewal at least 60 days prior to expiration of this permit.

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

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

3. UIC Abandonment.

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

Executed in Ft. Myers, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



Jon Iglehart, Director of District Management

PERMIT ISSUANCE DATE: August 30, 2017

Attachment(s):  
Discharge Monitoring Report  
"Pathogen Monitoring" Form

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

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

PERMITTEE NAME: Key West Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-016-DW1P

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESCRIPTION: Reuse, with Influent

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Key West Resort Utility  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD

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

COUNTY: Monroe  
 OFFICE: South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement								
PARM Code 50050 Y Mon. Site No. FLW-003	Permit Requirement	0.774 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow	Sample Measurement								
PARM Code 50050 1 Mon. Site No. FLW-004	Permit Requirement	0.06 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow	Sample Measurement								
PARM Code 50050 P Mon. Site No. FLW-005	Permit Requirement	0.015 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
BOD, Carbonaceous 5 day, 20C	Sample Measurement								
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			20.0 (An.Avg.)	mg/L		Weekly	8-hr FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement								
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			60.0 (Max.)	45.0 (Max.Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Weekly	8-hr FPC
Solids, Total Suspended	Sample Measurement								
PARM Code 00530 B Mon. Site No. EFB-001	Permit Requirement					5.0 (Max.)	mg/L	Daily; 24 hours	Grab

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

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

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



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

FACILITY: Key West Resort Utility

MONITORING GROUP R-001

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)	#/100mL		Daily; 24 hours	Grab
Coliform, Fecal, % less than detection	Sample Measurement									
PARM Code 51005 A Mon. Site No. EFA-001	Permit Requirement				75 (Min.Mo.Total)		percent		Daily; 24 hours	Calculated
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-001	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-001	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement									
PARM Code 00070 B Mon. Site No. EFB-001	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
Flow	Sample Measurement									
PARM Code 50050 Q Mon. Site No. FLW-001	Permit Requirement		0.849 (An.Avg.)	MGD					5 Days/Week	Calculated
Flow	Sample Measurement									
PARM Code 50050 R Mon. Site No. FLW-001	Permit Requirement	Report (Mo.Avg.)	Report (3Mo.Avg.)	MGD					5 Days/Week	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement									
PARM Code 00180 P Mon. Site No. CAL-001	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement									
PARM Code 80082 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Weekly	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement									
PARM Code 00530 G Mon. Site No. INF-001	Permit Requirement					Report (Max.)	mg/L		Weekly	8-hr FPC

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

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

PERMITTEE NAME: Key West Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-016-DW1P

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: U-001  
 MONITORING GROUP DESCRIPTION: Two existing and two new Class V injection wells

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Key West Resort Utility  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement									
PARM Code 50050 Y Mon. Site No. FLW-002	Permit Requirement	0.849 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement									
PARM Code 50050 1 Mon. Site No. FLW-002	Permit Requirement	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 Y Mon. Site No. EFA-001	Permit Requirement			5.0 (An.Avg.)			mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 A Mon. Site No. EFA-001	Permit Requirement			10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			5.0 (An.Avg.)			mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement									
PARM Code 00530 A Mon. Site No. EFA-001	Permit Requirement			10.0 (Max.)	7.5 (Max.Wk.Avg.)	6.25 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-001	Permit Requirement					25 (Max.)	#/100mL		Weekly	8-hr FPC

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

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

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

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

FACILITY: Key West Resort Utility

MONITORING GROUP U-001

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

PERMITTEE NAME: Key West Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-016-DW1P

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RMP-Q  
 MONITORING GROUP DESCRIPTION: Biosolids Quantity

REPORT FREQUENCY: Monthly  
 PROGRAM: Domestic

FACILITY: Key West Resort Utility  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

COUNTY: Monroe  
 OFFICE: South District

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

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

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

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

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

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

PERMITTEE NAME: Key West Resort Utility, Corp.  
 MAILING ADDRESS: 6630 Front Street  
 Key West, Florida 33040

PERMIT NUMBER: FLA014951-016-DW1P

FACILITY: Key West Resort Utility  
 LOCATION: 6630 Front St., Stock Island  
 Key West, FL 33045

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: RWS-A  
 MONITORING GROUP DESCRIPTION: Annual Reclaimed Water or Effluent Analysis

REPORT FREQUENCY: Annually  
 PROGRAM: Domestic

COUNTY: Monroe  
 OFFICE: South District

RE-SUBMITTED DMR:   
 NO DISCHARGE FROM SITE:   
 MONITORING NOT REQUIRED\*:   
 MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

\*\*GROUND WATER STANDARD (GWS) FOR REFERENCE AND REVIEW ONLY.

