ORIGINAL

CLASS A
WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

KW Resort Utilities Corp

Exact Legal Name of Utility

VOLUME III



FOR THE

December 31, 2006

DOCUMENT NUMBER-DATE
06669 AUG-3 1
FPSC-COMMISSION CLERK

ORIGINAL

KW Resort Utilities Corp
Additional Engineering Information
Rule 25-30.440
Index

Volume III Schedule	
A	Chemicals used for water and sewer treatment by type, dollar amounts, quantities purchased, unit prices, and dosage rates
B	Copy of the most recent Chemical Analysis
C	Wastewater plant operating reports for the test year and the year preceeding the test year
D	Copy of the most recent Water Plant Sanitary Survey & Wastewater Inspection Report
E	Copy of Health Department & DER Construction/Operating Permits for Water & Wastewater
F	Copies of Violation Notices, Consent Orders, Letters of Notice or Warning Notices for the previous five years, including Utility response
G	List of all field employees, responsibilities and duties, certificates held, and an explanation of each employee's salary allocation method to expense accounts
H	Serial Numbers and description of all vehicles owned by the Utility, original cost, person vehicle is assigned to, and the method of allocation to the Utility
I	List of customer complaints during the test year and Utility response

DOCUMENT NUMBER-DATE
06669 AUG-3 07
FPSC-COMMISSION CLERK

2006 (Op Records)

Polymer = 320 gallons

Cl_2 = 88 cylinders (1501b ea) $\simeq$ 13,200 lbs/yr 2006

hydrated Lime =

POH=

Acid (H_2SO_4)

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2265

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	1-11-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
Mike	

LL TO Kurn
ODRESS
ITY
PHONE
MECHANIC Mark
HELPER
OB NAME AND LOCATION
ESCRIPTION OF WORK
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 gas chlorine cylinders		1043 90
	Paid 1-17-06 MB		

HOURS	LABOR	AMOUNT
	MECHANICS @	
	HELPERS @	
	TOTAL LABOR	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2103

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	12-12-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
Mike	

BILL TO Kurn
ADDRESS
CITY
PHONE
MECHANIC Mark
HELPER
JOB NAME AND LOCATION
DESCRIPTION OF WORK gas chlorine for effluent disinfection
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb gas chlorine cylinders		1043 90
	Paid 12-20-05		

HOURS	LABOR	AMOUNT
	MECHANICS @	
	HELPERS @	
	TOTAL LABOR	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	1043 90

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2273

CUSTOMERS ORDER NO.	DATE ORDERED
CAliquest	2-10-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☒ P.M.

BILL TO: Kwm
ADDRESS:
CITY:
PHONE:
MECHANIC:
HELPER:
JOB NAME AND LOCATION:
DESCRIPTION OF WORK:
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
16	5 gallon Drums Polymer Poly Pro 4941	109.20	1747 20
	freight		98 80

HOURS	LABOR	AMOUNT
	MECHANICS @	
	HELPERS @	
	TOTAL LABOR	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2268

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	2-6-06
ORDER TAKEN BY M. Kz	DATE PROMISED ☒ A.M. ☐ P.M.

BILL TO: Kwm
ADDRESS:
CITY:
PHONE:
MECHANIC: Mark
HELPER:
JOB NAME AND LOCATION:
DESCRIPTION OF WORK:
☒ DAY WORK ☐ CONTRACT ☒ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb Chlorine gas cylinders		1043 90

Paid 2-9-06 Mk

HOURS	LABOR	AMOUNT
	MECHANICS @	
	HELPERS @	
	TOTAL LABOR	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	

[redacted] ENVIRONMENTAL, INC.
6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WWII

2413

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	2-24-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
M.Ke	

LL TO Kwwu
ODRESS
ITY
PHONE
MECHANIC Mark
HELPER
OB NAME AND LOCATION
ESCRIPTION OF WORK Gas Chlorine

☐ DAY WORK
☐ CONTRACT
☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb gas chlorine cylinders		1043	90

Need 2.28.06

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
I hereby acknowledge the satisfactory completion of the above described work.	TOTAL LABOR		TAX	
SIGNATURE	DATE COMPLETED / /		TOTAL	

[redacted] ENVIRONMENTAL, INC.
6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2418

CUSTOMERS ORDER NO.	DATE ORDERED
M.Ke	3-22-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
Allied	

BILL TO Kwwu
ADDRESS
CITY
PHONE
MECHANIC
HELPER
JOB NAME AND LOCATION
DESCRIPTION OF WORK

☐ DAY WORK
☐ CONTRACT
☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb gas chlorine cylinders		1043	90

Need 3.28.06

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
I hereby acknowledge the satisfactory completion of the above described work.	TOTAL LABOR		TAX	
SIGNATURE	DATE COMPLETED / /		TOTAL	

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

AW

2415

CUSTOMERS ORDER NO.	DATE ORDERED
HACH	2-23-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

LL TO Kwan
DDRESS
ITY
OB NAME AND LOCATION
ESCRIPTION OF WORK Lab Reagents for Nutrients

PHONE
MECHANIC Dan
HELPER

☐ DAY WORK
☐ CONTRACT
☒ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
2	Phosver 3 P.P.	28.21	56	42
2	Nitraver 5 PP	35.88	71	76
2	Ammonia Salcylate PP	29.64	59	28
2	Ammonia Cyanurate PP	18.59	37	18
2	Reagent Sets Amver	79.17	158	34
	freight		26	00
	Paid 3-1-06			

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2422

CUSTOMERS ORDER NO.	DATE ORDERED
Gen Distr. Lab	4-11-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kwan
ADDRESS
CITY
JOB NAME AND LOCATION
DESCRIPTION OF WORK

PHONE
MECHANIC
HELPER

☐ DAY WORK
☒ CONTRACT
☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
6	50 lb Baza Hydrated Lime	20.60	123	60

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2420

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	4-5-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO: Kwm
ADDRESS:
CITY:
PHONE:
MECHANIC:
HELPER:
JOB NAME AND LOCATION:
DESCRIPTION OF WORK:
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb gas chlorine cylinders		

HOURS	LABOR	AMOUNT
	MECHANICS @	
	HELPERS @	
	TOTAL LABOR	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	1046 50

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WW1

2421

CUSTOMERS ORDER NO.	DATE ORDERED
General Distr	4-6-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO: K W M
ADDRESS:
CITY:
PHONE:
MECHANIC: Chris
HELPER:
JOB NAME AND LOCATION:
DESCRIPTION OF WORK: Sulfuric Acid for filter cleaning
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
2	15 gals Drum Sulfuric Acid		234 13

Paid 2-17.04

HOURS	LABOR	AMOUNT
	MECHANICS @	
	HELPERS @	
	TOTAL LABOR	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WWTP

2425

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	4-21-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

LL TO Kwmm
ODRESS
ITY
OB NAME AND LOCATION
ESCRIPTION OF WORK

PHONE
MECHANIC
HELPER
☐ DAY WORK
☐ CONTRACT
☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb gas chlorine cylinders		1046 50

Need 4-25-06

HOURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED / /

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2427

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	5-8-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

WATER Chemicals
ORDER TAKEN BY M.L.

BILL TO Kwmm
ADDRESS
CITY
JOB NAME AND LOCATION WWTP Chemicals Cl2
DESCRIPTION OF WORK

PHONE
MECHANIC
HELPER
☐ DAY WORK
☐ CONTRACT
☒ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb gas chlorine cylinders	210.60	1053 00

Need 5-11-06

HOURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS 1053 00
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED 5/19/06

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2580

CUSTOMERS ORDER NO.	DATE ORDERED 5/30/2006
ORDER TAKEN BY Calciquest	DATE PROMISED ☐ A.M. ☐ P.M.

L TO KWRU
DRESS
Y
PHONE
MECHANIC
HELPER

B NAME AND LOCATION
SCRIPTION OF WORK
☐ DAY WORK ☐ CONTRACT ☒ EXTRA

2 (5 gallons) Polypro Polymer
80 gallons total

JANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
6	5 gallon Drums PolyPro 4941	109.20/EA	1747	20
	Shipping		90	09

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED 5/30/2006

WW!

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2565

CUSTOMERS ORDER NO. 5-31-06	DATE ORDERED 6-6-06
ORDER TAKEN BY Allied	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kwru
ADDRESS
CITY
PHONE
MECHANIC Chris
HELPER

JOB NAME AND LOCATION
DESCRIPTION OF WORK gas chlorine for effluent disinfection
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
10	150 lbs chlorine cylinders		2061	80

Received 6.6.06

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED / /

WWTF

2564

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

CUSTOMERS ORDER NO.	DATE ORDERED
HACH	6-6-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

TO Kuma
PHONE
RESS
MECHANIC Mark
HELPER

NAME AND LOCATION
☐ DAY WORK ☐ CONTRACT ☐ EXTRA
SCRIPTION OF WORK Reagent & maintenance kit for chlorine analyzer

ANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
6	CL-17 Reagent Kits	49.92	299	52
2	CL-17 Maintenance Kits	108.42	216	84
	Freight		26	42
	Paid 6-9-06 Mark			

HOURS	LABOR	AMOUNT		
	MECHANICS @			TOTAL MATERIALS
	HELPERS @			TOTAL LABOR
	TOTAL LABOR			TAX
				TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

WWTF

2573

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

CUSTOMERS ORDER NO.	DATE ORDERED
Calcinuent	7-10-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kuma
PHONE
ADDRESS
MECHANIC
CITY
HELPER

JOB NAME AND LOCATION
☐ DAY WORK ☐ CONTRACT ☐ EXTRA
DESCRIPTION OF WORK

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
			1747	20
16	Poly Pro			
	Freight		106	54

HOURS	LABOR	AMOUNT		
	MECHANICS @			TOTAL MATERIALS
	HELPERS @			TOTAL LABOR
	TOTAL LABOR			TAX
				TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WWTP

2572

CUSTOMERS ORDER NO.	DATE ORDERED
	7-5-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
Allied	

TO: Kwaa
ADDRESS:
CITY:
PHONE:
MECHANIC: Mark
HELPER:

JOB NAME AND LOCATION:
DESCRIPTION OF WORK:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lbs gas chlorine cylinder			
	Used 7-11-06			
	TOTAL MATERIALS		1054	30

HOURS	LABOR	AMOUNT	
	MECHANICS @		**TOTAL LABOR**
	HELPERS @		
	TOTAL LABOR		**TAX**
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED / /

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WWTP

2702

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	8-1-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
M. Ha	

BILL TO: Kwaa
ADDRESS:
CITY:
PHONE:
MECHANIC:
HELPER:

JOB NAME AND LOCATION:
DESCRIPTION OF WORK:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb gas chlorine cylinder		1055	60
	Used 8-3-06			
	TOTAL MATERIALS			

HOURS	LABOR	AMOUNT	
	MECHANICS @		**TOTAL LABOR**
	HELPERS @		
	TOTAL LABOR		**TAX**
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED / /

6630 FRONT STREET
KEY WEST, FLORIDA 33040 WWTP
(305) 294-5232

2771

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	8.22.06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
M. Lu	

L TO Kwnn
DRESS
Y
PHONE
MECHANIC
HELPER

B NAME AND LOCATION
SCRIPTION OF WORK

☐ DAY WORK
☐ CONTRACT
☒ EXTRA

JANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb gas chlorine cylinders			
	Reid 8.31.06			

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
			TAX	
	TOTAL LABOR		TOTAL	1055 60

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040 WWTP
(305) 294-5232

2773

CUSTOMERS ORDER NO.	DATE ORDERED
Alequest	8-16-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kwnn
ADDRESS
CITY
PHONE
MECHANIC
HELPER

JOB NAME AND LOCATION
DESCRIPTION OF WORK

☒ DAY WORK
☒ CONTRACT
☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
16	5 gal Buckets Polypro 54941	109.20	1747	20
	Freight		90	87

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
			TAX	
	TOTAL LABOR		TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2778

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	9-27-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

TO: Kwm
ADDRESS:
Y:
PHONE:
MECHANIC:
HELPER:

NAME AND LOCATION:
DESCRIPTION OF WORK:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

ANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb gas Chlorine cylinders		1046 50

Rec'd 10-3-06

OURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2776

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	9-12-06
ORDER TAKEN BY: M.R	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO: Kwm
ADDRESS:
CITY:
PHONE:
MECHANIC:
HELPER:

JOB NAME AND LOCATION:
DESCRIPTION OF WORK:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb gas chlorine cylenders		1055 60

Rec'd 9-14-06

HOURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

3007

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	11-27-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

TO Kuner
DRESS
Y
PHONE
MECHANIC Mark
HELPER
NAME AND LOCATION
SCRIPTION OF WORK
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

JANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
0	150 lbs Chlorine cylinders		2052 70

Paid 12-11-06

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
I hereby acknowledge the satisfactory completion of the above described work.	TOTAL LABOR		TAX	
SIGNATURE	DATE COMPLETED / /		TOTAL	

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

AW

2105

CUSTOMERS ORDER NO.	DATE ORDERED
Calc. Quest	12-14-06
ORDER TAKEN BY Cindy	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kuner
ADDRESS
CITY
PHONE
MECHANIC Mark
HELPER
JOB NAME AND LOCATION
DESCRIPTION OF WORK Polymer for Thickener
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
14	PolyPro 4941		1645 80

Paid 1.3.06

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
I hereby acknowledge the satisfactory completion of the above described work.	TOTAL LABOR		TAX	
SIGNATURE	DATE COMPLETED / /		TOTAL	

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2887

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	11-6-06
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

L TO Kuwait
DRESS
TY
PHONE
MECHANIC Mike
HELPER

B NAME AND LOCATION
SCRIPTION OF WORK

☐ DAY WORK
☐ CONTRACT
☐ EXTRA

UANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lbs gas chlorine cylinders			
	Used 11-9-06			

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	1045 20

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED / /

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

AWI LABS

2888

CUSTOMERS ORDER NO.	DATE ORDERED
Hach	11-8-06
ORDER TAKEN BY Fax 594 Cathy	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kuwait
ADDRESS
CITY
PHONE
MECHANIC Mike
HELPER

JOB NAME AND LOCATION
DESCRIPTION OF WORK

☐ DAY WORK
☐ CONTRACT
☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
3	Phosphate 3 Reagents	29.12	87	36
3	Nitrate 5 Reagents	36.92	110	76
3	TNT Rgt Sets	81.51	244	53
3	Ammonia Sal	30.55	91	65
3	Ammonia Cyan	~~30.55~~ 19.11	57	33
	freight		29	25

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED / /

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2886

CalcQuest

CUSTOMERS ORDER NO.	DATE ORDERED
~~10-24-06~~	10-24-06
ORDER TAKEN BY: KIM	DATE PROMISED ☐ A.M. ☐ P.M.

L TO: Kwren
DRESS:
Y:
PHONE:
MECHANIC: Mark
HELPER:

B NAME AND LOCATION:
SCRIPTION OF WORK: Polymer for Solids

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

JANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
6	5 Gal Buckets Poly Pro 4941 Polymer		

Rec'd 10-30-06 MM

HOURS	LABOR	AMOUNT
	MECHANICS @	
	HELPERS @	
	TOTAL LABOR	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE: DATE COMPLETED: / /

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	1839 50

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2885

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	10-20-06
ORDER TAKEN BY: Mike	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO: Kwren
ADDRESS:
CITY:
PHONE:
MECHANIC: Mark
HELPER:

JOB NAME AND LOCATION:
DESCRIPTION OF WORK:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb gas chlorine cylinders		

Rec'd 10-24-06 MM

HOURS	LABOR	AMOUNT
	MECHANICS @	
	HELPERS @	
	TOTAL LABOR	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE: DATE COMPLETED: / /

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	1046 50

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WWT

1712

CUSTOMERS ORDER NO.	DATE ORDERED
Vallie J	1-21-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

L TO Kwrn
DRESS
TY
PHONE
MECHANIC Mark
HELPER

B NAME AND LOCATION
SCRIPTION OF WORK Chlorine for effluent disinfection

☐ DAY WORK
☐ CONTRACT
☒ EXTRA

JANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb gas chlorine cylinders	136.50	682 50

Read
1-27-05
MP

HOURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WWT

1711

CUSTOMERS ORDER NO.	DATE ORDERED
K.W. Channel	1-10-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kwrn
ADDRESS
CITY
PHONE
MECHANIC Mark
HELPER

JOB NAME AND LOCATION RAS @ WWTP
DESCRIPTION OF WORK chlorine for flamentous control

☐ DAY WORK
☐ CONTRACT
☒ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
2	50 lb Drums Chlorine tabs	143	286 00

HOURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

KEY WEST UTILITY BOARD

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WWTF

1719

CUSTOMERS ORDER NO.	DATE ORDERED
Gen Distrb	2-14-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
Carlos	

BILL TO: KWRA
ADDRESS:
CITY:
PHONE:
MECHANIC: Mark
HELPER:

JOB NAME AND LOCATION:
☐ DAY WORK ☐ CONTRACT ☒ EXTRA

DESCRIPTION OF WORK: POH for Smell complaints & addition of oxygen

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
	(55 lbs)		
2	25 Kg drums of Potassium Permanganate (POH)	161.00	322 00
	Paid 2-16-05 # 42514		

HOURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

KEY WEST UTILITY BOARD

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WWTF

1710

CUSTOMERS ORDER NO.	DATE ORDERED
Archimedes	1-6-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
Gary	

BILL TO: KWRA
ADDRESS:
CITY:
PHONE:
MECHANIC: Mark
HELPER:

JOB NAME AND LOCATION: Chlorine Bldg
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

DESCRIPTION OF WORK: Replacement of sensor for Toxic Gas Leak Detector

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
1	Chlorine Sensor (South)		
	0-10 ppm Cl2		
	# 096-1412		309 40
	Freight		39 00
	Paid 2-3-05		

HOURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1801

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	2-24-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

L TO Kwa
DRESS
Y
PHONE
MECHANIC Mark
HELPER

B NAME AND LOCATION

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

SCRIPTION OF WORK Chlorine for effluent disinfection

JANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb gas chlorine cylinders	205.92	1029	60

Read 3-5-05

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1720

CUSTOMERS ORDER NO.	DATE ORDERED
Marathon Lumber	2-15-05
ORDER TAKEN BY DAN	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kwa
ADDRESS
CITY
PHONE
MECHANIC Mark
HELPER

JOB NAME AND LOCATION

☐ DAY WORK ☐ CONTRACT ☒ EXTRA

DESCRIPTION OF WORK Lime for disinfection of sewerage spills & pH adjustment

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
4	Lime	14.33	57	32

Read 2-15-05

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1848

CUSTOMERS ORDER NO.	DATE ORDERED
Calnaqua	3-18-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

L TO Kwan
DRESS
Y
PHONE
MECHANIC MARK
HELPER

3 NAME AND LOCATION

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

SCRIPTION OF WORK PolyPro 4961 polymer for Sludge thickner unit

JANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	5 gallon pails	97.50	487 50
	Freight		65 52

OURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1850

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	3-29-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kwan
ADDRESS
CITY
PHONE
MECHANIC
HELPER

