

WASTEWATER MALFUNCTION / ABNORMAL EVENT REPORT

This form is provided for your convenience only. You may complete this form and email to SD-AbnormalEvents@dep.state.fl.us. If the spill is greater than 1000 gallons you MUST call the State Watch Office at 1-800-320-0519. All items with an asterisk (*) are required by rule and must be completed.

*FACILITY NAME: <u>KW Resort Utilities Corp.</u> *PERMIT NUMBER: <u>FLA014951</u> *REPORTER NAME: <u>Greg Wright</u> *REPORTER ADDRESS: <u>6630 Front St. Key West FL</u> *REPORTER PHONE: <u>305-295-3301</u>	*FACILITY TYPE: <u>Domestic Wastewater</u> *COUNTY: <u>Monroe</u> *RESPONSIBLE PARTY: <u>KW Resort Utilities Corp.</u> *RESPONSIBLE PARTY ADDRESS: <u>6630 Front St. Key West FL</u> *RESPONSIBLE PARTY PHONE: <u>305-295-3301</u>
*DEP: <input checked="" type="checkbox"/> *DATE: <u>06/15/16</u> *TIME: <u>0945</u> *STATE WATCH OFFICE: <input checked="" type="checkbox"/> *DATE: <u>06/15/16</u> *TIME: <u>0930</u>	*PERSON CONTACTED: <u>Gary Hardie</u> INCIDENT NUMBER: <u>2016-6282</u>

SPILL INFORMATION

*SPILL CHARACTERISTIC	*SOURCE	*AREA AFFECTED
<input checked="" type="checkbox"/> UNTREATED/RAW <input type="checkbox"/> PARTIALLY TREATED <input type="checkbox"/> TREATED <input type="checkbox"/> REUSE/RECLAIMED <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> LIFT STATION # <u>L2A</u> <input type="checkbox"/> SURGE TANK <input type="checkbox"/> MANHOLE <input type="checkbox"/> AERATION TANK <input type="checkbox"/> FORCE MAIN/GRAVITY LINE <input type="checkbox"/> CLARIFIER <input type="checkbox"/> DISPOSAL SYSTEM <input type="checkbox"/> DIGESTER <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CHLORINE CONTACT TANK	<input type="checkbox"/> STORM WATER <input type="checkbox"/> SURFACE WATER/ _____ <input checked="" type="checkbox"/> GROUND <input type="checkbox"/> CONTAINMENT AREA <input type="checkbox"/> OTHER/ _____

*DATE / TIME DISCHARGE OCCURRED: Staff Notified at 1000 on 08/14/16

*AMOUNT OF DISCHARGE: 8,000-10,000 GALLONS

*AMOUNT RECOVERED: N/A Vac truck pumped back directly to lift station GALLONS

*ONGOING: * CEASED:

*PHYSICAL LOCATION/ ADDRESS/ LATITUDE & LONGITUDE:
5th St and 7th Ave Stock Island at Bernstein Park

* MALFUNCTION/CAUSE

<input type="checkbox"/> PUMP FAILURE <input type="checkbox"/> BLOWER FAILURE <input type="checkbox"/> SWITCH/TIMER FAILURE <input type="checkbox"/> CLARIFIER FAILURE <input type="checkbox"/> FILTER BYPASS/FAILURE <input type="checkbox"/> DISINFECTION SYSTEM FAILURE <input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> LINE BREAK <input type="checkbox"/> FATS/OILS/GREASE BLOCKAGE <input type="checkbox"/> OTHER CLOG OR BLOCKAGE <input type="checkbox"/> POWER OUTAGE/FAILURE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OUTSIDE CONTRACTOR _____	<h4 style="text-align: center;">WEATHER</h4> <input type="checkbox"/> LIGHTNING <input type="checkbox"/> HEAVY RAINFALL <input type="checkbox"/> HIGH WINDS <input type="checkbox"/> TROPICAL STORM: _____ <input type="checkbox"/> HURRICANE: _____ <input type="checkbox"/> OTHER: _____
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* EXPLAIN:
Line break on the discharge line from the lift station.

* EFFLUENT LIMIT VIOLATIONS

<input type="checkbox"/> Cl ₂ _____ MG/L	<input type="checkbox"/> TURBIDITY _____ NTU	<input type="checkbox"/> pH _____ SU
<input type="checkbox"/> TSS _____ MG/L	<input type="checkbox"/> NO ₃ _____ MG/L	<input type="checkbox"/> CBOD ₅ _____ MG/L
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> FECAL COLIFORMS _____ CFU/100ML	<input type="checkbox"/> ABNORMAL FLOW _____ MGD

* CORRECTIVE / REMEDIAL ACTION BEING TAKEN

<input checked="" type="checkbox"/> LINE REPAIRED <input checked="" type="checkbox"/> DISINFECTED WITH <u>Lime and Chlorine Bleach</u> <input checked="" type="checkbox"/> WASHED DOWN <input checked="" type="checkbox"/> VAC TRUCK/DESTINATION <u>Back in Lift Station</u>	<input checked="" type="checkbox"/> CONTAINED ON-SITE <input type="checkbox"/> SAMPLES TAKEN (IF SURFACE WATERS IMPACTED) <input type="checkbox"/> SIGNS POSTED NEAR AFFECTED WATERS <input checked="" type="checkbox"/> REPAIRED/REPLACED EQUIPMENT	<input type="checkbox"/> RESTORED POWER <input type="checkbox"/> AUXILIARY POWER SYSTEM ON-LINE <input type="checkbox"/> BACK-UP ON-LINE <input type="checkbox"/> OTHER _____
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* REMEDIAL ACTIONS BEING TAKEN / ESTIMATED TIME FOR COMPLETION OF REPAIRS:
Repairs complete, inspection on all KWRU lift station discharge lines also complete. No other problems found.

PREVENTATIVE PLANS/MEASURES

PLEASE DESCRIBE HOW YOU INTEND TO PREVENT SIMILAR OCCURRENCES IN THE FUTURE:
Continue to inspect the discharge lines as we inspect all lift stations 6 days per week.