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

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

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

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

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

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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



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

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

FACILITY: Key West Resort Utility

MONITORING GROUP RWS-A

PERMIT NUMBER: FLA014951-016-DW1P

NUMBER:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

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

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P  
From: \_\_\_\_\_ To: \_\_\_\_\_

Facility: Key West Resort Utility

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) mg/L	Coliform, Fecal #/100mL	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended mg/L	pH s.u.	Solids, Total Suspended mg/L	Turbidity NTU	Flow MGD	Flow MGD
Code	80082	50060	74055	00600	00665	00530	00400	00530	00070	50050	50050
Mon. Site	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	EFA-001	FLW-001	FLW-002
1											
2											
3											
4											
5											
6											
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26											
27											
28											
29											
30											
31											
Total											
Mo. Avg.											

**PLANT STAFFING:**

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

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

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

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

## DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014951-016-DW1P

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

Facility: Key West Resort Utility

	Flow MGD	Flow MGD	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L					
Code	50050	50050	50050	80082	00530					
Mon. Site	FLW-003	FLW-004	FLW-005	INF-001	INF-001					
1										
2										
3										
4										
5										
6										
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25										
26										
27										
28										
29										
30										
31										
Total										
Mo. Avg.										

**PLANT STAFFING:**

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

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

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

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

## INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



## PART B - DAILY SAMPLE RESULTS

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

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

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

To calculate the monthly average, add each reported value to get a total. For flow, divide this total by the number of days in the month. For all other parameters, divide the total by the number of observations.

**Plant Staffing:** List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

## PART D - GROUND WATER MONITORING REPORT

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

**Date Sample Obtained:** Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

**Time Sample Obtained:** Enter the time the sample was taken.

**Sample Measurement:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Data qualifier codes are not to be reported on Part D.

**Detection Limits:** Record the detection limits of the analytical methods used.

**Analysis Method:** Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

**Sampling Equipment Used:** Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

**Samples Filtered:** Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

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

**Comments and Explanation:** Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

## SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

**Flow (Limited Wet Weather Discharge):** Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

**Flow (Upstream):** Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

**Actual Stream Dilution Ratio:** To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > Stream Dilution Ratio:** For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (\*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "\*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> of the reclaimed water discharged during the period shown in duration of discharge.

**TKN:** Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

**Rainfall During Average Rainfall Year:** On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD Activated During Calendar Year:** Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

**Reason for Discharge:** Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



# Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

## PATHOGEN MONITORING

### Part I - Instructions

1. Completion of this report is required by Rules 62-610.463(4), 62-610.472(3)(d), 62-610.525(13), 62-610.568(11), 62-610.568(12), and 62-610.652(6)(c), F.A.C., for all domestic wastewater facilities that provide reclaimed water to certain types of reuse activities. The schedule for sampling and reporting shall be in accordance with the permit for the facility. If a schedule for sampling or re-sampling is not included in the permit, the following schedule shall apply:
  - a. Routine Sampling:

If sampling is required once every two years, this report shall be submitted on or before November 28 of each even numbered year (2006, 2008, 2010, etc.).

If sampling is required once every five years, this report shall be submitted with the application for permit renewal.

If sampling is required quarterly, this report shall be submitted on or before February 28, May 28, August 28, and November 28 of each year.
  - b. Subsequent Re-Sampling:

If subsequent re-sampling is required by Item 9 in Part I of this form, this form shall be submitted for the subsequent re-sampling(s) in accordance with the schedule established in Item 9 in Part I of this form.
2. Submit one copy of this form and a copy of the laboratory's final report for the analysis of *Giardia* and *Cryptosporidium* to each of the following two addresses:
  - a. The appropriate DEP district office (attention Domestic Wastewater Program). Addresses for the DEP district offices are available at [www.dep.state.fl.us/secretary/dist/default.htm](http://www.dep.state.fl.us/secretary/dist/default.htm).
  - b. DEP Water Reuse Coordinator  
Mail Station 3540  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400
3. Please type or print legibly.
4. In Part II, Items 7 through 12 need to be completed only if this is the first submittal of this report, if the information in Items 7 through 12 has changed since the last submittal, or if the information in any of these questions has not been previously provided.
5. Part III is to be used when sampling for *Giardia* and *Cryptosporidium* at the treatment plant. Part III is also to be used when sampling for *Giardia* and *Cryptosporidium* in a supplemental water supply (see Rule 62-610.472, F.A.C.).