JOB NAME AND LOCATION

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

DESCRIPTION OF WORK 500 chlorine for effluent disinfection

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
5	150 lb chlorine gas cylinders	205.92	1029 60
	Rec'd 3-31-05		

HOURS	LABOR	AMOUNT	
	MECHANICS @		TOTAL MATERIALS
	HELPERS @		TOTAL LABOR
	TOTAL LABOR		TAX
			TOTAL

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

WWTF

1852

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	4-18-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

L TO Kwren
DRESS
Y
PHONE
MECHANIC Mark
HELPER

3 NAME AND LOCATION

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

SCRIPTION OF WORK Gas chlorine for effluent disinfection

IANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb gas chlorine cylinders	205.92	1029	60
	Paid 4-26-05			

OURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
I hereby acknowledge the satisfactory completion of the above described work.	TOTAL LABOR		TAX	
SIGNATURE	DATE COMPLETED / /		TOTAL	

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1876

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	5-10-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kwren
ADDRESS
CITY
PHONE
MECHANIC MARK
HELPER

JOB NAME AND LOCATION

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

DESCRIPTION OF WORK Gas chlorine for effluent Disinfection

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb gas chlorine cylinders	207.48		
	Paid 5-20-05			

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
I hereby acknowledge the satisfactory completion of the above described work.	TOTAL LABOR		TAX	
SIGNATURE	DATE COMPLETED / /		TOTAL	1037 40

AWT

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1885

CUSTOMERS ORDER NO.	DATE ORDERED
Colquett	5-26-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO: Kuna
ADDRESS:
CITY:
JOB NAME AND LOCATION:
DESCRIPTION OF WORK: Polymer for the Rewer

PHONE:
MECHANIC: Chris
HELPER:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
9	5 gallon pails of Poly Pro 4941	105.00	945 00

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED / /

AWT

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1878

CUSTOMERS ORDER NO.	DATE ORDERED
Colquett	5-5-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO: Kuna
ADDRESS:
CITY:
JOB NAME AND LOCATION:
DESCRIPTION OF WORK: Polymer for Sludge Thickening Unit

PHONE:
MECHANIC: Mauricio
HELPER:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
6	5 gallon pails of Polymer #4941	108.33	650 00

Paid 5.13.05 NB

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED / /

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1886

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	6-15-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
M. Ke	

TO Kuwait
PHONE
RESS
MECHANIC Frank
HELPER
NAME AND LOCATION
☐ DAY WORK ☐ CONTRACT ☐ EXTRA
CRIPTION OF WORK chlorine gas disinfection

ANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb Chlorine gas cylinders	205.92	1029	60

JRS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
I hereby acknowledge the satisfactory completion of the above described work.	TOTAL LABOR		TAX	
SNATURE	DATE COMPLETED / /		TOTAL	

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1882

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	5-23-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Kuwait
PHONE
ADDRESS
MECHANIC Chris
CITY
HELPER
JOB NAME AND LOCATION
☐ DAY WORK ☐ CONTRACT ☐ EXTRA
DESCRIPTION OF WORK gas chlorine for effluent disinfection

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	105 lb gas Chlorine cylinder	205.92	1029	60

Paid 6-2-05 MH

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
I hereby acknowledge the satisfactory completion of the above described work.	TOTAL LABOR		TAX	
SIGNATURE	DATE COMPLETED / /		TOTAL	

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1892

CUSTOMERS ORDER NO.	DATE ORDERED
~~Feb-05~~	7-6-05
ORDER TAKEN BY: Caliguri	DATE PROMISED ☐ A.M. ☒ P.M.

BILL TO: Kwrw
ADDRESS:
CITY:
JOB NAME AND LOCATION:
PHONE:
MECHANIC: Chris
HELPER:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

DESCRIPTION OF WORK: Polypro #4941 polymer for Sludge thickener

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
12	5 gallon pails Polymer #4941	97.50	1170	00
	Freight		77	00

HOURS	LABOR	AMOUNT		
	MECHANICS @			TOTAL MATERIALS
	HELPERS @			TOTAL LABOR
	TOTAL LABOR			TAX
				TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1891

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	7-12-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO: KWRU
ADDRESS:
CITY:
JOB NAME AND LOCATION:
PHONE:
MECHANIC:
HELPER:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

DESCRIPTION OF WORK: Chlorine gas for effluent disinfection

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	Cl_2 150 lb cylinders	207.74	1038	70

HOURS	LABOR	AMOUNT		
	MECHANICS @			TOTAL MATERIALS
	HELPERS @			TOTAL LABOR
	TOTAL LABOR			TAX
				TOTAL

I hereby acknowledge the satisfactory completion of the above described work.
SIGNATURE
DATE COMPLETED

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1943

CUSTOMERS ORDER NO.	DATE ORDERED
USA Blanket	8-15-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
Mike	

LL TO: Kwm
ODRESS:
TY:
PHONE:
MECHANIC: Mario
HELPER:
OB NAME AND LOCATION:
ESCRIPTION OF WORK:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

UANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
1	Alkalinity Reagents	19.67	19	67
2	L.ft Station dip nets	29.46	58	92
12	8'-16' fiberglass poles	99.19	198	38
	Paid 8.18.05			

HOURS	LABOR	AMOUNT			
	MECHANICS @			TOTAL MATERIALS	276 97
	HELPERS @			TOTAL LABOR	
				TAX	
	TOTAL LABOR			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE: Paul S. Wojtas
DATE COMPLETED: 8/22/05

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1942

CUSTOMERS ORDER NO.	DATE ORDERED
Mike	7-22-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
	8-2-05

BILL TO: Kwm
ADDRESS:
CITY:
PHONE:
MECHANIC: Mario
HELPER:
JOB NAME AND LOCATION:
DESCRIPTION OF WORK:

☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb gas chlorine cylinders	205.92	1029	60
	Paid 8.2.05			

HOURS	LABOR	AMOUNT			
	MECHANICS @			TOTAL MATERIALS	
	HELPERS @			TOTAL LABOR	
				TAX	
	TOTAL LABOR			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE:
DATE COMPLETED: / /

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1889

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☒ P.M.

L TO KWRU
DRESS
Y
PHONE
MECHANIC CHRIS
HELPER

B NAME AND LOCATION

☐ DAY WORK
☐ CONTRACT
☐ EXTRA

SCRIPTION OF WORK GAS CHLORINE FOR EFFLUENT DISINFECTION

IANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb gas cl_2 cylinders	205.92	1029	60

OURS	LABOR		AMOUNT		
	MECHANICS	@			TOTAL MATERIALS
	HELPERS	@			TOTAL LABOR
I hereby acknowledge the satisfactory completion of the above described work.		TOTAL LABOR			TAX
SIGNATURE		DATE COMPLETED / /			TOTAL

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

1945

CUSTOMERS ORDER NO.	DATE ORDERED 3-19-05
ORDER TAKEN BY Allied	DATE PROMISED ☒ A.M. ☐ P.M.

BILL TO KWRU
ADDRESS
CITY
PHONE
MECHANIC
HELPER

JOB NAME AND LOCATION

☐ DAY WORK
☐ CONTRACT
☐ EXTRA

DESCRIPTION OF WORK

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb. gas chlorine cylinders	216	1080	00

Rec'd 8-23-05

HOURS	LABOR		AMOUNT		
	MECHANICS	@			TOTAL MATERIALS
	HELPERS	@			TOTAL LABOR
I hereby acknowledge the satisfactory completion of the above described work.		TOTAL LABOR			TAX
SIGNATURE		DATE COMPLETED / /			TOTAL

KWW

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2098

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	10-28-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
M.L	

TO: KW mm
ADDRESS:
Y:
PHONE:
MECHANIC: Manuel
HELPER:

NAME AND LOCATION:
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

SCRIPTION OF WORK: Chlorine for disinfection

ANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb Chlorine gas	210.34		
	cylinders		1051	70

Read
11-3-05

URS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

GNATURE

DATE COMPLETED / /

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2030

CUSTOMERS ORDER NO.	DATE ORDERED
Calciquest	9/25/05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO: KWRJ
ADDRESS:
CITY:
PHONE:
MECHANIC:
HELPER:

JOB NAME AND LOCATION:
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

DESCRIPTION OF WORK: (14 Qty) 5 gallon POLYMER FOR THICKENER

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
14	5 gallons POLYMER	103.78	1452	98

HOURS	LABOR	AMOUNT		
	MECHANICS @		TOTAL MATERIALS	1452 98
	HELPERS @		TOTAL LABOR	
	TOTAL LABOR		TAX	
			TOTAL	

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED 9/25/2005

6630 FRONT STREET
KEY WEST, FLORIDA 33040
(305) 294-5232

2100

CUSTOMERS ORDER NO.	DATE ORDERED
Allied	11-21-05
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.
M.Re	

TO: JKWren
PHONE:
ADDRESS:
MECHANIC: Mark
CITY:
HELPER:
NAME AND LOCATION:

☐ DAY WORK
☐ CONTRACT
☐ EXTRA

DESCRIPTION OF WORK: Gas Chlorine for disinfection

ANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT	
5	150 lb Chlorine cylinders		1098	20
	Paid 12-1-05			

HOURS	LABOR		AMOUNT		
	MECHANICS	@			TOTAL MATERIALS
	HELPERS	@			TOTAL LABOR
	TOTAL LABOR				TAX
					TOTAL

I hereby acknowledge the satisfactory completion of the above described work.

SIGNATURE

DATE COMPLETED

KW Resort Utilities
Volume III

25-30.440 (3)

The Company is a wastewater only system; therefore this requirement is not applicable

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014951

Month/Year: JANUARY 2006

Three-month Average Daily Flow: .274

Daily Flow % of Permitted Capacity: 55%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Total Facility Flow (MGD)	.278	.288	.268	.252	.245	.278	.293	.252	.268	.261	.253	.272	.260	.280	.275	.273	.310	.270	.279	.151	.229	.224	.318	.235	.244	.246	.264	.252	.228	.289 .266
CBOD, Influent (mg/L as O_2) Composite										185														320						
TSS Influent (mg/L) Composite										246														640						
pH effluent	6.8	6.8	6.8	6.8	6.9	6.9	6.7	6.9	7.1	7.0	7.0	6.8	7.0	7.1	6.9	6.9	7.0	6.9	6.9	7.0	6.9	7.0	6.8	6.8	6.8	6.9	7.1	7.0	7.1	6.9 6.8
Flow To Wells (MGD)	208	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	.128	–	.194	.224	.318	.235	–	–	–	–	–	.289 .266
CBOD, Effluent (mg/L as O_2) Composite										2.0														42						
TSS Effluent (mg/L) Composite										2.0														1.4						
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite										15.4														11.5						
Chlorine Residual after Contact (mg/L as Cl_2)	1.0	–	–	–	–	–	–	–	–			–	–	–	–	–	–	–	1.0	–	1.6	2.8	1.5	1.7	–	–	–		–	1.7 0.7
Total P Effluent (mg/l as P) Composite										4.53														3.06						
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.070	.288	.268	.252	.245	.278	.293	.252	.268	.261	.253	.272	.260	.280	.275	.273	.310	.270	.151	.229	.039	–	–	–	.244	.246	.264	.252	.228	– –
Chlorine Residual after Contact (mg/L as Cl_2)	1.8	5.0	4.0	1.8	2.0	1.5	1.5	1.6	1.6	2.7	4.2	2.5	3.6	1.9	1.9	2.8	2.2	2.5	3.0	2.9	4.1	–	–	–	1.3	2.0	2.5	2.3	1.3	– –
Turbidity, NTU	0.7	0.4	0.7	0.6	0.7	1.0	0.8	0.3	0.5	4.0	0.5	0.8	0.6	0.8	0.6	0.5	0.6	1.0	1.0	1.0	0.4	2.1	2.2	7.0	0.5	2.2	0.5	0.3	1.2	1.0 2.0
TSS Effluent (mg/L)			1.6	0.3	0.6	0.6			1.6	2.2	1.6	1.0				2.0	1.4	1.2	1.4					0.8	2.2	1.8				
CBOD, Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)			<1	<1	<1	<1			4	<1	<1	<1				<1	<1	<1	<1					<1	<1	<1				
Type Of Sample (C=Composite, G=Grab)			G	G	G	G			G	C/G 0730 1230 1530	G	I				G	G	G	G					C/G	G	G				
Time Of Sample			0730	0730	0715	0715			0715	C/G	0715	0715				0730	0730	1200	0730					0715 0730 1530	1200	0715			–	

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:
Evening Shift Operator Class: Certificate No.: Name:
Night Shift Operator Class: Certificate No.: Name:
Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: January 1, 2006 To: January 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.052	.290	(03) MGD	**********	**********	**********	**********	C	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	********** **	**********	**********	**********	1.33	2.2	(19) mg/l	C	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	********** **	**********	**********	1.3	**********	**********	(19) mg/l	C	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	C	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.3	1.22	4.0 (Reuse) 7.0 (wells)	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	********** **	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	06-01-20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: [illegible] To: [illegible]
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

GROUP: DOMESTIC

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells	Sample Measurement	.293	.318	(03) MGD	----------	----------	----------	----------	C	Daily 7/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	----------	----------	----------	----------		DAILY	SEE PERMIT
TSS, EFFLUENT Composite	Sample Measurement	---------- **	----------	----------	----------	1.7	2.0	(19) mg/l	C	Biweekly	C
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	---------- **	----------	----------	----------	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	---------- **	----------	----------	0.7	----------	----------	(19) mg/l	C	Continuous	Continuous
0050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	---------- **	----------	----------	MINIMUM	----------	----------	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	---------- **	----------	----------	<1	<1	<1	(19) CFU/100 ml	C	4/Week	G
031616 G EFA-1 EFFLUENT Gross Value	Permit Requirement	---------- **	----------	----------	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite	Sample Measurement	---------- **	----------	----------	----------	13.65	13.8	(19) mg/l	C	Biweekly	G
000600 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	---------- **	----------	----------	----------	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite	Sample Measurement	---------- **	----------	----------	----------	2.0	2.0	(19) mg/l	C	Every 2 Weeks	C
GROSS 080082 G EFA-1 EFFLUENT VALUE	Permit Requirement	---------- **	----------	----------	----------	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER	[signature]	(305) 2950309	06-01-20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: J[illegible] To: J[illegible]
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.261	.318	(03) MGD					C	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD						DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement					26 C	28 S	(19) mg/l	C	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement					1.5 6	2 4 8	(19) mg/l	C	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement				6.7			(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement				6.0 MINIMUM			SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement						7.1	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement						8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite					3.66	3 8 C	4 5 3	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 295 0309	1[illegible]

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Jan 2006

KWGC WATER USAGE 1-06

		Date	Pond level	Date	Pond level
1-1	189000	1-1-06	0.8 ft	1-17	1.4 ft
2	159000	1-2	0.8'	1-18	1.1'
3	217000	1-3	0.8'	1-19	1.5'
4	273000	1-4	1.0'	1-20	1.8'
5	159000	1-5	1.0'	1-21	1.4'
6	273000	1-6	1.2'	1-22	1.0'
7	273000	1-7	1.4'	1-23	0.1'
8	273000	1-8	1.5'	1-24	00
9	203000	1-9	1.4'	1-25	0.1'
10	353000	1-10	1.4'	1-26	0.8'
11	244000	1-11	1.2'	1-27	1.5'
12	324000	1-12	1.4'	1-28	1.5'
13	358000	1-13	1.4'	1-29	1.5'
14	361000	1-14	1.4'	1-30	0.9'
15	375000	1-15	1.4'	1-31	1.7'
16	361000	1-16	1.4'		
17	436000				
19	375000				
20	312000				
22	375000				
24	372000				
26	375000				
29	367000				
30	368000				
31	368000				

7743 000

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year JANUARY 2006

Date	ID# 0106-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0106 -		Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
						INF	EFF						
1-3	0002	730	< 1	0.6									
1-4	0030	730	< 1	0.8									
1-5	0070	715	< 1	0.6									
1-6	0072	715	< 1	0.6									
1-9	0074	715	< 1	1.6									
1-10	0086	720	< 1	2.2	1-10 730-1530	0155	0156	285	248	2.0	2.0	15.8	4.53
1-11	0159	715	< 1 Q	1.6									
1-12	0161	715	< 1	1.0									
1-16	0163	730	< 1	2.0									
1-17	0165	720	< 1	1.6									
1-18	0206	1200	< 1	1.2									
1-19	0242	730	< 1	1.4									
1-23						INF	EFF						
1-24	0255	715	< 1	0.8	1-24 730-1530	0313	0314	235	64	< 2	1.4	11.5	3.06
1-25	0317	1200	< 1	2.2									
1-26	0319	720	< 1	1.8									
								260	156	2.0	1.7	13.65	3.80

Q- Sample held beyond acceptable holding time

1.33/15

1.38/7

FROM :SYNAGRO1 FAX NO. :3052892297 Feb. 10 2006 12:44PM P2

Month/Year: FEBRUARY 2006

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .262

Daily Flow % of Permitted Capacity: 53%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/
Total Facility Flow (MGD)	.275	.279	.301	.312	.283	.326	.302	.275	.292	.264	.274	.288	.318	.266	.253	.287	.284	.288	.278	.258	.289	.285	.262	.226	.258	.225	.226	.270		
CBOD, Influent (mg/L as O_2) Composite							275														195									
TSS Influent (mg/L) Composite							104														76									
pH effluent	6.6	6.8	6.9	6.9	6.9	7.1	7.1	7.0	6.7	6.8	6.9	6.9	6.7	6.9	7.0	7.0	7.0	6.9	6.9	6.6	6.7	6.8	6.9	6.8	7.0	6.8	6.9	7.0		
Flow To Wells (MGD)	.275	.279	.301	—	.200	—	.239	.275	.292	.264	.276	.288	.318	.266	.253	—	—	—	—	—	—	—	—	—	—	—	—	—		
CBOD, Effluent (mg/L as O_2) Composite							<2														2.5									
TSS Effluent (mg/L) Composite							2.6														2.0									
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite							17.0														15.0									
Chlorine Residual after Contact (mg/L as Cl_2)	2.3	2.5	2.0	1.5	1.0	—	0.8	0.6	1.7	1.7	1.5	5.0	1.0	3.5	1.5	—														
Total P Effluent (mg/l as P) Composite							0.66														1.60									
NO$_3$ Effluent (mg/L as N)																														
Flow To Reuse (MGD)	—	—	—	.312	.083	.326	.063	—	—	—	—	—	—	—	.287	.284	.288	.278	.258	.289	.285	.262	.226	.258	.225	.226	.270			
Chlorine Residual after Contact (mg/L as Cl_2)				2.0	2.6	1.5	2.5																							
Turbidity, NTU	Wells 10.0	0.8	0.8	0.9	0.8	0.8	0.4	1.0	0.8	0.9	2.0	3.0	2.4	2.5	0.9	1.6	1.5	4.5	4.4	3.5	1.5	1.5	1.5	1.5	2.4	1.5	1.5	2.2		
TSS Effluent (mg/L)	—	—	—	—	3.2	3.0	2.4	2.0	—	—	—	—	—	1.6	2.4	2.2	—	—	2.8	3.0	3.0	3.0	—	—	—	—	—	2.8		
CBOD, Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)	—	—	—	—	<1	<1	<1	<1	—	—	—	—	—	<1	<1	<1	—	—	<1	<1	<1	<1	—	—	—	—	—	0.8		
Type Of Sample (C=Composite, G=Grab)					G	C/G	G	G						G	G	G			G	C/G	G	G							
Time Of Sample					0725	0730 1530 0730	1210	0740						1130	0720	0720			0730	0720 0530 0715	1145	0730						0715		

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: February 1 To: February 28, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

GROUP: DOMESTIC

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.312	.294	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	**********	**********	**********	**********	2.3	2.6	(19) mg/l	0	Biweekly	C
	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	**********	**********	**********	0.6	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	**********	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	**********	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	**********	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	**********	**********	**********	**********	16.0	17.0	(19) mg/l	0	Biweekly	G
	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	**********	**********	**********	**********	1.75	2.5	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted formation is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 2950309	06-03-20

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

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

FDEP LIMITS (REPLACES MOR FORM)
PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: February 1, 2006 To: February 28, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591
GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)
Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.244	.326	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****	*****	2.45	3.20	(19) mg/l	C	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.5	*****	*****	(19) mg/l	C	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.4	1.68	Reuse/Wells 3.0/10.0	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****	*****			(19) mg/l		Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Mark Burkemper		(305) 295 0309	06-03-20

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

FDEP LIMITS (REPLACES MOR FORM)
PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: February 1 To: February 28, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.265	.326	(03) MGD	**********	**********	**********	**********	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .495	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	235	275	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	90	104	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	6.6	**********	**********	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily/7 Week	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.1	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	E.T. DAILY MAX	SU		Daily 5/Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						1.13	1.60	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG.	REPORT DAILY MAX	Mg/L		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 295 0309	06-03-20

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

KWGC WATER USAGE 2-06

2-1	3688000
2	244000
7	263000
8	290000
9	335000
10	263000
13	69000
14	195000
15	403000
16	298000
17	317000
18	392000
19	322000
20	389000
21	355000
22	283000
23	338000
24	184000
25	389000
27	50000
28	271000
	6018000

Date	Level (ft)	Date	Level
2-1-06	0.7'	2-15-06	0
2-2	0.4'	2-16	0
2-3	0.4'	2-17	0
2-4	1.3'	2-18	0
2-5	1.3'	2-19	0.1'
2-6	1.8'	2-20	0.1'
2-7	1.8'	2-21	0.1'
2-8	1.2'	2-22	0.1'
2-9	0.7'	2-23	0.3'
2-10	0.1'	2-24	0.2'
2-11	0.1'	2-25	0.5'
2-12	0.2	2-26	0.8'
2-13	0	2-27	1.1'
2-14	0	2-28	1.5'

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year Feb 2006

Date	ID# 0206-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0206-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
2-1												
2-2												
2-6	0418	725	<1 Q	3.2								
2-7	0420	720	<1	3.0	2-7 730-1530	INF 0475 EFF 0476	275	104	<2	2.6	17.0	0.66
2-8	0479	1210	<1	2.4								
2-9	0481	740	<1	2.0								
2-13												
2-14												
2-15	0521	1130	<1	1.6								
2-16	0562	720	<1	2.4								
2-17	0569	720	<1	2.2								
2-20	0571	730	<1	2.8								
2-21	0573	715	<1	3.0	2-21 730-1530	INF 0600 EFF 0601	195	76	2.5	2.0	15.0	1.60
2-22	0604	1145	<1	3.0								
2-23	0624	730	<1	3.0								
2-27												
2-28	0657	715	<1	0.8								
			<1									

Q - Sample held beyond acceptable holding time.

235 90 1.75 2.3 16 1.13

29.4 / 12 = 2.45

34 / 14 = 2.43

FROM :SYNAGRO!
FAX NO. :3052892297
Mar. 09 2006 01:09PM P2

KW Resort Utilities
Facility ID: FLA014951
Month/Year

DAILY SAMPLE RESULTS - PART B

Days the Month

Three-month Average Daily Flow: .269
Daily Flow % of Permitted Capacity: 59%

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Total Facility Flow (MGD)	.279	.303	.282	.291	.296	.274	.291	.294	.288	.302	.278	.283	.284	.273	.281	.283	.273	.266	.284	.283	.303	.268	.250	.283	.269	.286	.298	.256	.295	
CBOD, Influent (mg/L as O_2) Composite																														
TSS Influent (mg/L) Composite							5														215									
pH effluent	7.0	6.8	6.9	6.8	6.9	6.9	7.0	7.1	6.9	7.0	7.0	6.9	7.0	7.0	7.1	7.0	7.1	6.9	6.8	6.9	180									
Flow To Wells (MGD)	—	—	—	—	—	—	.215	.085	.091	.154	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
CBOD, Effluent (mg/L as O_2) Composite																														
TSS Effluent (mg/L) Composite							2														2									
Fecal Coliform (#/100ML)							2.1														3.6									
Total N Effluent (mg/L as N) Composite							2.2																							
Chlorine Residual after Contact (mg/L as Cl_2)							1.9	1.6	2.0	1.4											13.4									
Total P Effluent (mg/l as P) Composite							.020																						2	
NO_3 Effluent (mg/L as N)																					7.63									
Flow To Reuse (MGD)	.296	.303	.282	.291	.303	.274	.291	.294	.288	.302	.278	.283	.284	.273	.281	.283	.273	.266	.284	.283	.303	.268	.250	.283	.269	.286	.298	.256	.295	
Chlorine Residual after Contact (mg/L as Cl_2)	1.5	2.0	2.8	3.0	3.0	4.0	4.0	3.2	2.2	2.7	2.0	2.2	2.2	2.0	1.5	2.0	1.6	1.5	2.8	1.6	2.5	1.5	1.3	2.6	1.6	3.1	1.1	2.0	—	2.5
Turbidity, NTU	2.8	3.9	2.8	2.0	3.0	3.4	4.0	2.1	3.0	1.3	1.0	2.5	2.3	3.0	3.0	3.4	3.0	2.6	2.9	3.8	2.0	2.0	2.9	3.0	2.4	0.8	1.1	0.7	2.5	2.5
TSS Effluent (mg/L)		2.6	2.4			1.8	2.4	2.2	2.7				0.6	1.8	3.0	2.2				3.0	1.9	2.1	2.8				2.1	2.3	2.1	2.2
CBOD, Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)		<1	<1			<1	<1	<1	<1				<1	<1	<1	<1				<1	<1	<1	<1							
Type Of Sample (C=Composite, G=Grab)		G	G			G	G	G	G				G	G	G	G				G	G	G	G							
Time Of Sample		0715	0705			0705	0715	0715	0715				0720	0710	1130	0700				0715	0715 1330	1100	0715							

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:
Evening Shift Operator Class: Certificate No.: Name:
Night Shift Operator Class: Certificate No.: Name:
Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

3rd Q Post closing time 3-7-06
3-14-06
3-21-06

1st Qtr Influent TN 51.0 mg/l
(3-21-06) TP 6.36 mg/l

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: March 1, 2006 To: March 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.280	.305	(03) MGD	**********	**********	**********	**********	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	240	265	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	144	150	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	6.7	**********	**********	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 7/ Week	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.1	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX	SU		Daily 7/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						3.68	4.63	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 2950309	06-04-24

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: MARCH 1, 2006 To: MARCH 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.202	.223	(03) MGD	**********	**********	**********	**********	C	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	1.91	5.0	(19) mg/l	C	Daily 4/Week	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	1.0	**********	**********	(19) mg/l	C	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	C	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value					0.7	2.3	4.0	NTU	C	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	06 04 24

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: [illegible] To: [illegible]
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

GROUP: DOMESTIC

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells	Sample Measurement	.278	.308	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite	Sample Measurement	**********	**********	**********	**********	2.6	3.0	(19) mg/l	0	Biweekly	C
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	**********	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
0050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	**********	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	**********	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT Gross Value	Permit Requirement	**********	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite	Sample Measurement	**********	**********	**********	**********	17.2	20.9	(19) mg/l	0	Biweekly	G
000600 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite	Sample Measurement	**********	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
GROSS 080082 G EFA-1 EFFLUENT VALUE	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted nformation is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper	[signature]	(305) 2950309	06-04-24

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

KNGC WATER USAGE 3-06

3-1	270 000
2	391 000
3	391 000
4	272 000
5	313 000
6	426 000
7	396 000
8	432 000
9	363 000
10	469 000
11	443 000
12	363 000
13	416 000
14	351 000
15	435 000
16	435 000
17	435 000
18	355 000
19	437 000
20	437 000
21	437 000
22	406 000
23	406 000
24	406 000
25	406 000
26	389 000
27	390 000
28	144 000
29	390 000
30	390 000
31	392 000

11,986,000

Date	Level (ft)	Date	Level
3-1	1.6'	3.17	C
3 2	1.7'	3-18	C
3-3	1.6'	3-19	C
3-4	1.6'	3-20	0.2'
3 5	1.7'	3 21	0.2'
3 6	1.8'	3-22	0.2'
3 7	1.2'	3-23	0.5'
3 8'	1.0'	3 24'	0.9'
3 9	0.9	3 25	0 7'
3 10	C	3-26	0.6
3 11	C	3 27	0 5
3-12	C	3 28	0.4
3-13	C	3-29	0.4
3 14	C	3 30	0.2
3 15	C	3-31	0.2
3 16	C		

March 2006

KWGC WATER USAGE 3-06

3-1	270 000
2	391 000
3	391 000
4	272 000
5	313 000
6	426 000
7	396 000
8	432 000
9	363 000
10	469 000
11	443 000
12	363 000
13	416 000
14	351 000
15	435 000
16	435 000
17	435 000
18	355 000
19	437 000
20	437 000
21	437 000
22	406 000
23	406 000
24	406 000
25	406 000
26	389 000
27	390 000
28	144 000
29	390 000
30	390 000
31	392 000

Date	Level (ft)
3-1	1.6'
3-2	1.7'
3-3	1.6'
3-4	1.6'
3-5	1.7'
3-6	1.8'
3-7	1.2'
3-8	1.0'
3-9	0.9
3-10	0
3-11	0
3-12	0
3-13	0
3-14	0
3-15	0
3-16	0
3-17	0
3-18	0
3-19	0
3-20	0.2'
3-21	0.2'
3-22	0.3'
3-23	0.3'
3-24	0.9'
3-25	0.7'
3-26	0.6
3-27	0.5
3-28	0.4
3-29	0.4
3-30	0.2
3-31	0.2

11,986,000

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year MARCH 03/2006

Date	ID# 0306-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0306-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
3-2	0690	715	<1	2.6								
3-3	0692	715	<1	2.4								
3-6	0694	720	<1	0.8		INF EFF						
3-7	0728	710	<1 Q	2.4	3-7 730-1530	0742 0743	265	108	<2	2.2	20.9	2.72
3-8	0746	1115	<1	2.2								
3-9	0784	715	<1	2.4								
3-13	0810	720	<1	0.6								
3-14	0828	715	<1 Q	1.8								
3-15	0852	1130	<1	3.0								
3-16	0914	720	<1	2.2								
3-20	0926	715	<1	3.0		INF EFF						
3-21	0929	715	<1 Q	1.4	3-21 730-1530	0961 0963	215	180	<2	3.0	13.4	4.63
3-22	0960	1200	<1	2.4								
3-23	1015	715	<1	2.8								
3-27	1017	715	<1	0.6								
3-28	1029	715	<1	2.6								
3-29	1078	1015	<1	0.6								
3-30	1101	710	<1	0.6								

Q - Sample analyzed past holding time.

<1

34.4/18 1.91

29.6/10 1.98

430/2 = 240

288/2 = 144

<2

5.2/2 = 2.6

17.15

3.677

INF TN = 51.0
(3-21-06) TP = 6.36

FROM :SYNAGRO! FAX NO. :3052892297 Apr. 10 2006 11:33AM P2

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: March 2006
Date Sample Obtained: 03/21/06 14:05
Was the well pumped before sampling? Yes **X** No

Test Site ID: 23182
Well Type: Site Boundary
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					47"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	EPA 353.2	0.09 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	EPA 160.1	12400 mg/l J3	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.24 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	EPA 365.2	1.20 mg/l	0.011 mg/l
Specific Conductance Field)	000094	Grab	No		SM2510-B	15675 umhos/cm	1 umhos/cm
TOC							
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time. J3 – The reported value failed to meet the established quality control criteria.

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

FROM :SYNAGRO
FAX NO. :3052892297
Apr. 24 2006 04:51PM P3

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities Reuse Water
Month/Year: March 2006
Date Sample Obtained: 03/21/06 14:10
Was the well pumped before sampling? Yes No

Test Site ID: 21642
Well Type: Reclaimed Water
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result /Units	Detection Limits /Units
Water Level	072020					N/A	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	11.9 mg/l Q	0.02 mg/l
TDS	070300	Grab	NO	Ice	160.1	2660 mg/l J3	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	6.69 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	365.4	4.80 mg/l	0.10 mg/l
Specific Conductance	000094	Grab	No		SM2510-B	4150 umhos/cm	1 umhos/cm
TOC	000680						
Nitrite Nitrogen							

omments and Explanations: Q – Sample held beyond acceptable holding time. J3 – The reported value failed to meet the established quality control criteria.

FROM :SYNAGRO
FAX NO. :3052892297
Apr. 24 2006 04:50PM P1

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: March 2006
Date Sample Obtained: 03/21/06 14:00
Was the well pumped before sampling? Yes X No

Test Site ID: 23184
Well Type: Intermediate
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					45"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	22.1 mg/l Q	0.05 mg/l
TDS	070300	Grab	NO	Ice	160.1	1140 mg/l J3	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.30 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/ H_2SO_4	365.2	0.021 mg/l	0.011 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	1435 umhos/cm	1 umhos/cm
TOC	000680						
Total Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time. J3 – The reported value failed to meet the established quality control criteria.

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

FROM :SYNAGRO
FAX NO. :3052892297
Apr. 24 2006 04:51PM P2

2nd Quarter Ground Water Monotoring

KWRU CENTRAL WELL-184
Date 3-21-06 Time 1400 Water Level 45"

Ph 7.3 Conductivity 1484 TDS _____ NO_3, TP

388 Cl SALINITY 0.7 ppt
CONDUCTANCE 1387 1435

SOUTH WELL-182
Date 3-21-06 Time 1405 Water Level 47"

Ph 7.2 Conductivity 16,750 TDS _____ NO_3, TP

4111 Cl SALINITY 7.4 ppt
CONDUCTANCE 14,600 15,625

EFFLUENT
Date 3-21-06 Time 1410

Ph 10.6 Conductivity 4150 TDS _____ NO_3, TP

SALINITY 2.1 ppt
1166 Cl 3900
4400
CONDUCTANCE.

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014951

Month/Year: 2/2012 2006

Three-month Average Daily Flow: .285

Daily Flow % of Permitted Capacity: 57%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Total Facility Flow (MGD)	.301	.341	.220	.329	.301	.220	.248	.312	.328	.338	.299	.300	.292	.209	.284	.328	.338	.321	.318	.302	.303	.226	.225	.337	.335	.316	.267	.311	.310	.296
CBOD$_5$ Influent (mg/L as O_2) Composite				395														175												
TSS Influent (mg/L) Composite				316														192												
pH effluent	6.9	6.9	7.0	6.9	6.9	6.9	7.0	6.8	6.9	7.0	7.0	6.8	7.1	6.9	6.9	6.9	6.9	7.0	6.8	6.7	6.7	6.8	6.3	6.9	6.6	6.6	6.8	6.8	6.8	6.8
Flow To Wells (MGD)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	164	—	—	—	—	—	—	141	333	—	—	156	—	—	—
CBOD$_5$ Effluent (mg/L as O_2) Composite				42														42												
TSS Effluent (mg/L) Composite				42														32												
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite				947														937												
Chlorine Residual after Contact (mg/L as Cl_2)	—	—			—	—	—	—	—	—	—	—	—	—	—	1.4		—	—	—	—	—	4.4	2.8	—	—	2.3	—	—	—
Total P Effluent (mg/l as P) Composite				2.32														3.72												
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.301	.241	.220	.329	.301	.220	.248	.312	.328	.338	.299	.300	.292	.209	.284	.164	.338	.321	.318	.302	.303	.226	.225	—	.235	.316	.111	.311	.310	.296
Chlorine Residual after Contact (mg/L as Cl_2)	2.4	1.7	1.8	1.8	1.5	1.5	1.5	1.5	2.0	2.5	1.8	2.0	2.0	2.0	2.4	1.9	2.8	1.5	2.0	3.2	4.5	3.5	4.4	—	4.2	4.0	4.0	1.8	5.0	4.0
Turbidity, NTU	0.4	0.9	0.5	0.5	0.7	1.0	2.0	0.9	1.5	1.2	0.5	1.0	1.8	1.0	1.6	1.5	2.4	2.0	2.0	1.0	0.8	3.3	0.8	0.7	1.0	1.4	1.4	0.7	0.4	0.7
TSS Effluent (mg/L)			0.8	0.8	3.0	3.4				2.8	4.2	3.4	1.2					3.0	2.8	2.8	2.8				2.4	2.0	0.8	1.8			
CBOD$_5$ Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)			<1	<1	<1	<1				<1	<1	<1	<1					<1	<1	<1	<1				<1	<1	1	<1			
Type Of Sample (C=Composite, G=Grab)	—	—	G	G/C	G	G	—	—	—	G	G	G	G	—	—	—	—	G	G/C	G	G	—	—	—	G	G	G	G	—	—	—
Time Of Sample	—	—	0917 Q	0735 1530 1115	0745	0715	—	—	—	0725	0730	0730	0720	—	—	—	—	0730	0735 1530 2224	0730	0730	—	—	—	0735	0715	0730	0730	—	—	—

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: April 1, 2004 To: April 30, 2004
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.275	.361	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	2.45	4.2	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value						1.13	2.5	NTU	0	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	05-5-15

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

...A OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: April 1, 2006 To: April 30, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

GROUP: DOMESTIC

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells	Sample Measurement	.175	.237	(03) MGD	*****	*****	*****	*****	C	Daily 7/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	3 7	4 2	(19) mg/l	C	Biweekly	C
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	***** **	*****	*****	1.3	*****	*****	(19) mg/l	C	Continuous	Continuous
0050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	C	4/Week	G
031616 G EFA-1 EFFLUENT Gross Value	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite	Sample Measurement	***** **	*****	*****	*****	9.42	9.77	(19) mg/l	C	Biweekly	G
000600 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	C	Every 2 Weeks	C
GROSS 080082 G EFA-1 EFFLUENT VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Mark Burkemper		(305) 2950309	06-05-15

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: April 1, 2006 To: April 30, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.309	.361	(03) MGD	*****	*****	*****	*****	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	260	345	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	254	310	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	***** **	*****	*****	6.6	*****	*****	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	***** **	*****	*****	6.0 MINIMUM	*****	*****	SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	***** **	*****	*****	*****	*****	7.1	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	***** **	*****	*****	*****	*****	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						3.02	3.72	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 295 0309	06-05-15