6. For each sample, record the sample volume obtained in liters.
7. For *Giardia*, record the concentrations in cysts per 100 liters. For *Cryptosporidium*, record the concentrations in oocysts per 100 liters. Sufficient sample volumes shall be collected and processed such that the detection limit is no greater than 5 cysts or oocysts per 100 liters. Detection levels on the order of 1 cyst or oocyst per 100 liters are recommended. If an observation is less than the detection limit, make an entry in the form "<2" (where 2 per 100 liters is the detection limit in this example). The actual detection limit will be dictated by the volumes of sample obtained, filtered, and processed. Do NOT record nondetectable values as zero.
8. EPA Method 1623 or other approved methods for reclaimed water or nonpotable waters, adjusted appropriately to accommodate the detection limit requirements, shall be used. Methods previously allowed for EPA's Information Collection Rule (ICR) shall not be used. The full requirements of the approved method, including quality assurance and quality control, are to be met. Quality assurance and sampling requirements in Chapter 62-160, F.A.C., shall apply.

Two concentrations of *Giardia* and *Cryptosporidium* shall be recorded on Part III of this form:

- a. Total cysts and oocysts shall be enumerated using EPA Method 1623 or other approved methods.
  - b. Potentially viable cysts and oocysts shall be enumerated using the DAPI staining technique contained in EPA Method 1623 or similar enumeration techniques included in other approved methods. Cysts and oocysts that are stained DAPI positive or show internal structure by D.I.C. shall be considered as being potentially viable. If the laboratory reports separate values for DAPI positive and for cysts or oocysts having internal structure, the larger of the two concentrations will be reported as being potentially viable.
9. If the number of potentially viable cysts of *Giardia* reported exceeds 5 per 100 liters, a subsequent sample shall be taken and analyzed using EPA Method 1623 or other approved methods and reported using this form. If the number of potentially viable oocysts of *Cryptosporidium* reported exceeds 22 per 100 liters, a subsequent sample shall be taken and analyzed using EPA Method 1623 or other approved methods and reported using this form. This subsequent sample shall be collected within 90 days of the date the initial sample was taken, analyzed for both *Giardia* and *Cryptosporidium*, and the results of the subsequent analysis shall be submitted to DEP using this form within 60 days of sample collection.
  10. Rule 62-160.300, F.A.C., requires that all laboratories generating environmental data for submission to the DEP shall hold certification from the Department of Health's (DOH) Environmental Laboratory Certification Program (ELCP). Certification by the ELCP for analysis of *Giardia* and *Cryptosporidium* using EPA Method 1623 for non-potable waters is required. If other approved methods are used, certification by the ELCP is required for the specific method and for the test matrix. Lists of certified laboratories can be found at [www.dep.state.fl.us/labs/cgi-bin/aams/index.asp](http://www.dep.state.fl.us/labs/cgi-bin/aams/index.asp)
  11. Samples shall be collected during peak flow periods (normally between the hours of 8:00 a.m. and 6:00 p.m.).
  12. Recognizing that concentrations of these pathogens generally increase during the late summer through fall period, it is recommended that utilities sample during the August through October time period.
  13. If the wastewater treatment facility uses chlorination for disinfection, samples obtained for analysis of *Giardia* and *Cryptosporidium* shall be dechlorinated.
  14. When sampling at the treatment facility, obtain a grab sample for total suspended solids (TSS) that is representative of the water leaving the filters at the treatment facility during the period when pathogen

samples are being obtained. In addition, record the highest turbidity and the lowest total chlorine residual observed during the period when pathogen samples are being obtained.

15. When sampling a supplemental water supply, obtain a grab sample for total suspended solids (TSS) that is representative of the surface water or treated stormwater as it is added to the reclaimed water system. This TSS sample shall be taken during the period when pathogen samples are being obtained. In addition, record the lowest total chlorine residual observed during the period when pathogen samples are being obtained.

**Part II - General Information**

1. DEP wastewater facility identification number: **FLA014951**

Wastewater facility name: Key West Resort Utility

Permittee name: Key West Resort Utility, Corp.