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

April 2006

KUGC

WATER USAGE 4-06

Pond level

Date	Ft	Date	Ft
4-1	0.2'	4-16	0.6'
4-2	0.4'	4-17	0.5'
4-3	0.6'	4-18	0.7'
4-4	0.7'	4-19	0.4'
4-5	0.8'	4-20	0.4'
4-6	0.7'	4-21	0.4'
4-7	0.7'	4-22	[illegible]
4-8	0.6'	4-23	0.5'
4-9	0.7'	4-24	0.7'
4-10	0.8'	4-25	[illegible]
4-11	0.8'	4-26	[illegible]
4-12	0.8'	4-27	[illegible]
4-13	0.7'	4-28	[illegible]
4-14	0.7'	4-29	0.7'
4-15	0.6'	4-30	0.7'

4-1	392000
2	392000
3	391000
4	390000
5	390000
6	395000
7	402000
8	402000
9	402000
10	403000
11	403000
12	403000
13	419000
14	420000
15	419000
16	419000
17	421000
18	419000
19	419000
20	395000
21	419000
22	390000
23	419000
24	392000
25	392000
26	419000
27	419000
28	403000
29	419000
30	419000

12,187,000

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year APRIL 2006

Date	ID# 0406-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0406-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
						INF Eff						
4-3	1113	730	<1 Q	0.8								
4-4	1131	1100	<1	0.8	4-4 730-1530	1134 1125	345	316	<2	4.2	9.47	2.32
4-5	1138	745	<1	3.0								
4-6	1189	715	<1	3.4								
4-10	1191	725	<1	3.8								
4-11	1193	730	<1	4.2								
4-12	1223	730	<1	3.4								
4-13	1262	720	<1	1.2								
4-17	1264	730	<1	3.0		INF Eff						
4-18	1276	720	<1	2.8	4-18 730-1530	1324 1325	175	192	<2	3.2	9.37	3.72
4-19	1328	745	<1	2.8								
4-20	1419	730	<1	2.8								
4-24	1421	730	<1	2.6								
4-25	1425	715	<1	2.0								
4-26	1448	730	<1	0.8								
4-27	1541	730	<1	1.8								
					2.45					7.4		
				39.2			520	508	<2	30.7		
			<1	16	2.58		260	254			9.42	3.02
				46.6								
				18								

Q - Sample received past holding time

FROM :SYNAGRO
FAX NO. :3052892297
May. 01 2006 11:40AM P2

FLA014951

Month/Year: MAY 2006

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .298

Daily Flow % of Permitted Capacity: 60 e/o

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Total Facility Flow (MGD)	.281	.306	.313	.318	.323	.344	.334	.357	.341	.307	.340	.334	.317	.320	.311	.337	.303	.305	.284	.255	.258	.229	.363	.193	.261	.265	.287	.318	.355	.274
CBOD$_5$ Influent (mg/L as O_2) Composite		124														135														
TSS Influent (mg/L) Composite		136														220														
pH effluent	6.8	6.7	6.8	6.8	7.0	6.9	6.9	6.9	7.0	7.0	6.8	6.8	6.9	6.6	6.6	6.8	7.0	6.9	6.9	6.8	6.9	6.8	6.7	6.7	6.8	6.6	6.6	6.6	6.9	6.8
Flow To Wells (MGD)																	.278	.305	.284	.255	.258	.229	.363	.193	.261	—	—	—	—	
CBOD$_5$ Effluent (mg/L as O_2) Composite		<2														<2														
TSS Effluent (mg/L) Composite		26														4.6														
Fecal Coliform (#/100ML)																	1.6	3.8	2.8	1.5	1.5	1.5	2.5	2.5	1.9	—	—	—	—	
Total N Effluent (mg/L as N) Composite		25.7														27.5														
Chlorine Residual after Contact (mg/L as Cl_2)																														
Total P Effluent (mg/l as P) Composite		4.90														3.53														
NO_3 Effluent (mg/L as N)	.281	.306	.313	.318	.323	.344	.334	.357	.341	.307	.340	.334	.317	.320	.311	.337	.025	—	—	.255	—	—	—	—	—	.265	.287	.318	.355	.274
Flow To Reuse (MGD)	1.5	1.5	1.8	3.0	2.8	1.9	1.8	3.8	3.4	2.2	4.0	3.5	3.0	5.0	3.5	2.2	1.9	—	—	—	—	—	—	—	—	3.5	2.4	17	15	5.0
Chlorine Residual after Contact (mg/L as Cl_2)	0.5	1.0	0.8	0.5	1.5	0.4	0.7	0.7	1.0	1.0	1.5	1.0	1.0	1.0	1.2	0.4	0.5	0.7	0.5	0.7	1.5	0.8	0.9	0.9	0.6	1.1	2.8	1.2	1.3	0.8
Turbidity, NTU	2.0	2.4	2.6	2.4				6.0	4.4		2.8	3.2			2.8	2.6	3.0	4.0				3.8		3.8	3.8	3.8				3.0	4.1
TSS Effluent (mg/L)																														
CBOD$_5$ Effluent (mg/L as O_2)	<1	<1	<1	<1				<1	<1		<1	<1			<1	<1	<1	<1				<1		<1	<1	<1				<1	<1
Fecal Coliform (#/100ML)																														
Type Of Sample (C=Composite, G=Grab)	G	G/C	G	G				G	G		G	G			G	G/C	G	G				G		G	G	G				G/C	G
Time Of Sample	0730	0730 1530 0715	0715	0715				0720	0730		0730	0730			0730	0730 1530 0730	0715	0730				0815		0745	0730	0700				0730 1530 0730	0715

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: MAY 1, 2006 To: MAY 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.306	.363	(03) MGD					0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD						DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	**				143	184	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	**				REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	**				147	220	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	**				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Evetey 2 Weeks	SEE PERMIT
pH	Sample Measurement	**			6.6			(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	**			6.0 MINIMUM			SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	**					7.0	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	**					R.S DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						3.97	4.90	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkenpen		(305) 295-0309	06-06-22

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: MAY 1, 2006 To: MAY 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.292	.357	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	3.36	6.0	(19) mg/l	1	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	***** **	*****	*****	1.5	*****	*****	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.4	0.93	2.8	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submi information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	06-06-22

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

...TA OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: MAY 1, 2006 To: MAY 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells	Sample Measurement	.295	.363	(03) MGD	*****	*****	*****	*****	0	Daily 7/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	3.3	4.6	(19) mg/l	0	Biweekly	C
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	***** **	*****	*****	1.5	*****	*****	(19) mg/l	0	Continuous	Continuous
0050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** AV	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT Gross Value	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite	Sample Measurement	***** **	*****	*****	*****	22.1	27.5	(19) mg/l	0	Biweekly	G
000600 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
GROSS 080082 G EFA-1 EFFLUENT VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 2950309	06-06-22

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

May '06

KWGC

WATER USAGE 5-06

1	471 000
2	475 000
3	478 000
4	478 000
5	478 000
6	182 000
7	327 000
8	327 000
9	327 000
10	65 000
11	442 000
12	289 000
13	322 000
14	322 000
15	289 000
18	168 000
19	168 000
20	289 000
22	329 000
23	329 000
24	322 000
25	289 000
26	322 000
27	322 000
28	329 000
29	289 000

Pond Level

Date	Ft	Date	Ft
5-1	0.7'	5-17	1.7'
5-2	0.6'	5-18	1.6'
5-3	0.4'	5-19	1.2'
5-4	0.2'	5-20	0.9'
5-5	0.1'	5-21	0.6'
5-6	0.1'	5-22	0
5-7	0.1'	5-23	0
5-8	0.3'	5-24	0.2'
5-9	0.5'	5-25	0.5'
5-10	0.6'	5-26	0.8'
5-11	1.1'	5-27	0.9'
5-12	1.0'	5-28	1.1'
5-13	1.2'	5-29	1.4'
5-14	1.4'	5-30	1.4'
5-15	1.5'	5-31	1.9'
5-16	1.6'		

8,428,000

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year MAY 2006

Date	ID# 0506-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0506-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
5-1 **	5306-75	730	<1	2.0		INF EFF						
5-2 **	5306-86	715	<1	2.4	5-2 730-1530	5309-89 5309-97	184	136	<2	2.6	25.7	4.90
5-3 *	5306-91	715	<1	2.6		* *						
5-4 *	5406-6	715	<1	2.4								
5-8 *	5906-6	720	<1	6.0								
5-9	1605	730	<1	4.4								
5-11	1654	730	<1	2.8								
5-12	1656	730	<1	3.2								
5-15	1658	730	<1	2.8		INF EFF						
5-16	1660	730	<1	2.6	5-16 730-1530	1692 1693	135	220	<2	4.6	27.5	3.53
5-17	1696	715	<1	3.0								
5-18	1744	730	<1	4.0								
5-22	1746	815	<1	3.8								
5-24	1766	745	<1	3.8								
5-25	1817	730	<1	3.8								
5-26	1819	700	<1	3.8								
						INF EFF						
5-30	1823	730	<1	3.0	5-30 730-1530	1881 1882	110	84	<2	2.6	13.2	3.49
5-31	1885	730	<1	4.4								

<1 60.6/18 429/3 (143) 440/3 (147) <2 9.8/3 (3.3) 66.4/3 (22.1) 11.92/3 3.97

* - SAMPLES RECEIVED AND ANALYZED AT SYNAGRO/APA LAB.

** - TSS ONLY AT APA, FECAL AT DWA. 3.4 (336) 70.6/21 3.4 (336)

FROM :SYNAGRO!
FAX NO. :3052892297
Jun. 09 2006 11:33AM P2

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014951

Month/Year: JUNE 2006

Three-month Average Daily Flow: .2?0

Daily Flow % of Permitted Capacity: 59 %

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	3
Total Facility Flow (MGD)	.346	.320	.160	.289	.179	.189	.250	.257	.239	.259	.250	.347	.285	.291	.241	.227	.214	.259	.245	.234	.173	.190	.309	.307	.330	.366	.278	.264	.116	.2
CBOD$_5$ Influent (mg/L as O_2) Composite													135															160		
TSS Influent (mg/L) Composite													84															76		
pH effluent	6.9	6.7	7.0	6.9	6.8	6.9	6.9	6.7	6.8	6.8	6.7	6.7	6.8	6.8	6.9	6.9	7.0	6.8	6.9	7.0	7.0	6.8	6.8	7.1	7.1	7.0	6.9	6.5	6.6	6.8
Flow To Wells (MGD)	.346	.320	.160	.289	.179	.189	—	—	—	—	.250	.347	.285	.221	.236	—	—	—	—	—	16.6	.250	.309	.307	.330	.366	.278	.264	.116	.2
CBOD$_5$ Effluent (mg/L as O_2) Composite													4.2															4.2		
TSS Effluent (mg/L) Composite													1.4															1.6		
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite													2.3?															6.44		
Chlorine Residual after Contact (mg/L as Cl_2)	4.6	5.0	1.8	4.1	3.0	3.7	—	—	—	—	1.5	2.0	0.6	1.0	1.3	—	—	—	—	—	1.5	1.7	1.3	1.0	1.0	1.0	1.6	1.0	1.1	3.7
Total P Effluent (mg/l as P) Composite													3.8															3.40		
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	—	—	—	—	—	—	.250	.257	.239	.259	—	—	—	—	—	.178	.237	.214	.259	.245	.234	.131	—	—	—	—	—	—	—	—	—
Chlorine Residual after Contact (mg/L as Cl_2)	—	—	—	—	—	—	2.5	3.0	1.3	1.5	—	—	—	—	—	2.4	2.5	2.5	1.7	2.3	1.8	1.5	—	—	—	—	—	—	—	—	—
Turbidity, NTU	0.5	0.9	0.7	0.7	2.0	1.1	1.2	0.3	1.3	1.0	0.7	0.8	1.0	1.8	0.6	0.8	0.5	0.9	0.6	0.8	0.6	2.4	1.0	1.0	1.0	1.8	0.7	1.5	2.5	0.5
TSS Effluent (mg/L)	2.6	3.6			0.5	1.6	1.2	1.6			1.0	1.6	1.9	1.4						1.8	2.2	1.4	1.6				1.9	1.4	1.2	0.6	
CBOD$_5$ Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)	<1	<1	—	—	<1	<1	<1	<1	—	—	—	<1	<1	<1	<1	—	—	—	—	<1	<1	—	<1	—	—	—	<1	<1	<1	<1	—
Type Of Sample (C=Composite, G=Grab)	G	G	—	—	G	G	G	G	—	—	—	G	G/C	G	G	—	—	—	—	G	G	*	G	—	—	—	G	G	G/C	G	
Time Of Sample	0730	0730	—	—	0730	0730	0730	0730	—	—	—	0730	0730 0730 0730	0730	0730	—	—	—	—	0730	0730		0730	—	—	—	0730	0730	0730 0730 0730	0730	

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

* 6-21-05 No Courier - No sample

2nd Qtr Influent TN 51.8 mg/l

TP 5.80 mg/l

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: June 2018 To: June 30 2020
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.273	.366	(03) MGD					0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD						DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	**				147.5	160	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	**				REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	**				80.0	84.0	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	**				REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	**			6.6			(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	**			6.0 MINIMUM			SU		Daily 5/Week	SEE PERMIT
pH	Sample Measurement	**				7.1		(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	**					8.5 DAILY MAX	SU		Daily 5/Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						3.26	3.40	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submi information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bonkemper		(305) 295 0309	06-07-24

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: June 1, 2006 To: June 30, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.262	.299	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMI
TSS, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	1.96	2.6	(19) mg/l	0	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMI
CHLORINE, TOTAL RESIDUAL	Sample Measurement	***** **	*****	*****	1.5	*****	*****	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMI
COLIFORM, FECAL	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.3	1.31	3.5	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMI

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the subr information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD
Mark Burkemper		(305) 295 0309	06-07-24

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: June 1, 2006 To: June 30, 2006
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.279	.366	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	1.5	1.6	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	0.6	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	14.72	23.0	(19) mg/l	0	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 2950309	06-07-24

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

Pond level June 2006 (Recorded 5.6" Rain)

6-1	1.9 ft	6-16	1.0 ft
6-2	1.7	6-17	1.2
6-3	0.8	6-18	1.4
6-4	0.7	6-19	1.5
6-5	0.6	6-20	1.6
6-6	0.6	6-21	1.4
6-7	0.5	6-22	0.7
6-8	0.5	6-23	0.7
6-9	0.7	6-24	0.7
6-10	0.8	6-25	0.7
6-11	0.9	6-26	0.5
6-12	1.0	6-27	0.3
6-13	1.0	6-28	0
6-14	0.9	6-29	0
6-15	0.8	6-30	0

Jul. 10 2006 11:02AM P2
FAX NO. :3052892297
FROM :SYNAGRO!

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year June '06

Date	ID# 0606-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0606 -		Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
						INF	EFF						
6-1	1914	730	<1	2.6									
6-2	1916	730	<1	0.6									
6-5	1918	745	<1	<0.5									
6-6	1950	750	<1	1.6									
6-7	1980	730	<1	1.2									
6-8	2015	730	<1	1.6									
6-12	2017	730	<1	1.6									
6-13	2021	730	<1	1.6	6-13 730-1530	2068	2069	135	84	<2	1.4	23.0	3.11
6-14	2072	730	<1	1.4									
6-15	2160	730	<1	1.4									
6-19	2162	730	<1	1.8									
6-20	2164	730	<1	2.2									
6-22	2237	730	<1	1.6									
6-23	2239	730	<1	1.6									
6-26	2241	730	<1	1.4									
6-27	2243	730	<1	1.4									
6-28	2284	730	<1	1.2	6-28 730-1530	2301	2303	160	76	<2	1.6	6.44	3.40
6-29	2306	730	<1	0.6								J3	

<1

353/196

383/20 197

295/147.5

160/80

<2

3.0/1.5

29.44/14.72

6.51/3.26

TNF TN = 51.8 (J3)
TP = 5.80

KWGC WATER USAGE 6-06

6-2	86000
3	86000
4	169000
5	350000
6	248000
7	322000
8	289000
9	399000
14	322000
15	289000
16	322000
17	322000
18	116000
19	116000
20	266000
21	293000
22	442000
25	245000
26	86000
27	86000
28	61000
30	46000
	4981000

ATTN: MARK

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: Jun 2006
Date Sample Obtained: 06/27/06 15:55
Was the well pumped before sampling? Yes **X** No

Test Site ID: 23184
Well Type: Intermediate
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					49"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	26.2 mg/l	0.01 mg/l
TDS	070300	Grab	NO	Ice	160.1	952 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.50 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/ H_2SO_4	365.2	0.033 mg/l I	0.011 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	1456 umhos/cm	1 umhos/cm
TOC	000680						
Total Nitrogen							

Comments and Explanations: I – Reported result is between the laboratory MDL and the laboratory PQL.