2. Person completing this form:

Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

3. Sampling and analysis:

Date samples were taken: \_\_\_\_\_

Organization collecting the samples: \_\_\_\_\_

Was the sample dechlorinated in the field?       Yes       No

Was the sample refrigerated or kept on ice during shipment to the laboratory?       Yes       No

Date samples delivered to laboratory: \_\_\_\_\_

Date analytical work was done: \_\_\_\_\_

Laboratory doing the analysis: \_\_\_\_\_

Laboratory's DOH Identification Number: \_\_\_\_\_

Approved method used:

EPA Method 1623

Other approved method: \_\_\_\_\_

Contact person at the laboratory: \_\_\_\_\_

Email address of the lab contact person: \_\_\_\_\_

4. Is this the first time that this form has been submitted for the facility?

Yes [Please complete Questions 7 through 16.]

No [Proceed to Question 5.]

5. Is this a report of "subsequent re-sampling" required by Item 9 in Part I of this form based on concentrations of potentially viable cysts or oocysts in a previous sampling?

No [Proceed to Question 6.]

Yes [Attach a description of any facility or operational changes made to the treatment facilities since the time of the previous sampling and proceed to Question 6.]

6. Has the information requested in Questions 7 through 12 (below) changed since the last submittal of this form?

Yes [Please complete Questions 7 through 16.]

No [Proceed to Questions 13 through 16 of Part II of this form. You do not need to complete Questions 7 through 12.]

7. Type of secondary treatment system:

Conventional activated sludge

Extended aeration

Contact stabilization

Biological nutrient removal (such as Bardenpho)

Other: \_\_\_\_\_

8. Does this treatment facility nitrify (convert ammonia nitrogen to nitrate)?  Yes  No

9. Filter type:

Deep bed, single media

Deep bed, multiple media

Shallow bed, automatic backwash

Upflow (including Dynasand)

Slow rate sand filter

Diatomaceous earth filter

Fabric filter

Cartridge filter

Membranes (microfiltration, ultrafiltration, membrane bioreactor, reverse osmosis)

Other: \_\_\_\_\_

10. Filter Media (complete for each type of media provided):

Top layer of media: Media type: \_\_\_\_\_

Effective size: \_\_\_\_\_ mm

Uniformity coefficient: \_\_\_\_\_

Bed depth: \_\_\_\_\_ inches

Middle layer of media: Media type: \_\_\_\_\_

Effective size: \_\_\_\_\_ mm

Uniformity coefficient: \_\_\_\_\_

Bed depth: \_\_\_\_\_ inches

Bottom layer of media: Media type: \_\_\_\_\_

Effective size: \_\_\_\_\_ mm

Uniformity coefficient: \_\_\_\_\_

Bed depth: \_\_\_\_\_ inches

11. Filter backwash water:

Backwash water is returned to the headworks of the treatment plant.

Backwash water is returned to the aeration basin.

Other. Please describe: \_\_\_\_\_

12. Disinfection system:

Chlorination, gas

Hypochlorite

Chlorine dioxide

Chlorination, other \_\_\_\_\_

Ultraviolet

Ozone

Other: \_\_\_\_\_

13. Is chlorine added before the filters?  No  Yes Dose: \_\_\_\_\_ mg/L

14. During the period that samples were taken, did you add a coagulant, coagulant aid, polyelectrolyte, or other chemical to enhance filtration?

No

Yes. Please list the chemicals being added and their dose.