FROM :SYNAGRO
FAX NO. :3052892297
Jul. 31 2006 10:44AM P4

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: June 2006
Date Sample Obtained: 06/27/06 15:45
Was the well pumped before sampling? Yes **X** No

Test Site ID: 23182
Well Type: Site Boundary
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					46"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	EPA 353.2	0.68 mg/l	0.01 mg/l
TDS	070300	Grab	NO	Ice	EPA 160.1	5660 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H+ B	7.48 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	EPA 365.2	0.748 mg/l	0.011 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	9400 umhos/cm	1 umhos/cm
TOC							
Nitrite Nitrogen							

Comments and Explanations:

FROM :SYNAGRO!
FAX NO. :3052892297
Jul. 31 2006 10:44AM P5

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities Reuse Water
Month/Year: June 2006
Date Sample Obtained: 06/27/06 15:30
Was the well pumped before sampling? Yes No

Test Site ID: 21642
Well Type: Reclaimed Water
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result /Units	Detection Limits /Units
Water Level	072020					N/A	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	10.9 mg/l	0.01 mg/l
TDS	070300	Grab	NO	Ice	160.1	1630 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.10 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	365.2	3.47 mg/l	0.10 mg/l
Specific Conductance	000094	Grab	No		SM2510-B	2876 umhos/cm	1 umhos/cm
TOC	000680						
Nitrite Nitrogen							

Comments and Explanations:

FROM :SYNAGRO1 FAX NO. :3052892297 Jul. 31 2006 10:43AM P2

2nd Quarter Ground Water Monotoring

6-27-06

KWRU CENTRAL WELL-184

Date 6-27-06 Time 1555 Water Level 49"

Ph 7.50 Conductivity 1456 TDS _____ NO_3, TP

1385 ms

1528

28.0°c

0.7 ‰

SOUTH WELL-182

Date 6-27-06 Time 1545 Water Level 46"

(Yellow)

Ph 7.98 Conductivity 9.4ms TDS _____ NO_3, TP

28.7°c

5.1 ‰

(9,400 mhos)

8.88 ms

9.92 ms

EFFLUENT

Date 6-27-06 Time 1530

Ph ~~7.98~~ 7.10 Conductivity 2876 TDS _____ NO_3, TP

~~5.4 ‰ Sal~~ 2685

~~28.7°c~~ 8.~~28~~ ms 3068

9.~~92~~

29.8°C

1.4 ‰

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014951

Month/Year: July 2006

Three-month Average Daily Flow: .285

Daily Flow % of Permitted Capacity: 57%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Total Facility Flow (MGD)	.287	.289	.296	.293	.291	.288	.290	.277	.291	.258	.279	.241	.258	.370	.312	.306	.280	.302	.278	.326	.316	.284	.268	.264	.262	.268	.271	.290	.295	.262
CBOD$_5$ Influent (mg/L as O_2) Composite											200															140				
TSS Influent (mg/L) Composite											90															92				
pH effluent	6.8	6.7	6.8	6.8	7.0	6.9	7.0	7.0	7.0	6.8	6.9	7.0	7.0	6.8	6.8	6.8	6.7	6.7	6.9	7.0	7.0	7.0	7.0	7.0	6.9	7.0	7.0	7.0	7.0	7.0
Flow To Wells (MGD)	—	—	—	—	—	—	.192	.277	.294	.272				.309	.312	.306	.280	.302	.278	.326	.316	.284	.268	.264	.262					
CBOD$_5$ Effluent (mg/L as O_2) Composite											12															12				
TSS Effluent (mg/L) Composite											6.5															10				
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite											17.3															11.9				
Chlorine Residual after Contact (mg/L as Cl_2)	—	—	—	—	—	—	2.0	2.7	1.5	1.0	—	—	—	0.6	2.0	5.0	2.5	2.0	0.6	0.5	1.0	5.0	3.2	1.0	3.5	—	—	—	—	—
Total P Effluent (mg/l as P) Composite											3.91															3.91				
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.287	.289	.296	.293	.291	.288	.098	—	—	.272	.279	.241	.258	.061	—											.268	.271	.290	.295	.262
Chlorine Residual after Contact (mg/L as Cl_2)	2.7	3.0	4.3	2.0	2.3	2.3	2.6	—	—	2.0	1.5	1.5	2.0	2.4	—											3.0	2.7	2.7	3.1	2.6
Turbidity, NTU	1.2	0.2	0.2	0.7	0.6	0.7	0.8	0.9	0.6	0.6	1.0	0.4	0.8	1.5	2.5	3.5	1.5	1.5	1.5	2	1.0	1.4	2.1	3.3	1.0	0.5	0.7	0.9	0.6	0.9
TSS Effluent (mg/L)					0.6	1.0	1.0			1.1	0.6	1.2	1.8												1.2	2.0	1.5	2.0		
CBOD$_5$ Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)					<1	<1	<1			<1	<1	<1	<1												<1	<1	<1	<1		<1
Type Of Sample (C=Composite, G=Grab)					G	G	G			G	G/C	G	G												G	G/C	G	G		G
Time Of Sample					0730	0730	0730			0730	0730 0730 1520	0730	0730												0730	0730 0730 1540	0730	0730		0730

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: July 1, 2006 To: July 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.276	.370	(03) MGD					0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 499	MGD						DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	**				<2	<2	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	**				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		1/every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	**				60	80	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	**				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	**			6.5			(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	**			6.0 MINIMUM			SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	**					7.1	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	**					8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						3.68	3.94	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BonKempen		(305) 295 0309	06-08-23

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

...T OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: [illegible] 2006 To: [illegible] 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

GROUP: DOMESTIC

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.265	.326	(03) MGD	*****	*****	*****	*****	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity 0.499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	0.8	1.5	(19) mg/l	0	Biweekly	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	0.5	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	14.7	17.5	(19) mg/l	0	Biweekly	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER	[signature]	(305) 2950309	06-02-23

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: July 1, 2006 To: July 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.239	.296	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	1.3	2.0	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	1.5	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value					0.2	1.15	3.5	NTU	0	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	06-08-23

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

KWGC WATER USAGE 7-06

7-1	63000
2	334000
3	63000
4	84000
5	138000
6	320000
7	320000
9	138000
10	89000
11	138000
12	63000
13	63000
16	64000
17	322000
18	140000
19	94000
23	63000
25	84000
26	320000
27	334000
30	66000
	3289000

Pond levels ATTN: MARK

Date	Feet	Date	Feet
7-1	0.8'	7-16	0.6'
7-2	0.8'	7-17	0.6'
7-3	0.8'	7-18	0.7'
7-4	0.6'	7-19	0.9'
7-5	0.4'	7-20	1.0'
7-6	1.0'	7-21	1.0'
7-7	1.0'	7-22	0.8'
7-8	0.8'	7-23	0.6'
7-9	0.3'	7-24	0.3'
7-10	0.4'	7-25	0.2'
7-11	1.0'	7-26	0.3'
7-12	1.9'	7-27	0.7'
7-13	1.9'	7-28	0.7'
7-14	1.7'	7-29	0.8'
7-15	0.7'	7-30	0.3'
		7-31	0.2'

Recorded 8.8" Rain

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year July 2006

Date	ID# 0706-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0706-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
7-5	2381	730	<1	0.6								
7-6	2417	730	<1	1.0								
7-7	2419	730	<1	1.0								
7-10	2421	730	<1	1.4		INF EFF						
7-11	2439	730	<1	0.6	7-4 730-1530	2450 2451	200	40	<2	<0.5	17.5	3.94
7-12	2454	730	<1	1.2								
7-13	2509	730	<1	1.8								
					effluent line wash sleplining under US1							
7-25	2591	730	<1	1.4		INF EFF						
7-26 Key Col. Bch		730	<1	2.0	7-26 730-1530	2605 2606	140	80	<2	1.0	11.9	3.41
7-27	2609	730	<1	1.4								
7-28	2638	730	<1	2.0								
7-31	2661	730	<1	1.2								

<1 | 15.6/12 1.3, 17.1/14 1.2 | 340/170 120/60 | <2 | 1.5/0.8 | 14.7 | 3.68

FAX NO. :3052892297 Aug. 09 2006 11:57AM P2

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014951

Month/Year: March 27 2026

Three-month Average Daily Flow: .268

Daily Flow % of Permitted Capacity: 54 %

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/3
Total Facility Flow (MGD)	.220	.219	.209	.206	.167	.220	.239	.221	.218	.125	.153	.216	.278	.266	.151	.219	.297	.222	.182	.259	.322	.191	.266	.300	.179	.210	.312	.266	.178	.326 .31
$CBOD_5$ Influent (mg/L as O_2) Composite								150														140								
TSS Influent (mg/L) Composite								224														64								
pH effluent	7.0	6.7	6.9	7.0	6.9	6.9	7.0	7.0	6.8	6.9	6.9	6.9	7.0	6.9	6.9	6.9	7.0	6.9	6.9	6.9	7.0	7.0	6.9	6.8	6.8	7.0	7.0	7.2	7.0	7.0 7.2
Flow To Wells (MGD)								.178	.231	.218	.153	.216	.278			.140	.171						.177	.300	.179	.300			.255	.326 .31
$CBOD_5$ Effluent (mg/L as O_2) Composite								2.2														1.0								
TSS Effluent (mg/L) Composite								1.4														5.8								
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite								11.5														15.6								
Chlorine Residual after Contact (mg/L as Cl_2)								1.3	1.2	1.3	0.8	1.7	0.7			1.9	0.7						1.0	1.5	1.2	1.5			0.8	2.6 2.1
Total P Effluent (mg/l as P) Composite								3.69														3.91								
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.220	.219	.209	.206	.167	.220	.239	.173	—					.122	.231	—	.171	.222	.182	.258	.322	.191	.089				.312	.266	.178	
Chlorine Residual after Contact (mg/L as Cl_2)	1.7	1.9	1.5	2.0	4.0	3.0	3.0	2.5	—					3.0	2.8	—	2.0	2.1	1.8	1.8	1.5	1.5	2.9				1.5	1.9	2.0	
Turbidity, NTU	0.7	1.0	0.5	0.6	0.5	0.2	1.0	1.3	1.2	1.0	0.8	1.0	1.0	0.6	0.5	1.0	1.0	0.7	0.6	0.5	0.8	2.3	1.4 / 0.9	0.5	0.5	2.6	0.5	0.5	0.5	0.5 0.6
TSS Effluent (mg/L)	2.2	1.2	1.4				1.0	1.7	1.3	1.2				1.0	1.0	1.8	1.2					1.2	1.3	2.0	<2.5			1.6		
$CBOD_5$ Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)	2 1.0	4 1.2	4				4	4	1	4				4 1.4	4	4	4					2	4	4	4			4		
Type Of Sample (C=Composite, G=Grab)	G	G	G				G	G/C	G	G				G	G	G	G					G	G/C	G	G			G		
Time Of Sample	0730	0720	0700				0730	0730 1730	1130	0900				0715	0900	0820	0800					0730	0700 1700	0715	1100			1030		

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: August 1, 2006 To: August 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter / STORET CODE		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility 050053 EFF-1	Sample Measurement	.258	.411	(03) MGD	*****	*****	*****	*****	0	7/wk	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 499	MGD	*****	*****	*****	*****		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite 080082 G INF-1 INFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	145	150	(19) mg/l	0	Biweekly	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite 00530 G INF-1 INFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	142	220	(19) mg/l	0	Biweekly	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH 900241 MINIMUM	Sample Measurement	***** **	*****	*****	6.8	*****	*****	(12) SU	0	7/wk	G
	Permit Requirement	***** **	*****	*****	6.0 MINIMUM	*****	*****	SU		Daily 5/ Week	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	***** **	*****	*****	*****	*****	7.2	(12) SU	0	7/wk	G
	Permit Requirement	***** **	*****	*****	*****	*****	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite EFFLUENT GROSS VALUE						3.60	3.63	Mg/l	3	Biweekly	G
						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 2950309	06/09/30

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: August 1, 2016 To: August 31, 2016
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.238	.322	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	1.81	2.20	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	1.5	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	***** **	*****	*****	<1	<1	1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value					0.5	0.82	2.0 / week 3.9	NTU	0	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	16-09-20

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

...ENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: August 1, 2006 To: August 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells	Sample Measurement	.286	.411	(03) MGD	*****	*****	*****	*****	0	Daily 7/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity 0.499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	1.1	1.4	(19) mg/l	0	Biweekly	C
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	***** **	*****	*****	0.6	*****	*****	(19) mg/l	0	Continuous	Continuous
0050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT Gross Value	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite	Sample Measurement	***** **	*****	*****	*****	13.6	15.6	(19) mg/l	0	Biweekly	G
000600 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
GROSS 080082 G EFA-1 EFFLUENT VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 2950309	06-09-20

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

KNGC WATER USAGE August '06 8-06

ATTN: MARK

8-1	267000
2	413000
3	429000
6	244000
7	381000
11	381000
13	419000
14	277000
15	277000
16	147000
18	76000
19	433000
20	160000
22	434000
23	31000
24	270000
25	423000
28	422000
	5763000

Pond levels

Date	Level ft	Date	Level ft
8-1	1.2'	8-17	0.3'
8-2	1.1'	8-18	0.3'
8-3	1.1'	8-19	0.8'
8-4	1.0'	8-20	1.0'
8-5	1.4'	8-21	1.5'
8-6	1.7'	8-22	1.9'
8-7	1.7'	8-23	1.4'
8-8	1.7'	8-24	1.7'
8-9	1.6'	8-25	1.0'
8-10	1.2'	8-26	0.8'
8-11	0.5'	8-27	1.3'
8-12	0.2'	8-28	1.8'
8-13	0.0	8-29	1.3'
8-14	0.0	8-30	1.5'
8-15	0.0	8-31	1.5'
8-16	0.0		

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year AUGUST 2006

Date	ID# 0806-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0806-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
8-1	2690	730	<1 Q	2.2								
8-2	2689	730	<1 Q	1.2								
8-3	2727	900	<1	1.4								
8-7	2729	730	<1	1.0		INF EFF						
8-8	2741	830	<1	1.4	8-8 730-1530	2758 2759	150	220	<2	1.4	11.5	3.63
8-9	2762	1100	1	0.8								
8-10	2815	900	<1	1.2								
8-14	2817	730	<1 Q	1.0								
8-15	2835	730	<1	1.0								
8-16	2849	800	<1	1.8								
8-17	2899	800	<1	1.2								
8-21	2901	745	<1	1.2		INF EFF						
8-22	2903	745	<1	1.0	8-22 730-1530	2946 2947	140	64	<2	0.8	15.6	3.57
8-23	2950	745	<1	0.6								
8-24	3007	730	<1	<0.5								
8-28	3022	750	<1	1.6								

Q - Sample held past holding time.

29.1 / 16 (1.81)

31.3 / 18 1.73

290 (145) 284 (142) <2 2.2 (1.1) 27.1 (13.6) 7.2 (3.6)

FROM :SYNAGRO FAX NO. :3052892297 Sep. 11 2006 11:52AM P2

Facility ID: FLA014951

Month/Year: September 2016

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .227

Daily Flow % of Permitted Capacity: 38%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/
Total Facility Flow (MGD)	.315	.314	.239	.266	.260	.355	.227	.337	.344	.313	.322	.243	.334	.345	.256	.259	.246	.336	.579	.516	.419	.345	.360	.372	.366	.272	.285	.290	.290	.269
CBOD$_5$ Influent (mg/L as O_2) Composite					105															126										
TSS Influent (mg/L) Composite					72															99										
pH effluent	7.9	7.0	7.0	7.0	6.9	6.9	7.0	7.1	7.1	7.0	7.0	6.8	6.9	6.8	6.9	6.9	6.9	6.9	6.8	6.9	6.8	6.9	6.9	6.6	7.0	6.9	7.0	6.9	6.7	6.7
Flow To Wells (MGD)	.315	.314	.239	.266	.260	.355	.227	.337	.100						.235	.259	.246	.336	.579	.516	.419	.355								
CBOD$_5$ Effluent (mg/L as O_2) Composite					<2															42										
TSS Effluent (mg/L) Composite					1.4															<3										
Fecal Coliform (#/100ML)					11.9															13.9										
Total N Effluent (mg/L as N) Composite	1.2	1.3	2.0	2.4	--	0.6	0.8	0.6	0.5						1.2	1.2	1.7	1.4	0.7	0.7	1.5	1.3								
Chlorine Residual after Contact (mg/L as Cl_2)					3.07															2.93										
Total P Effluent (mg/l as P) Composite									.244	.313	.302	.213	.334	.335	0.21															
NO$_3$ Effluent (mg/L as N)									2.0	1.6	1.6	1.5	1.5	1.5	2.0								.360	.372	.366	.270	.265	.290	.290	.269
Flow To Reuse (MGD)																							1.7	1.7	1.6	1.6	1.5	1.5	2.2	3.0
Chlorine Residual after Contact (mg/L as Cl_2)	0.5	0.6	0.5	0.5	2.3	0.5	0.6	0.5	0.6	0.9	1.0	0.9	0.8	1.2	1.8	0.9	1.3	1.8	1.3	1.5	1.5	1.5	0.9	0.9	0.9	1.0	2.0	1.5	1.2	1.4
Turbidity, NTU					0.2	1.0	1.4	1.4			9.0	2.8	4.3	3.9																
TSS Effluent (mg/L)																									1.2	1.4	1.0	0.4		
CBOD$_5$ Effluent (mg/L as O_2)					<1	<1	<1	<1			<1	<1	<1	<1																
Fecal Coliform (#/100ML)					G/C	G	G	G			G	G	G	G						<1*	<1				4	<1	<1	-1		
Type Of Sample (C=Composite, G=Grab)					1000 0730 1530	0730	0730	0730			0730	0730	0730	0730						G/C 0730 1530	G				G	G	G	G		
Time Of Sample																				0730	0730									

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

9-20-16 Influent TN / TP

2nd Qtr 3.60 / 4.66

Q = past holding time

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: September 1, 2006 To: September 30, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.328	.579	(03) MGD					2	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD						DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	**				116	126	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	**				REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	**				64.0	72.0	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	**				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	**			6.6			(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	**			6.0 MINIMUM			SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	**					7.1	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	**					8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						2.75	3.07	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G
Phosphorus, Total Composite							4.66				
Effluent											

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 295 0309	06-10-20

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

...MENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: September 1, 2006 To: September 30, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

GROUP: DOMESTIC

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.332	.579	(03) MGD	**********	**********	**********	**********	2	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	1.35	1.40	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	0.5	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	11.7	11.9	(19) mg/l	0	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 2950309	06-10-10

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: September 1, 2006 To: September 30, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.316	.382	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	**********	**********	**********	**********	1.96	4.0	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	**********	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	**********	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	**********	**********	**********	41	41	41	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	**********	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value					0.5	1.03	2.0	NTU	0	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	**********	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
Nitrogen Total Complete Effluent							36.0				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	06 10 20

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

KWGC WATER USAGE 9-06

9-1	65000
9-6	149000
7	328000
8	422000
9	422000
10	294000
11	402000
12	137000
13	292000
14	228000
15	228000
19	294000
21	303000
22	437000
23	437000
24	437000
25	437000
26	437000
27	418000
28	164000
29	418000
	6749000

Pond level (ft)

Date	ft	Date	ft
9-1	1.1	9-16	1.7
9-2	1.1	9-17	1.4
9-3	1.1	9-18	1.4
9-4	1.1	9-19	1.9
9-5	1.1	9-20	1.8
9-6	1.3	9-21	1.8
9-7	1.1	9-22	1.4
9-8	0.6	9-23	1.1
9-9	0.5	9-24	1.2
9-10	0.7	9-25	1.2
9-11	0.9	9-26	1.2
9-12	1.0	9-27	1.1
9-13	1.7	9-28	1.2
9-14	1.7	9-29	1.3
9-15	1.6	9-30	1.5

Rainfall Recorded = 7.6"

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year Sept 2006

Date	ID# 0906-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0906-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
						INF EFF						
9-5	3054	1600	<1 Q	0.8	9-5 730-1530	3050 3051	105	72	<2	1.4	11.9	3.07
9-6	3056	730	<1	1.6								
9-7	3119	730	<1	1.4								
9-8	3121	730	<1	1.4								
9-11	3124	730	<1	4.0*								
9-12	3127	730	<1	2.0*								
9-13	3146	730	<1	4.0*								
9-14	3153	730	<1	3.4*								
9-18												
9-19												
9-20		1600	<1 Q*		9-20 730-1530	(filters ↓)	126*	49*	<2*	1.3*	E 10.9	E 2.43
9-21		730	<1			unfiltered sample					I 36.0	I 4.66
9-25	3187	730	<1	1.2								
9-26		730	<1*	1.4*								
9-27	3189	730	<1	1.0								
9-28	3252	730	<1	1.4								

INFLUENT

* - analyzed at SYNAGRO/APA LAB

<1

236/12 (1.96)

26.3/14 (1.88)

231/2 (116, 115.5)

121/2 (61.0, 60.5)

<2

2.7/2 (1.4, 1.35)

22.8 (11.4)

5.5 (2.75)

FROM :SYNAGRO FAX NO. :3052892297 Oct. 09 2006 02:50PM P2

FROM :SYNAGRO1 FAX NO. :3052892297 Oct. 23 2006 02:57PM P2

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: September 2006
Date Sample Obtained: 08/24/06 15:00
Was the well pumped before sampling? Yes **X** No

Test Site ID: 23182
Well Type: Site Boundary
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					46"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	EPA 353.2	0.54 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	EPA 160.1	5610 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.10 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	EPA 365.2	0.844 mg/l	0.011 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	6770 umhos/cm	1 umhos/cm
TOC							
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO! FAX NO. :3052892297 Oct. 23 2006 02:57PM P3

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: Sept 2006
Date Sample Obtained: 08/24/06 14:45
Was the well pumped before sampling? Yes **X** No

Test Site ID: 23184
Well Type: Intermediate
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					45"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	19.5 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	160.1	1050 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.48 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/ H_2SO_4	365.2	0.064 mg/l	0.010 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	1450 umhos/cm	1 umhos/cm
TOC	000680						
Total Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO! FAX NO. :3052892297 Oct. 23 2006 02:58PM P4

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities Reuse Water
Month/Year: Sept 2006
Date Sample Obtained: 08/24/06 15:25
Was the well pumped before sampling? Yes No

Test Site ID: 21642
Well Type: Reclaimed Water
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result /Units	Detection Limits /Units
Water Level	072020					N/A	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	14.9 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	160.1	1080 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	6.92 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	365.4	3.00 mg/l	0.100 mg/l
Specific Conductance	000094	Grab	No		SM2510-B	2108 umhos/cm	1 umhos/cm
TOC	000680						
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held past acceptable holding time.

Facility ID: FLA014951

Month/Year: OCTOBER 2006

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .302

Daily Flow % of Permitted Capacity: 60%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Total Facility Flow (MGD)	.236	.253	.432	.329	.318	.341	.376	.351	.364	.425	.390	.382	.336	.357	.368	.352	.371	.330	.301	.314	.271	.309	.331	.301	.259	.242	.266	.315	.314	.176
CBOD, Influent (mg/L as O_2) Composite			130																											
TSS Influent (mg/L) Composite			110														130													
pH effluent	7.1	7.0	7.0	7.0	6.8	7.0	7.1	7.0	7.0	7.1	7.0	6.8	6.8	7.3	7.1	6.4	132													
Flow To Wells (MGD)																														
CBOD, Effluent (mg/L as O_2) Composite			388	325	106					435	390	327	336	351	308	358	028													
TSS Effluent (mg/L) Composite			42														42								227	242	266			
Fecal Coliform (#/100ML)			1.8														20													
Total N Effluent (mg/L as N) Composite			17.6																											
Chlorine Residual after Contact (mg/L as Cl_2)			1.0	0.8	1.0					0.8	1.2	1.2	1.8	2.5	2.5	1.5	19.6													
Total P Effluent (mg/l as P) Composite			3.91														6.1								2.5	1.5	1.3			
NO_3 Effluent (mg/L as N)																	358													
Flow To Reuse (MGD)	.236	.253			.212	.341	.376	.351	.364																					
Chlorine Residual after Contact (mg/L as Cl_2)	3.5	1.5			0.2	2.0	2.0	2.0	2.0								.313	.330	.301	.314	.271	.309	.284	.301	.252			.315	.314	.176
Turbidity, NTU	3.0	0.9	1.0	1.0	0.8	1.0	1.8	1.0	0.5	1.0	1.0	1.5	0.3	0.2	0.3	0.4	2.5	2.0	1.5	1.8	1.2	1.5	2.5	2.5	2.5			1.2	1.4	2.5
TSS Effluent (mg/L)	—	1.2	1.6	1.0	0.8	—	—	—	0.8	—	—	—	—	—	—	—	0.3	0.5	1.0	1.0	1.0	2.0	1.0	0.5	1.0	0.7	1.0	2.4	2.2	1.0
CBOD, Effluent (mg/L as O_2)																	1.8	1.4		1.2			1.0	0.8	0.8	1.0	—	—	—	
Fecal Coliform (#/100ML)		<1	<1	<1	<1				<1																					
Type Of Sample (C=Composite, G=Grab)		G	G/C	G	G				G								<1	<1		<1			<1	<1	<1	<1				<1
Time Of Sample		0730	0730 / 0730	0730	0730				0730								G	G		G			G	G	G	G				
			1530														1515 / 1530	0940		0930			0730	0730	0730	0730				

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

...DA OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: OCTOBER 1, 2006 To: OCTOBER 31 2006
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.297	.435	(03) MGD	*****	*****	*****	*****	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	1.6	2.0	(19) mg/l	0	Biweekly	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	0.8	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	17.0	19.6	(19) mg/l		Biweekly	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 2950309	06-11-27

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: OCTOBER 1, 2006 To: OCTOBER 7 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.226	.376	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	1.12	1.20	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	1.4	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value					0.3	1.08	3.0	NTU	0	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

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MARK BURKEMPER		(305) 295 0309	06-11-27

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: October 1, 2006 To: October 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.319	.435	(03) MGD	*****	*****	*****	*****	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity 499	MGD	*****	*****	*****	*****		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	147	180	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	104	132	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	***** **	*****	*****	6.8	*****	*****	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	***** **	*****	*****	6.0 MINIMUM	*****	*****	SU		Daily 5/Week	SEE PERMIT
pH	Sample Measurement	***** **	*****	*****	*****	*****	7.3	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	***** **	*****	*****	*****	*****	8.5 DAILY MAX	SU		Daily 5/Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						3.56	3.70	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

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MARK Bunkemper		(305) 295 0309	06-11-27

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year Oct 2006

Date	ID# 1006-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 1006-		Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
						INF	EFF						
10-2	3260	730	<1	1.2									
10-3	3262	730	<1	1.6	10-3 730-1530	3311	3312	130	116	<2	1.8	17.8	3.41
10-4	3315	700	<1	1.0									
10-5	3373	730	<1	0.8									
10-9	3375	730	<1	0.8									
						INF	EFF						
10-17	3442	715	<1	1.8	10-17 730-1530	3469	3470	130	132	<2	2.0	19.6	3.58
10-18	3473	730	<1	1.4									
10-20	3509	730	<1	1.2									
10-23	3511	730	<1	1.0									
10-24	3513	730	<1	0.8									
10-25	3531	730	<1	0.8									
10-26	3568	730	<1	1.0									
						INF	EFF						
10-31	3580	730	<1	1.2	10-31 730-1530	3600	3601	180	64	<2	1.0	13.6	3.70

FROM : SYNAGRO
FAX NO. : 3052892297
Nov. 09 2006 01:07PM P2

KWGC WATER USAGE 10-06

10-2	403 000
3	403 000
4	418 000
5	352 000
6	408 000
7	408 000
8	327 000
11	203 000
12	43 000
13	408 000
15	196 000
16	194 000
17	237 000
18	299 000
19	379 000
20	408 000
10-24	298 000
25	404 000
26	331 000
27	383 000
30	402 000
	6904 000

Date	ft Level	Date	ft level
10-1	2.1'	10-17	1.5'
10-2	2.5'	10-18	0.9'
10-3	2.0'	10-19	1.3'
10-4	1.5'	10-20	1.5'
10-5	1.2'	10-21	1.4'
10-6	1.5'	10-22	1.4'
10-7	1.7'	10-23	1.5'
10-8	1.8'	10-24	2.3'
10-9	1.9'	10-25	1.8'
10-10	1.9'	10-26	1.2'
10-11	1.8'	10-27	1.7'
10-12	1.5'	10-28	0.7'
10-13	1.4'	10-29	1.1'
10-14	0.8'	10-30	1.6'
10-15	0.8'	10-31	1.7'
10-16	0.8'		

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014951

Month/Year: NOVEMBER 2006

Three-month Average Daily Flow: .300

Daily Flow % of Permitted Capacity: 60%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Total Facility Flow (MGD)	.267	.350	.320	.348	.275	.221	.247	.226	.211	.250	.203	.184	.212	.203	.170	.265	.309	.335	.404	.306	.229	.296	.226	.254	.211	.279	.269	.263	.270	.225
CBOD, Influent (mg/L as O_2) Composite														120														175		
TSS Influent (mg/L) Composite														92														234		
pH effluent	7.1	7.2	7.0	7.1	7.4	7.2	7.2	7.1	7.1	7.1	6.9	7.0	7.1	6.9	6.8	7.0	6.9	7.1	7.2	7.0	6.9	6.9	7.0	7.0	7.0	7.0	7.2	7.1	7.0	6.9
Flow To Wells (MGD)		.350	.320	.348	.275	.221		.226													.229	.197	.226	.254	.211	.279				
CBOD, Effluent (mg/L as O_2) Composite														2														< 2		
TSS Effluent (mg/L) Composite														1.0														2.0		
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite														18.7														16.9		
Chlorine Residual after Contact (mg/L as Cl_2)		3.0	3.5	2.0	3.0	3.0		1.5													2.5	0.6	3.0	2.0	2.0	.8				
Total P Effluent (mg/l as P) Composite														3.64														4.38		
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.267						.247		.211	.250	.203	.184	.212	.203	.170	.265	.309	.335	.404	.306		.099					.269	.263	.270	.225
Chlorine Residual after Contact (mg/L as Cl_2)	2.5						2.0		1.5	1.5	2.5	2.5	2.0	2.5	2.5	2.0	1.7	2.0	2.0	2.0		2.3					2.0	2.2	3.5	2.5
Turbidity, NTU	1.5	1.8	0.2	1.0	2.5	2.0	0.5	1.0	1.5	2.5	2.0	1.5	1.5	0.5	0.5	0.9	1.7	1.0	1.0	2.0	1.3	1.0	2.0	0.5	1.0	1.5	1.0	1.5	1.0	0.5
TSS Effluent (mg/L)	1.0	1.4	1.0			1.0	1.0	0.8	1.0				1.2	6.4	1.2	1.2				0.6	0.8	0.5					1.0	1.0	1.2	1.2
CBOD, Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)	<1	<1	<1			<1	<1	<1	<1				<1	<1	<1	<1				<1	<1	<1					<1	<1	<1	<1
Type Of Sample (C=Composite, G=Grab)	G	G	G			G	G	G	G				G	G/C	G	G				G	G	G					G	G/C	G	G
Time Of Sample	0730	0720	0730			0730	0730	0730	0730				0721	0730 1330	0730	0740				0730	0700	0730					0730	0730 1330	0725	0725

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: NOVEMBER 1, 2006 To: OCTOBER 31, 2011
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.246	.353	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	1.02	1.40	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	1.5	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value					0.5	1.6	2.5	NTU	0	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	<2	2.0	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

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MARK BURKEMPER		(305) 295 0309	06-12-20

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

...A OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: [illegible] To: [illegible]
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.222	350	(03) MGD	*****	*****	*****	*****	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	1.3	2.0	(19) mg/l	0	Biweekly	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	0.6	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	3.60	3.63	(19) mg/l	0	Biweekly	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	***** **	*****	*****	*****	<2	2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper	[signature]	(305) 2950309	[illegible]

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: [illegible] To: [illegible]
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter / STORET CODE		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility 050053 EFF-1	Sample Measurement	.271	.353	(03) MGD	**********	**********	**********	**********	0	7/wk	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity 499	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite 080082 G INF-1 INFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	147	175	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite 00530 G INF-1 INFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	162	232	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH 900241 MINIMUM	Sample Measurement	********** **	**********	**********	6.8	**********	**********	(12) SU	0	7/wk	G
	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 5/ Week	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	********** **	**********	**********	**********	**********	7.6	(12) SU	0	7/wk	G
	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite EFFLUENT GROSS VALUE						13.6	15.7	Mg/l	0	Biweekly	G
						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkenpen	[signature]	(305) 2950309	0[illegible]-12-20

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

KWSC WATER USAGE 11-06

11-3	403000
5	298000
6	402000
7	402000
8	287000
9	259000
10	319000
11	320000
12	406000
13	402000
14	272000
15	403000
18	406000
19	406000
20	287000
23	403000
24	403000
26	403000
28	274000
29	406000
30	304000
	7871000

Pond level

Date	(ft) Level	Date	(FT) Level
11-1	1.8'	11-17	0.3'
11-2	2.0'	11-18	1.6'
11-3	2.2'	11-19	1.4'
11-4	2.1'	11-20	1.1'
11-5	2.0'	11-21	1.3'
11-6	1.7'	11-22	1.4'
11-7	1.8'	11-23	1.4'
11-8	1.7'	11-24	1.2'
11-9	1.3'	11-25	0.7'
11-10	1.4'	11-26	0.2'
11-11	1.4'	11-27	0.1'
11-12	1.7'	11-28	0.7'
11-13	1.3'	11-29	0.9'
11-14	0.6'	11-30	0.9'
11-15	0.8'		
11-16	0.7'		

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year November 2006

Date	ID# 1106-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 1106-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
11-1	3604	730	<1	1.0								
11-2	3656	730	<1	1.4								
11-3	3658	730	<1	1.0								
11-6	3670	730	<1 Q	1.0								
11-7	3692	730	<1	1.0								
11-8	3698	730	<1	0.8								
11-9	3741	730	<1	1.0								
11-13	3753	730	<1	1.2		INF EFF						
11-14	3755	700	<1	1.4	11-14 730-1530	3789 3790	120	92	2.0	1.0	16.7	3.63
11-15	3793	730	<1	1.2								
11-16	3863	730	<1	1.2								
11-20	3865	730	<1	0.6								
11-21	3877	700	<1	0.8								
11-22	3894	730	<1	<0.5								
11-27	3902	730	<1	1.0		INF EFF						
11-28	3904	730	<1	1.0	11-28 730-1530	3937 3938	175	232	<2	2.0	10.3	3.58
11-29	3941	730	<1	1.2								
11-30	3985	730	<1	1.2								

<1 (<1) 18.5/18 (1.02) 21.5/20 (1.07) 295 (147.5) 324 (162) <2 1.5 26/2 (13) 7.2/2 (3.6)

NTU ↑ 2.5
Avg 1.4
↓ 0.5

FROM :SYNAGRO
FAX NO. :3052892297
Dec. 08 2006 01:25PM P2

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014951

Month/Year: DECEMBER 2006

Three-month Average Daily Flow: .300

Daily Flow % of Permitted Capacity: 60 %

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/
Total Facility Flow (MGD)	.324	.258	.300	.220	.304	.212	.347	.219	.296	.294	.329	.351	.337	.247	.334	.302	.262	.415	.301	.435	.314	.370	.328	.237	.306	.371	.341	.309	.224	.278
CBOD, Influent (mg/L as O_2) Composite												165														200				
TSS Influent (mg/L) Composite												48														152				
pH effluent	6.7	6.2	7.0	7.0	7.0	7.0	7.2	7.0	7.1	7.1	7.1	6.7	6.4	6.8	7.0	7.2	7.1	7.2	7.6	7.1	7.0	6.7	6.7	6.6	6.4	6.4	6.4	6.4	7.0	6.3
Flow To Wells (MGD)	.219	.172	.225	.210	.190	.132	.217	.137	.192	.224	.247	—	.224	.114	.287	.302	.262	.419	.301	.435	.344	.370	.329	.237	.308	.327	.341	.309	.224	.279
CBOD, Effluent (mg/L as O_2) Composite												22														36				
TSS Effluent (mg/L) Composite												2.4														6.0				
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite												18.3														10.5				
Chlorine Residual after Contact (mg/L as Cl_2)	0.1	0.2	1.0	1.5	1.0	1.2	1.0	1.3	1.1	1.0	0.7	—	1.0	1.0	1.3	2.0	3.5	3.5	3.0	1.5	0.7	0.6	0.7	0.2	0.8	0.9	0.7	0.9	0.9	1.3
Total P Effluent (mg/l as P) Composite												3.70														2.97				
NO, Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.110	.086	.075	.070	.114	.020	.130	.082	.096	.075	.082	.331	.113	.170	.125	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chlorine Residual after Contact (mg/L as Cl_2)	2.5	2.0	2.5	2.5	2.5	2.0	2.0	1.5	2.0	3.0	2.0	1.7	1.6	1.5	2.7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Turbidity, NTU	1.0	1.5	0.5	1.5	1.0	1.5	1.5	1.5	1.0	1.5	1.5	1.0	0.9	0.5	0.7	0.5	0.5	0.5	0.3	0.3	0.3	0.2	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.2
TSS Effluent (mg/L)	—	—	—	1.2	1.2	1.0	1.2	—	—	—	0.6	—	0.8	0.6	1.0	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
CBOD, Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)				<1	<1	<1	<1				<1	<1	<1	<1	<1											<1				
Type Of Sample (C=Composite, G=Grab)				G	G	G	G				G	C	G	G	G											C				
Time Of Sample				0730	0730	0732	0730				0730	0730 1340	0720	0730	0730											0730 1220				

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

Q Fecal 12-4, 12-26 expired holding time

INFluent TN = 35.2 mg/l

TP = 4.09 mg/l

...RTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: DECEMBER 1, 2006 To: DECEMBER 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.267	.435	(03) MGD	*****	*****	*****	*****	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	4.2	6.0	(19) mg/l	0	Biweekly	C
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	<1	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	*****	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	*****	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****	*****	14.4	12.3	(19) mg/l	0	Biweekly	G
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	*****	*****	*****	*****	2.9	3.6	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 2950309	07-01-23

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: DECEMBER 1, 2016 To: DECEMBER 31, 2016
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.117	.331	(03) MGD	*****	*****	*****	*****	C	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	0.95	1.2	(19) mg/l	C	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	***** **	*****	*****	1.5	*****	*****	(19) mg/l	C	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	C	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.2	0.83	4.3	NTU	C	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	2.9	3.6	(19) mg/l	C	Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD
MARK BURKEMPER		(305) 295 0309	17-01-23

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: DECEMBER 1, 2006 To: DECEMBER 31, 2006
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.312	.435	(03) MGD	**********	**********	**********	**********	C	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity 499	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMI
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	182.5	200	(19) mg/l	C	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMI
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	100	152	(19) mg/l	C	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMI
pH	Sample Measurement	********** **	**********	**********	6.7	**********	**********	(12) SU	C	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 5/ Week	SEE PERMI
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.6	(12) SU	C	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMI
PHOSPHORUS, TOTAL Composite					2.93	3.31	3.70	Mg/l	C	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the subm information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DI
MARK Bunkemper		(305) 295 0309	07-01-2

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

KWGC WATER USAGE 12-06

12-1	398000
2	398000
5	68000
6	398000
7	151000
9	328000
10	328000
11	92000
12	135000
13	262000
20	67000
22	79000
23	79000
24	150000
25	278000
28	74000
29	67000
30	67000
31	398000
	3817000

Date	Level (Ft)	Date	Level (Ft)
12-1	0.9'	12-17	1.0'
12-2	0.7'	12-18	1.1'
12-3	0.9'	12-19	1.4'
12-4	0.6'	12-20	1.3'
12-5	0.1'	12-21	1.3'
12-6	0.4'	12-22	1.2'
12-7	0.6'	12-23	1.2'
12-8	0.3'	12-24	1.2'
12-9	0.3'	12-25	1.2'
12-10	0.4'	12-26	1.1'
12-11	0.2'	12-27	1.6'
12-12	0	12-28	0.6'
12-13	0.5'	12-29	0.4'
12-14	0.5'	12-30	0.3'
12-15	0.3'	12-31	0.6'
2-16	0.7'		

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities Reuse Water
Month/Year: Nov 2006
Date Sample Obtained: 11/29/06 11:30
Was the well pumped before sampling? Yes No