Chemical 1 - Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg/L

Chemical 2 - Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg/L

Chemical 3 - Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg/L

15. Wastewater treatment plant permitted capacity: \_\_\_\_\_ MGD

16. Wastewater flow being treated at the time samples were collected: \_\_\_\_\_ MGD

## PART III - PATHOGEN MONITORING REPORT

**FACILITY ID:** FLA014951

**FACILITY NAME:** Key West Resort Utility

**FACILITY ADDRESS:** 6630 Front St., Stock Island, Key West, FL 33045

**PERMITTEE NAME:** Key West Resort Utility, Corp.

**MAILING ADDRESS:** 6630 Front Street, Key West, Florida 33040

**DATE OF SAMPLING:** \_\_\_\_\_

Parameter	Quantity or Loading		Quality or Concentration	
	Sample Measurement	Units	Sample Measurement	Units
Treatment Plant: After Filter Monitoring Site No.				
Turbidity PARM Code 00070				NTU
TSS PARM Code 00530				mg/L
Treatment Plant: After Disinfection Monitoring Site No.				
Total Chlorine Residual PARM Code 50060				mg/L
Volume Collected PARM Code 71994		Liters		
<i>Giardia</i> , total count * PARM Code GIARD				total cysts/100 L
<i>Giardia</i> , potentially viable cysts * PARM Code VGIAR				potentially viable cysts/100 L
<i>Cryptosporidium</i> , total count * PARM Code CRYPT				total oocysts/100 L
<i>Cryptosporidium</i> , potentially viable oocysts * PARM Code VCRYP				potentially viable oocysts/100 L
Supplemental Water Supply (surface water or stormwater): After Treatment & Disinfection Monitoring Site No.				
TSS PARM Code 00530				mg/L
Total Chlorine Residual PARM Code 50060				mg/L
Volume Collected PARM Code 71994		Liters		
<i>Giardia</i> (total count) * PARM Code GIARD				total cysts/100 L
<i>Giardia</i> , potentially viable cysts * PARM Code VGIAR				potentially viable cysts/100 L
<i>Cryptosporidium</i> , total count * PARM Code CRYPT				total oocysts/100 L
<i>Cryptosporidium</i> , potentially viable oocysts * PARM Code VCRYP				potentially viable oocysts/100 L

\* Data entries must be made for both total and potentially viable cysts and oocysts.



## PART IV - CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Name/Title of Principle Executive Officer or Authorized Agent (Type or Print)	Signature of Principle Executive Officer or Authorized Agent	Telephone No.	Date (YY/MM/DD)
Email Address			

## Self-Monitoring

### Ez Discharge Monitoring Report (EzDMR)

The EzDMR system is operational. This electronic reporting system should be accessed through the DEP Business Portal, which can be found at <http://www.fldepportal.com/go/>.



### Establish an Account Now

#### Account Steps:

**Step 1:** Click <http://www.fldepportal.com/go/> or copy and paste the URL into your web browser.

**Step 2:** Already have an account? If no, then skip to Step 4. If yes, then click on Sign In.

**Step 3:** Enter your id/password and click the "Sign In" button. (Now skip to Step 8)

**Step 4:** If you are a new user to the DEP Business Portal, you will need to register first. Please click on Register.

**Step 5:** Follow the instructions and complete the required information.

**Step 6:** Click the "Register" button. You will be sent an email in order to verify your email address.

**Step 7:** Complete the verification process by following the instructions in the email.

As in the current eDMR system, Certifiers will need to electronically sign documents submitted to DEP using their PIN. To obtain a new PIN, please follow the instructions below.

#### Certifier Steps:

**Step 8:** Starting from the DEP Business Portal Homepage, Click the "Submit" button.

**Step 9:** Click the "PIN Application" button.

**Step 10:** Click the "Apply for a Pin" button.

**Step 11:** Complete the required information and click the "Generate a PIN Application" button.

**Step 12:** Complete the Electronic Subscriber Agreement form, which will be sent to you in an email as an attachment. The email will be from [no-reply@dep.state.fl.us](mailto:no-reply@dep.state.fl.us).

**Step 13:** Have the form notarized and then mail the original form to:

Florida Department of Environmental Protection

Attn: ESA Processing

2600 Blair Stone Road MS 6520

Tallahassee, FL 32399-2400

Your PIN will be emailed to you as soon as your request has been processed.

### Why Register

It will be easy to complete your online reports for many reasons:

- Data entry screens will look very similar to your current permit DMR,
  - Data entry helpers will be available such as mass-populating NODI codes and excursions to help populate data,
  - DMRs that require resubmission will auto-populate values,
  - Groundwater (Part D) reports will remember previously entered data elements such as Detection Limits, Analysis Method, Sampling Equipment Use, and Samples Filtered, and
  - Search filters can be used to easily locate specific DMRs.
- Users will be able to quickly upload (CSV, XML) and download (PDF, CSV, XML) throughout the DMR data entry lifecycle.

The account access process has been streamlined by empowering the legally authorized facility representatives to grant permissions to their employees through the DEP Business Portal.

Registered users will receive automated email reminders when their various DMRs are due.

Users will automatically receive a PDF copy of their DMRs after submission.

Daily (Part B) DMRs will now be uploaded as an attachment.

If you have any questions, please feel free to contact us at <mailto:EzDMRAdmin@dep.state.fl.us>.