Test Site ID: 21642
Well Type: Reclaimed Water
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result /Units	Detection Limits /Units
Water Level	072020					N/A	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	7.35 mg/l Q	0.03 mg/l
TDS	070300	Grab	NO	Ice	160.1	824 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H+ B	6.99 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	200.7	3.30 mg/l	0.011 mg/l
Specific Conductance	000094	Grab	No		SM2510-B	1200 umhos/cm	1 umhos/cm
TOC	000680						
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNALOVY
FAX NO. :3052892297
Jan. 16 2007 11:09AM P2

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: Nov 2006
Date Sample Obtained: 11/29/06 10:15
Was the well pumped before sampling? Yes X No

Test Site ID: 23184
Well Type: Intermediate
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					46"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	4.02 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	160.1	636 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H+ B	7.60 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/ H_2SO_4	365.2	0.319 mg/l	0.011 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	1042 umhos/cm	1 umhos/cm
TOC	000680						
Total Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNOPTIC FAX NO. :3052892297 Jan. 16 2007 11:09AM P3

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: Nov 2006
Date Sample Obtained: 11/29/06 10:30
Was the well pumped before sampling? Yes X No

Test Site ID: 23182
Well Type: Site Boundary
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					48"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	EPA 353.2	0.05 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	EPA 160.1	3910 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.48 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	EPA 365.2	0.782 mg/l	0.011 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	6230 umhos/cm	1 umhos/cm
TOC							
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO
FAX NO. :3052892297
Jan. 16 2007 11:10AM P4

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year Dec. 2006

Date	ID# 1206-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 1206-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
12-4	3991	730	<1 Q	1.2								
12-5	3998	730	<1	1.2								
12-6	4033	730	<1	1.0								
12-7	4090	730	<1	1.2								
12-11	4092	730	<1	0.6								
					12-12 730-1530		165	48	2.2	2.4	18.3	3.70
12-13	4124	730	<1	0.8								
12-14	4147	730	<1	0.6								
12-15	4149	730	n/a <1	1.0								
12-26	4236	1500	<1 Q	n/a	12-26 730-1530		200	152	3.6	6.0	10.5	2.93

<1

7.6/8 (0.95)

16.0/10 (1.6)

365 (182.5) 200 (100) 5.8 (2.9) 8.4 (4.2) 28.8 (14.4) 6.63 (3.31)

12-12-06 Influent TN 35.2 TP 6.05

FROM :SYNAGRO
FAX NO. :3052892297
Jan. 08 2007 12:16PM P2

FedEx Express US Airbill

FedEx Tracking Number 8532 3841 5487

0200 Sender's Copy

1 From *Please print and press hard.*

Date 11-6-06 Sender's FedEx Account Number 1685-6097-4

Sender's Name MARK BUERKAMPER Phone (305) 295-3301

Company Keys ENVIRONMENTAL

Address 6450 E. JR College Rd Dept/Floor/Suite/Room

City Key West State FL ZIP 33040

2 Your Internal Billing Reference
First 24 characters will appear on invoice.

3 To

Recipient's Name ENVIRONMENTAL Virology Phone (813) 974 8070

Company DOH-TAMPA BEARDS LABORATORY

Recipient's Address
We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept/Floor/Suite/Room

Address 3602 Spectrum Blvd
To request a package be held at a specific FedEx location, print FedEx address here.

City TAMPA State FL ZIP 33612

4a Express Package Service *Packages up to 150 lbs.* * To most locations

- [X] FedEx Priority Overnight — Next business morning*
- [ ] FedEx Standard Overnight — Next business afternoon*
- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations*
- [ ] FedEx 2Day — Second business day*
- [ ] FedEx Express Saver — Third business day*

FedEx Envelope rate not available. Minimum charge: One-pound rate

4b Express Freight Service *Packages over 150 lbs.* ** To most locations

- [ ] FedEx 1Day Freight* — Next business day**
- [ ] FedEx 2Day Freight — Second business day**
- [ ] FedEx 3Day Freight — Third business day**

* Call for Confirmation:

5 Packaging * Declared value limit $500

- [ ] FedEx Envelope*
- [ ] FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

6 Special Handling — Include FedEx address in Section 3.

- [ ] **SATURDAY Delivery Available ONLY for** FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes
- [ ] **HOLD Weekday** at FedEx Location **NOT Available for** FedEx First Overnight
- [ ] **HOLD Saturday** at FedEx Location **Available ONLY for** FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods? One box must be checked.

- [ ] No
- [ ] Yes — As per attached Shipper's Declaration
- [ ] Yes — Shipper's Declaration not required
- [ ] Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging.

- [ ] Cargo Aircraft Only

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below.

- [ ] Sender — Acct. No. in Section 1 will be billed.
- [ ] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

FedEx Acct. No. or Credit Card No. Exp. Date

Total Packages	Total Weight	Total Declared Value†	
		$ .00	FedEx Use Only

†Our liability is limited to $100 unless you declare a higher value. See back for details.

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

467

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Questions? Visit our Web site at fedex.com
or call 1.800.GoFedEx 1.800.463.3339.

RETAIN THIS COPY FOR YOUR RECORDS.

FLORIDA DEPARTMENT OF HEALTH

Tampa Branch Laboratory
3602 Spectrum Blvd.
Tampa, FL 33612
phone: (813) 974-8070
ATTN: Christy Ottendorfer

Submission Sheet: Water Samples (Potable and Non-potable) for Parasite, Enterovirus or Microscopic Particulate Analysis

Please complete separate form down to heavy dark line for each specimen.

Send Reports to:

Name: MARK BURKEMPER

Mailing Address 6630 Front St Stock Island

City KEY WEST **County** Monroe

State: FL **Zip:** 33040 **Phone** (305) 522 3668 **Fax** (305) 295 0143

Collection Data:

Site: K.W. Resort Utilities

Address 6630 Front St Stock Island

City KEY WEST County Monroe

State: FL Zip: 33040 Collector's signature:

Sample Type: raw water (ground) ☐ raw water (surface) ☐ potable water ☐ marine water ☐
wastewater (untreated) ☐ wastewater (treated) ☒ reclaimed water ☐ other (specify) ☐

Start Date Sample Collected: 11-6-06	**Finish Date** Sample Collected: 11-6-06	**Sample temperature:** 30.2°C **pH:** 7.0
Start Time 1120	**Finish Time** 1200	**Total Sampling Time**
Start Meter Reading 17817.3	**Finish Meter Reading** 17874.3	**Total Volume Collected:** gallons ☒ liters ☐ 37
Start Turbidity 0.6 NTU	**Finish Turbidity** 0.6 NTU	Sodium **Thiosulfate** added ? YES ☒ NO ☐

Collector's Comments: Sodium Thiosulfate 2%

Test Requested: *Giardia/Cryptosporidium* ☒ Matrix Spike (G/C) ☐ LT2 ☐
Total Culturable Enteroviruses ☐ MPA ☐ Other ☐ (specify):

Do NOT write below this line ¬ (For laboratory use only)

Date Sample Received:	Time Rec'd:	AM ☐ PM ☐	Rec'd By:
Shipping Carrier:	Tracking #:		Specimen Temperature:
Laboratory Accession #	Specimen condition:		
Date Processed:	Technician		
Date Assayed:	Technician:		
Date Reported:	By:		

Submit3 (rev.05/23/2006)

PACKING LIST

Date Shipped: 10/26/04
Submitter: Keys Environmental
Test Requested: *Giardia/Cryptosporidium* ☒ MPA ☐
Total Culturable Enteroviruses ☐ Other ☐ (specify):_____
Sample Collection Date: ~~10/30/06~~ 11-6-06 KHS 11-6-06

# Shipped	ID#	# Returned	Item
1	#16		Cooler
1	#7		Water meter – Current Reading: 17827.3
1	NA		Outlet hose with control valve
1	#15		Pressure regulator and pressure gauge
1	NA		Inlet hose with faucet connection
1	#8		Proportioner & tubing (for disinfected water)
1	NA	NA	Sodium thiosulfate
1	#9		Filter holder
4	NA		Filter holder tools
1	NA		Filters – Batch No.: J6001
1	NA	NA	Gloves
1	NA	NA	Sample collection instructions
1	NA		Submissions sheets
0	NA		Gallon Container
0	NA		Filter Holder Adapter Set

flush + 20
17847.3
-27
17820.3

SAMPLE COLLECTION FOR ENVIRONMENTAL PARASITOLOGY

STEP 1. Put on a pair of latex gloves

STEP 2. If using a tap source, before connecting the sampling apparatus (see figure 1 or figure 2 based on type of water collected) turn on the tap and allow the water to purge residual debris from the line for 2 to 3 minutes, or until the turbidity of the water becomes uniform.

Figure 1: Disinfected water
Figure 2: Raw (ground/surface) or reuse water (non-chlorinated)

STEP 3. Connect the apparatus (without filter) to the tap and allow 20 gallons (76 liters) to flush the system. If a pressurized source is not available, use a pump upstream of the filter, following the manufacturer's instructions, to get water through the sampling apparatus. While the flushing of the apparatus is being done, adjust the pressure regulator so the pressure gauge reads approximately 75 PSI. Do not exceed 120 PSI. Filter requires 7.5 PSI to create flow.

For sampling apparatus collection set-up for disinfected water (Figure 1), please complete STEP 4. If water is not chlorinated, skip to STEP 5.

STEP 4. If disinfected water is being sampled, sodium thiosulfate must be added during filtering by the fluid proportioner.

A. Prepare a 2% sodium thiosulfate solution by dissolving 80 grams of sodium thiosulfate in 4L (~1 gallon) of sample water or reagent grade water in a clean container.

B. The injector module is placed in line between the pressure gauge and the inlet connection to the filter housing. Be careful not to touch or contaminate the surfaces of the injector tubing.

C. Pour 2% sodium thiosulfate into a graduated cylinder. Place the injector tubing into the solution. Adjust the large vacuum screw, then the small vacuum screw on the injector so that the flow rate of the sodium thiosulfate is 10 mL per 4L (~1 gallon).

D. Transfer the injector tubing to the container containing the 2% sodium thiosulfate.

E. The injector module has a tendency to clog and fail to inject sodium thiosulfate during collection of large volumes. If the injector fails during collection, remove the tubing from the apparatus and continue collection. After sample collection is complete, disconnect the filter housing (STEP 9A-9B) from the apparatus and add ~25 ml of the 2% NaThio solution to the filter housing (or plastic baggie with filter) to de-chlorinate the filter.

STEP 5. Turn off the water flow when the flushing of the apparatus is complete. Open the filter housing, insert the filter in the direction indicated on the diagram, close, and tighten the filter housing gently (excessive tightening is not necessary).

STEP 6. Use a water-resistant marking pen to record the start time, meter reading, name of person collecting the sample, turbidity, date and sampling location on the submission sheet. Please use included instructions to record meter readings.

STEP 7. Start water flow through the filter. The rate of flow should be 1 gallon per minute. Adjust the pressure gauge if necessary. Do not exceed maximum pressure of 120 PSI.

STEP 8. After desired volume of water has passed through the filter, shut off the water flow, record the stop time, final meter reading and turbidity at the end of filtration on the submission sheet. NOTE: METER READS IN GALLONS.

Recommended collection volumes:

RAW: 13 gallons (50L) or as close to 13 gallons as possible. Please call if cannot filter at least 3 gallons.

RECLAIMED/REUSE: 27 gallons (100L) or as close to 27 gallons as possible.
RECLAIM MATRIX SPIKE:

FINISHED (Drinking water): 27 (100L) to 267 (1000L) gallons.

LT2 (Source water for finished): 2.7 (10L) gallons recommended by US EPA.
LT2 MATRIX SPIKE: Submit additional 10L sample of source water in disposable cubitainer for laboratory spike every 20 samples.*

*LT2 MATRIX SPIKE volume (10L) must match the volume passed through the source filter in the field. If you wish to collect more than 10L in the field, you should request an additional filter to match the volumes for both the source & spike. For example, you wish to examine 100L of source water. You should collect 100L in the field through **one** filter. Then, you need to collect an additional 90L through a **second** filter (for the spike). Finally, collect 10L in a disposable container for shipment to the laboratory. The spike will be added to the 10L container and then passed through the second filter in the laboratory. This method should be used for any sample volume other than 10L.

STEP 9A. If you are taking only one sample per filter holder, disconnect the holder, leave filter in the holder and lock then ends together. LEAVE SUFFICIENT WATER IN THE HOLDER SO THE FILTER DOES NOT DRY OUT DURING TRANSPORT. If there is more than one filter holder in the cooler please place filter holders in separate sealable plastic bags and use a water-resistant marker to label the bags. PLEASE DO NOT WRITE ON FILTER HOLDER.

STEP 9B. If you are taking several samples per filter holder, remove the filter from the cartridge holder (use the tools provided if necessary) and place it in a sealable plastic bag along with the remaining water in the filter holder. THE FILTER MUST BE IN THE BAG WITH SUFFICIENT WATER SO IT DOES NOT DRY OUT DURING TRANSPORT. Double bag the filter, and LABEL THE BAG WITH A WATER-RESISTANT MARKER. PLEASE DO NOT WRITE ON FILTER HOLDER.

STEP 10. Disconnect the sampling apparatus. Transport the filters with ice. Please place filters and ice at bottom of cooler. Then place all other sampling equipment at top of cooler. Do not freeze the filter during transport or storage.

STEP 11. Ship over night (along with completed submission sheet) for EARLY AM delivery or bring to:

ENVIRONMENTAL VIROLOGY SECTION
DOH - TAMPA BRANCH LABORATORY
3602 SPECTRTUM BLVD.
TAMPA, FL 33612

PLEASE TAKE CARE OF EQUIPMENT AND TRY NOT TO LOSE ANY PARTS. YOU ARE RESPONSIBLE FOR LOST OR DAMAGED EQUIPMENT.