**RULE 25.30-440(7)**

**DEP/HEALTH DEPARTMENT NOTICES**

**(NONE)**

**RULE 25.30-440(8)**

**FIELD EMPLOYEES**

Method of allocation. Christopher Johnson and Greg Wright's salary is allocated to 703 Officer Salaries. All other employees carry out the operations and maintenance work on behalf of the Utility therefore each of their salaries are allocated to 701.

Christopher Johnson — State of Florida Class A WWTP Operator (# A13917) President  
Airvac Certification # 1020, Professional Engineer Intern ( Illinois License #061-030504)

Provide operational and administrative management and oversight for the KW Resort Utilities wastewater utility. Operational responsibilities include the management of the third largest wastewater treatment plant in the Keys, and a public sewer system comprised of both vacuum and force main systems. Other responsibilities include, compliance with State regulations, facilities management, and management of the largest reclaimed water system in the Keys.

Administrative responsibilities include overseeing budgeting, capital planning, information systems, data management, billing, financial planning and reporting, and reporting to a Board of Directors. Capital project responsibilities including the review of bid packages, design, contractor qualifications, submitted bids, financing, and bonding. Additional responsibilities include personnel management, development of strategic partnerships, and contract negotiation. Scheduled for "on call" duty, and serves as Plant Operator on weekends on a rotating basis.

Greg Wright - State of Florida Class B WWTP Operator (#B20501) Vice-President - Airvac Certification

Provide operational and administrative management and oversight for the KW Resort Utilities wastewater utility. Operational responsibilities include the management of the third largest wastewater treatment plant in the Keys, and a public sewer system comprised of both vacuum and force main systems. Other responsibilities include, compliance with State regulations, facilities management, and management of the largest reclaimed water system in the Keys.

Administrative responsibilities include overseeing budgeting, capital planning, information systems, data management, billing, financial planning and reporting, and reporting to a Board of Directors. Capital project responsibilities including the review of bid packages, design, contractor qualifications, submitted bids, financing, and bonding. Additional responsibilities include personnel management, development of strategic partnerships, and contract negotiation. Scheduled for "on call" duty, and serves as Plant Operator on weekends on a rotating basis.

Mark Burkemper — State of Florida Class B Operator (#35355) - Senior plant operator/safety Officer — Airvac Certification # 1125

Senior Plant operator in charge of day to day operations of treatment plant, process control decisions, plant laboratory, and plant maintenance schedules. Also provides safety meetings to field crews. On scheduled "on call duty, along with Plant Operator duty on weekends on a rotating basis.

Glenn Miller — State of Florida Class B Operator (#17028) — Plant Operator - Airvac Certified (7/1/2016-2/7/2017)

Plant operator tasked with day to day operations of treatment plant, process control sampling, plant laboratory, and plant maintenance schedules. On scheduled “on call duty”, along with Plant Operator duty on weekends on a rotating basis.

Tim Sunderman – State of Florida Class A Operator (# 23609) – Plant Operator (4/7/2017-Present) Replaced Glenn Miller.

Plant operator tasked with day to day operations of treatment plant, process control sampling, plant laboratory, and plant maintenance schedules. On scheduled “on call duty”, along with Plant Operator duty on weekends on a rotating basis.

Matthew Pellerito – Maintenance Manager – Airvac Certified (10/20/2014-8/22/2016)

Supervisor in charge of tracking, scheduling, and documenting all preventative maintenance on Wastewater Treatment Plant, Vacuum Station, and entire collection system. In charge of ordering all parts for plant and collection system. Responsible for all pumps (inventory, ordering and repairs). Supervised outside contractors when working on the WWTP. On scheduled "on call" duty on a rotating basis.

Richard Jeselskis – Maintenance Manager – Airvac Certified (10/10/2016-7/26/2017) Replaced Matthew Pellerito

Supervisor in charge of tracking, scheduling, and documenting all preventative maintenance on Wastewater Treatment Plant, Vacuum Station, and entire collection system. In charge of ordering all parts for plant and collection system. Responsible for all pumps (inventory, ordering and repairs). Supervised outside contractors when working on the WWTP. On scheduled "on call" duty on a rotating basis.

David Gootee – Field Technician (1/28/2016-12/23/2016)

Perform overall maintenance and repairs in the vacuum system, lift stations, vacuum pits and buffer tanks. Analyze problems, make necessary corrections. On scheduled “on call” duty.

Daniel Pumar – Field Technician (6/19/2017-Present) Replaced David Gootee

Perform overall maintenance and repairs in the vacuum system, lift stations, vacuum pits and buffer tanks. Analyze problems, make necessary corrections. On scheduled “on call” duty.

Travis Adamson – Field Technician (1/30/2017-2/11/2017)

Perform overall maintenance and repairs in the vacuum system, lift stations, vacuum pits and buffer tanks. Analyze problems, make necessary corrections. On scheduled “on call” duty.

Juan Marquez Perez – Field Technician (10/31/2016-2/10/2017) Replaced Travis Adamson

Perform overall maintenance and repairs in the vacuum system, lift stations, vacuum pits and buffer tanks. Analyze problems, make necessary corrections. On scheduled “on call” duty.

Jamie Boan - Field Technician (6/9/2016-9/16/2016)

Perform overall maintenance and repairs in the vacuum system, lift stations, vacuum pits and buffer tanks. Analyze problems, make necessary corrections. On scheduled "on call" duty.

Jeffrey Morse – Field Technician (6/19/2017-Present) Replaced Jamie Boan

Perform overall maintenance and repairs in the vacuum system, lift stations, vacuum pits and buffer tanks. Analyze problems, make necessary corrections. On scheduled "on call" duty.

Michael Hopkins – Field Technician (1/30/2017-7/23/2017)

Perform overall maintenance and repairs in the vacuum system, lift stations, vacuum pits and buffer tanks. Analyze problems, make necessary corrections. On scheduled "on call" duty.

Pierre Amboise – Senior Field Technician (2/10/2007 – Present)

Checks all lift station each morning fills out run times sheets and reports any problems. Performs maintenance and repairs in the vacuum system, lift station and vacuum pits. Handles emergency call outs and weekend runs when needed. On scheduled "on call duty."

Joseph Schober – Field Technician (10/27/2015-Present)

Perform overall maintenance and repairs in the vacuum system, lift stations, vacuum pits and buffer tanks. Analyze problems, make necessary corrections. On scheduled "on call" duty.



**RULE 25.30-440(9)**

**VEHICLES**

<b>Year</b>	<b>Make</b>	<b>Purchase Date</b>	<b>Color</b>	<b>Driver</b>	<b>VIN#</b>	<b>Value</b>	<b>Purpose</b>
2004	Chevy Colorado	4/14/2011	White	Fleet	1GCCS198X48205760	\$ 6,000.00	On Call
2006	Ford F150	9/27/2006	Red	Fleet	1FTRF12246NA05031	\$ 18,550.00	On Call
2007	Ford F250	4/20/2013	White	Fleet	1FTNF20527EB31942	\$ 11,730.00	On Call
2008	Ford F150	5/19/2009	Black	Mark	1FTRF122X8KF05067	\$ 18,550.00	On Call
2008	Chevy Silverado	3/21/2016	White	Fleet	1GCEC14X1Z216991	\$ 8,932.00	On Call
2011	Dodge Ram	2/16/2015	White	Richard	3D7JB1EK9BG538652	\$ 12,000.00	On Call
2012	Chevy 1500	10/21/2012	Brown	Chris	1GCRCPEX7CZ310966	\$ 27,339.00	On Call
2013	Chevy Silverado	1/11/2016	Gray	Greg	1GCNCPEX9DZ347663	\$ 19,318.78	On Call

Retired Vehicles in 2016

1996	GMC Sierra	1/10/2006	Silver	Fleet	1GDKC34F8TJ513071	\$ 6,010.00	On Call
1998	Ford Pickup	1/9/2009	Silver	Fleet	1FTZF1721WNA81265	\$ 5,500.00	On Call

**RULE 25.30-440(10)**

**CUSTOMER COMPLAINTS**

# Complaint Activity Tracking Search Results

Company Name : **K W Resort Utilities Corp.**

Company Code : **SU336**

Complaint Type : **Billing**

Complaints From : **07/01/2016**

Complaints To : **06/30/2017**

**No of complaints found: 0**

# Complaint Activity Tracking Search Results

Company Name : **K W Resort Utilities Corp.**

Company Code : **SU336**

Complaint Type : **Service**

Complaints From : **07/01/2016**

Complaints To : **06/30/2017**

**No of complaints found: 0**

**RULE 25.30-440(11)**

**SECONDARY WATER QUALITY COMPLAINTS**

**(NOT APPLICABLE – WASTEWATER ONLY UTILITY)**