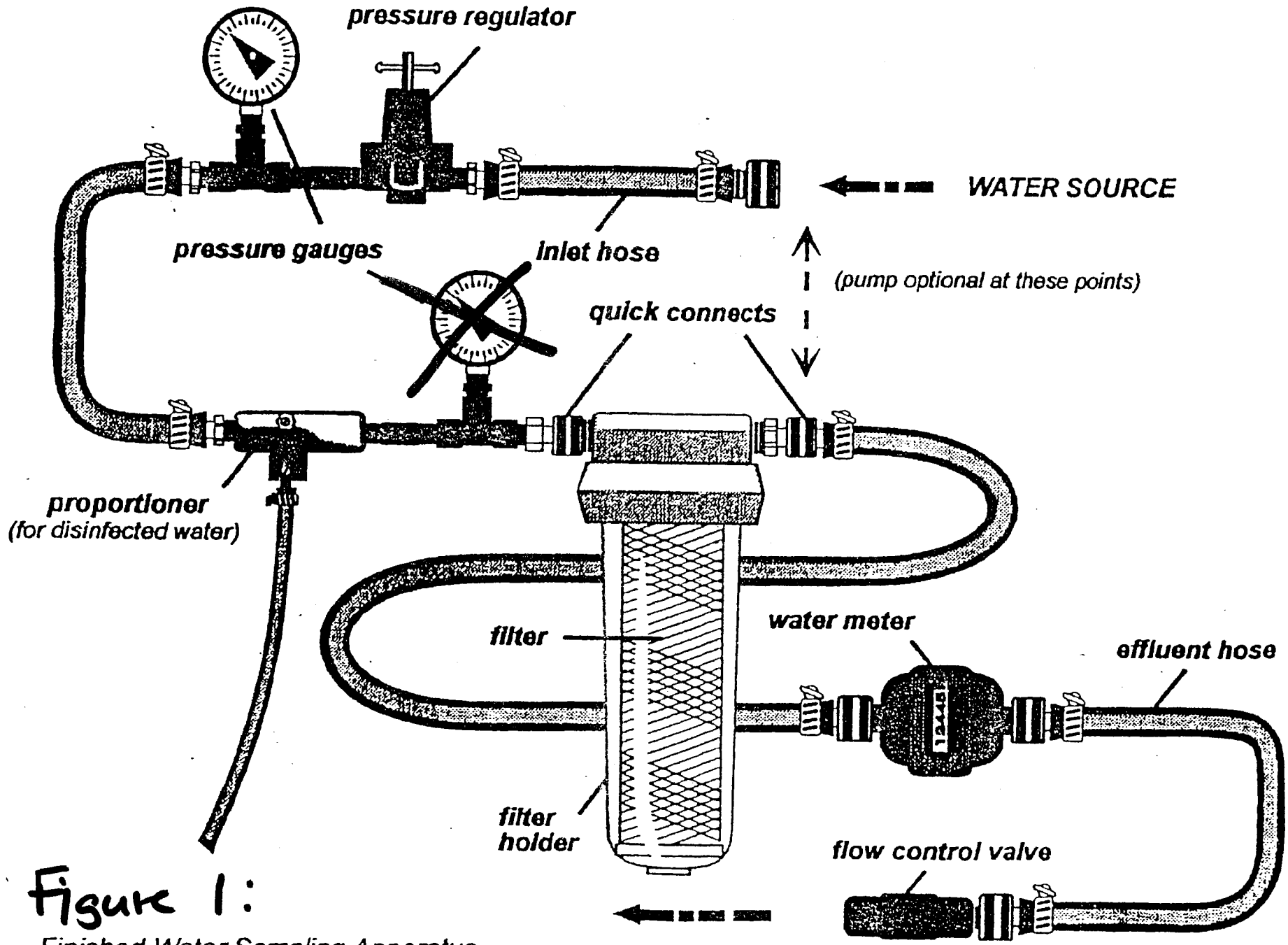


Figure 1:
Finished Water Sampling Apparatus

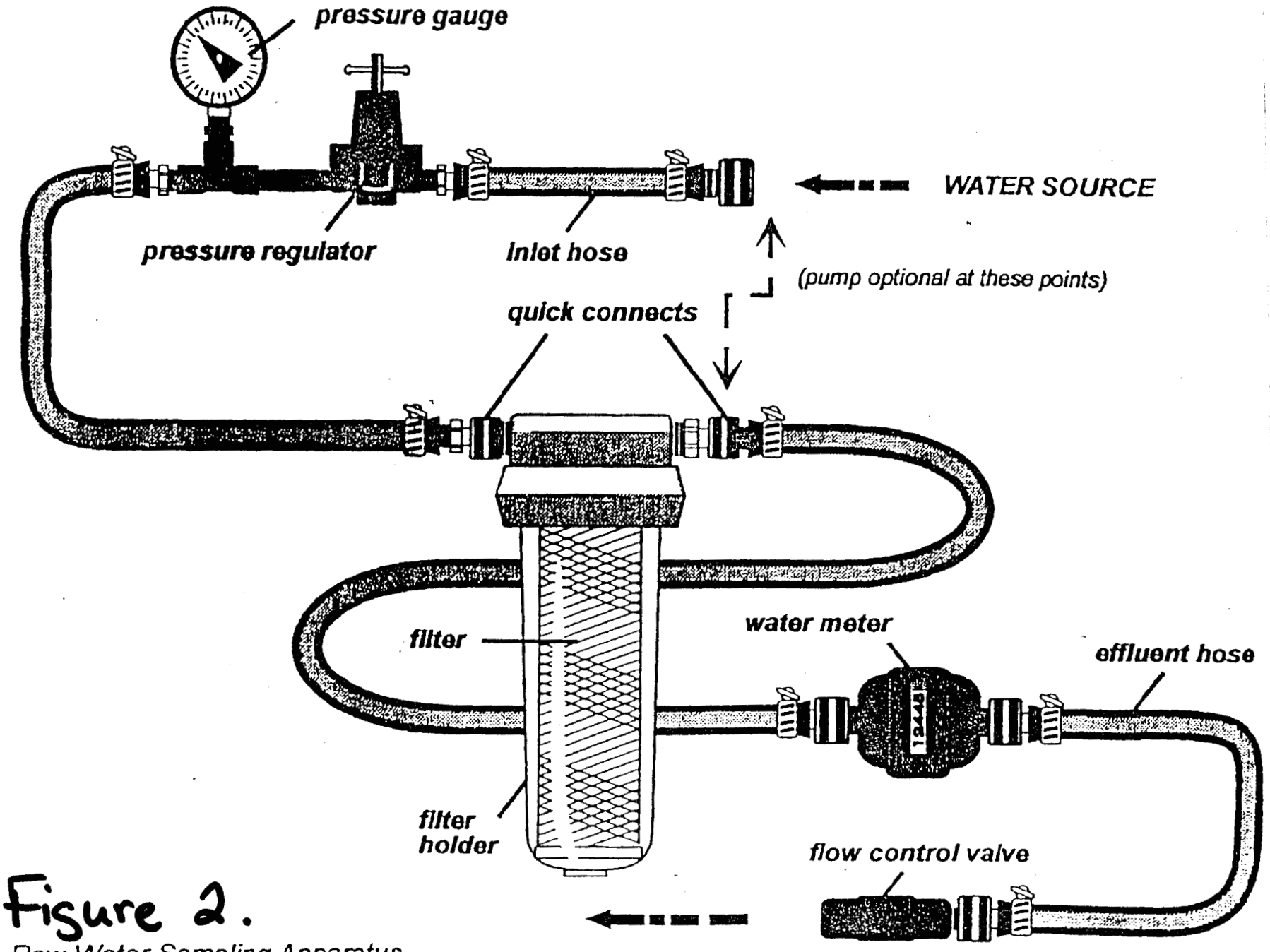
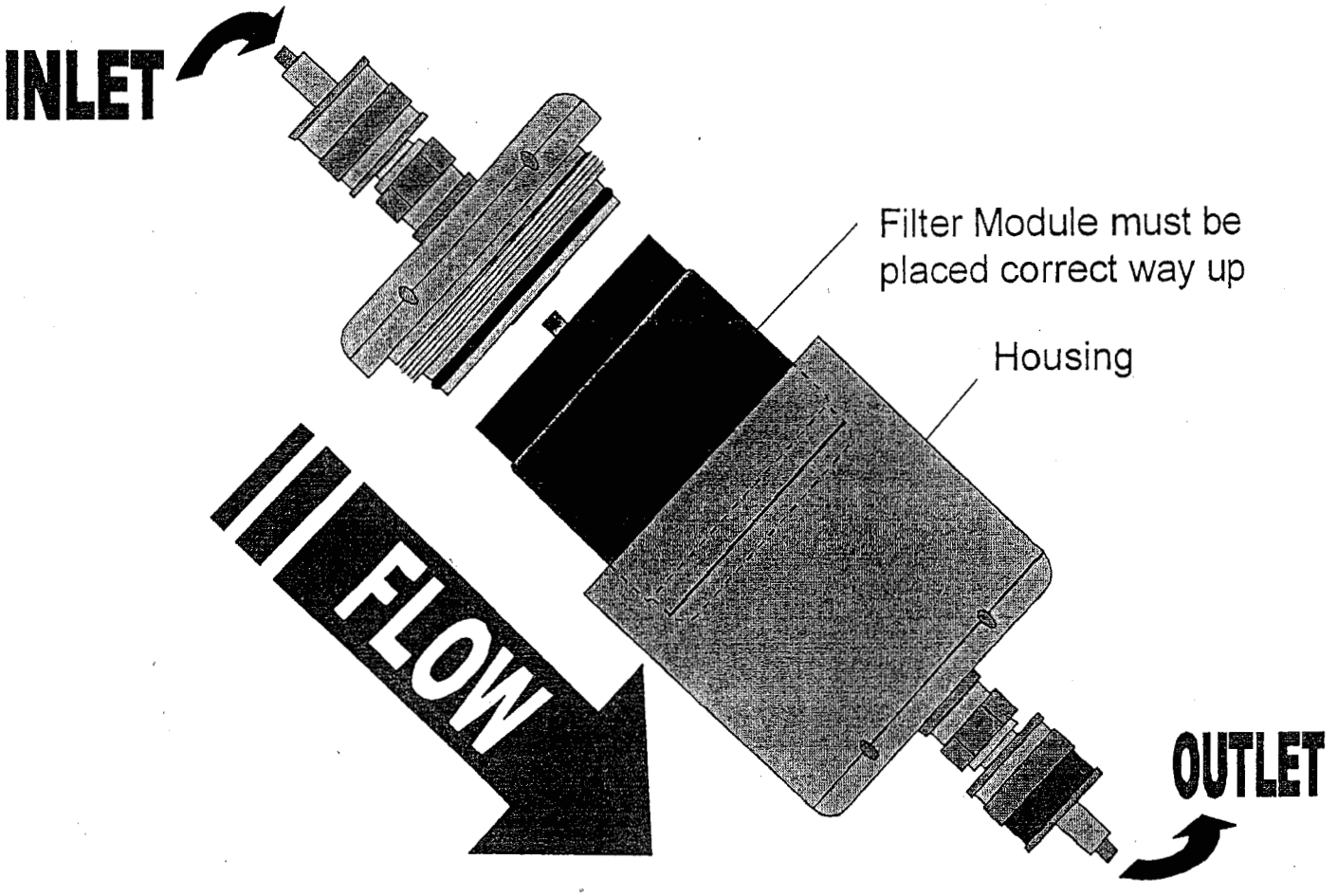


Figure 2.

Raw Water Sampling Apparatus

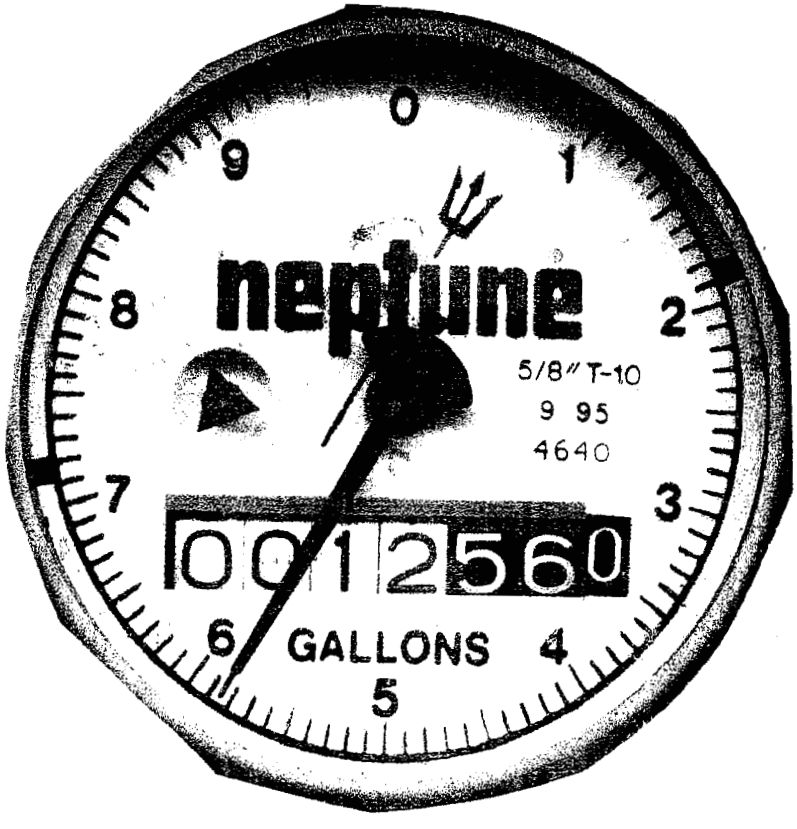
Figure 1: Filter Housing and Module Assembly



Instructions for reading the water meter.

The water meter provided with the sampling kit reads in gallons. Each number on dial around the circumference of water meter represents one gallon of water. Each tick mark between these numbers represents one tenth of a gallon of water. The first number on the right hand side of the meter is stationary and always reads 0. When reporting meter readings this number should be taken from the dial around the meter and should not be reported as 0 unless the needle on the dial is pointing to 0. The number immediately to the left of the stationary 0 turns every 10 gallons. The second number to the left turns every 100 gallons; the third number to the left turns every 1000 gallons, etc.

Example: The meter below reads 12,565.85 gallons.



Part II - General Information

1. DEP wastewater facility identification number: **FL** A 0 1 4 9 5 1

   Wastewater facility name: KEY WEST Resort Utilities, Corp

   Permittee name: William L Smith JR.

2. Person completing this form:

   Name: MARK BURKEMPER

   Telephone: (305) 295 3301

   Email address: _____

3. Sampling and analysis:

   Date samples were taken: NOV 6, 2006

   Organization collecting the samples: KEYS ENVIRONMENTAL, INC

   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: NOV 7, 2006

   Date analytical work was done: NOV 8, 2006

   Laboratory doing the analysis: D.O.H. Tampa, FL

   Laboratory's DOH Identification Number: E 14157

   Approved method used:

   ☒ EPA Method 1623

   ☐ Other approved method: _____

   Contact person at the laboratory: Christy Ottendorfer

   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: Anthracite
Effective size: 0.90 – 1.05 mm
Uniformity coefficient: 1.5
Bed depth: 6" inches

Middle layer of media:
Media type: Silica Sand X 2
Effective size: 0.45-0.50 / .09-1.22 mm
Uniformity coefficient: 1.5 / 1.7
Bed depth: 8" / 4" inches

Bottom layer of media: Media type: GRAVEL / stone
Effective size: 1/2" - 1/4" / 1/4" - 1/2" / 1/2" - 3/4"
Uniformity coefficient: _____
Bed depth: 23" 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: 1456 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: 0.499 MGD

16. Wastewater flow being treated at the time samples were collected: 0.247 MGD

PART III - PATHOGEN MONITORING REPORT

PERMITTEE NAME: Key West Resort Utility Corp FACILITY ID: FLA014951

MAILING ADDRESS: 6630 Front St - Stock E31 DATE OF SAMPLING: 11-6-06

FACILITY ADDRESS: Key West, Fl 33040 FACILITY NAME: KW RU

Parameter	Quantity or Loading		Quality or Concentration	
	Sample Measurement	Units	Sample Measurement	Units
Treatment Plant: After Filter Monitoring Site No. #21642				
Turbidity PARM Code 00070			0.5	NTU
TSS PARM Code 00530			1.0	mg/L
Treatment Plant: After Disinfection Monitoring Site No.				
Total Chlorine Residual PARM Code 50060			2.0	mg/L
Volume Collected PARM Code 71994	102.2	Liters		
Giardia, total count * PARM Code GIARD			<1.96	total cysts/100 L
Giardia, potentially viable cysts * PARM Code VGIAR			<1.96	potentially viable cysts/100 L
Cryptosporidium, total count * PARM Code CRYPT			<1.96	total oocysts/100 L
Cryptosporidium, potentially viable oocysts * PARM Code VCRYP			<1.96	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		
Giardia (total count) * PARM Code GIARD				total cysts/100 L
Giardia, potentially viable cysts * PARM Code VGIAR				potentially viable cysts/100 L
Cryptosporidium, total count * PARM Code CRYPT				total oocysts/100 L
Cryptosporidium, 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.

NO ORGANISMS OBSERVED 1.96 WAS detection limit

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)
MARK Brakemper Lead Operator		(305) 295- 3301	06-12-05
	Email Address		

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.

   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

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.

Facility ID: FLA014951

DAILY SAMPLE RESULTS - PART B

Month: JANUARY 2005

Three-month Average Daily Flow: .342

Daily Flow % of Permitted Capacity: 68.5%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Total Facility Flow (MGD)	.410	.363	.355	.310	.362	.332	.294	.305	.348	.295	.334	.317	.339	.350	.312	.314	.298	.296	.297	.298	.327	.327	.345	.356	.289	.370	.328	.346	.327	.355
CBOD, Influent (mg/L as O_2) Composite											160														200					
TSS Influent (mg/L) Composite											128														104					
pH effluent	6.9	6.9	6.9	6.9	6.8	6.9	6.9	6.8	6.9	6.9	6.7	6.8	6.8	6.8	6.9	7.0	6.7	7.1	7.1	6.8	6.8	6.7	6.8	6.8	6.8	6.9	6.8	6.9	6.9	6.9
Flow To Wells (MGD)	–	–	–	–	–	–	–	–	–	–	–	–	–	–	.221	.314	.298	.296	.297	.298	.027	–	–	–	–	–	–	–	–	–
CBOD, Effluent (mg/L as O_2) Composite											<2														<2					
TSS Effluent (mg/L) Composite											1.4														1.6					
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite											10.2																			
Chlorine Residual after Contact (mg/L as Cl_2)																5.0	2.7	1.5	2.0	0.5	1.0				7.12					
Total P Effluent (mg/l as P) Composite											4.14																			
NO, Effluent (mg/L as N)																									3.45					
Flow To Reuse (MGD)	.410	.363	.355	.310	.362	.332	.294	.305	.348	.295	.334	.317	.339	.350	.091	–	–	–	–	–	.300	.327	.345	.356	.289	.370	.328	.346	.327	.355
Chlorine Residual after Contact (mg/L as Cl_2)	1.5	2.3	3.0	1.5	2.2	1.5	2.5	2.5	2.5	2.5	3.0	2.5	2.5	2.0	2.2	–	–	–	–	–	2.0	2.0	1.5	2.7	2.5	2.5	1.5	1.8	2.2	1.6
Turbidity, NTU	0.5	0.8	1.4	0.2	1.0	0.8	1.0	1.2	1.5	1.5	0.5	0.8	0.8	0.7	0.4	0.4	0.8	0.5	0.9	0.8	0.5	0.8	1.0	0.5	0.5	1.0	0.5	0.5	0.3	0.3
TSS Effluent (mg/L)	–	–	2.0	4.0	2.0	2.2	–	–	–	1.2	1.6	1.8	1.8	–	–	–	2.4	1.6	1.4	1.6	–	–	–	1.4	1.4	0.8	1.4	–	–	–
CBOD, Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)			<1	<1	<1	<1				<1	<1	<1	<1	–	–	–	<1	<1	<1	<1	–	–	–	<1	<1	<1	<1	–	–	
Type Of Sample (C=Composite, G=Grab)	–	–	G	G	G	G	–	–	–	G	G/C	G	G	–	–	–	G	G	G	G	–	–	–	G	G/C	G	G	–	–	
Time Of Sample	–	–	745	800	730	720	–	–	–	730	715 730 330	730	740	–	–	–	730	806	710	730	–	–	–	730	730 3.4	730	730	–	–	

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No. Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: JANUARY 1, 2005 To: JANUARY 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.340	.410	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	********** **	**********	**********	**********	1.8		(19) mg/l	0	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	********** **	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.2	0.74	1.5	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	********** **	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	05-02-21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: JANUARY 1, 2005 To: JANUARY 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells	Sample Measurement	.292	.298	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	1.5	1.6	(19) mg/l	0	Biweekly	C
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	********** **	**********	**********	0.5	**********	**********	(19) mg/l	0	Continuous	Continuous
0050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT Gross Value	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite	Sample Measurement	********** **	**********	**********	**********	8.66	10.2	(19) mg/l	0	Biweekly	G
000600 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
GROSS 080082 G EFA-1 EFFLUENT VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 2950309	05-02-21

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

KWGC WATER USAGE 1-05

ATTN: MARIE

295 0143

		WATER Level Pond	ft		ft
JAN 3	191000	1-1	1.1	1-17	1.0
5	494000	1-2	1.2	1-18	0.9
8	193000	1-3	1.3	1-19	0.7
9	193000	1-4	1.5	1-20	0.5
10	494000	1-5	1.2	1-21	0.9
11	193000	1-6	1.1	1-22	1.2
12	250000	1-7	1.3	1-23	1.0
13	494000	1-8	1.3	1-24	0.9
17	194000	1-9	1.4	1-25	1.2
19	492000	1-10	1.3	1-26	1.3
22	494000	1-11	1.1	1-27	1.6
23	492000	1-12	1.2	1-28	1.3
25	191000	1-13	1.2	1-29	1.5
27	492000	1-14	1.2	1-30	1.3
29	492000	1-15	1.3	1-31	1.7
31	494000	1-16	1.1		

5,843,000

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year JAN. 2005

Date	ID#	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0105-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
1-3	1305-6	745	<1	2.0								
1-4	1405-4	800	<1	4.0 H								
1-5	1505-45	730	<1	2.0								
1-6	1605-6	720	<1	2.2								
	0105-											
1-10	0021	745	<1	1.2								
1-11	0023	715	<1	1.6	1-11 730-1530	INF 0060 EFF 0061	160	128	<2	1.4	10.2	4.14
1-12	0064	730	<1	1.8								
1-13	0137	740	<1	1.8								
1-17	0139	730	<1	2.4								
1-18	0141	806	<1	1.6								
1-19	0160	710	<1	1.4								
1-20	0183	730	<1	1.6								
1-24	0185	730	<1	1.4								
1-25	0203	730	<1	1.4	1-25 800-1600	INF 0215 EFF 0216	200	104	<2	1.6	7.12	3.45
1-26	0219	730	<1	0.8 L								
1-27	0284	730	<1	1.4								
1-31	0286	745	<1	2.0								
			<1	1.2								

MD 1331

KW Resort Utilities

Facility ID: FLA014951

Month/Year: FEBRUARY 2005

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .330

Daily Flow % of Permitted Capacity: 66 %

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Total Facility Flow (MGD)	.369	.366	.332	.355	.379	.378	.394	.401	.463	.396	.516	.326	.416	.450	.378	.330	.396	.375	.313	.334	.337	.328	.363	.288	.329	.295	.270	.384		
CBOD$_5$ Influent (mg/L as O_2) Composite															190							205								
TSS Influent (mg/L) Composite															76							152								
pH effluent	6.9	6.8	6.9	7.0	7.0	7.0	6.8	6.7	6.8	6.7	6.9	6.9	6.9	6.9	6.8	6.9	6.8	6.8	6.5	7.0	6.9	6.8	6.5	6.8	6.5	6.5	6.5	6.5		
Flow To Wells (MGD)	—	—	.055	—	.332	.378	.394	—	.463	.396	.516	.326	.416	.450	.378	—	—	—	—	—	—	—	—	—	—	—	—	—		
CBOD$_5$ Effluent (mg/L as O_2) Composite															<2							<2								
TSS Effluent (mg/L) Composite															3.2							1.4								
Fecal Coliform (#/100ML)										23	24				<1															
Total N Effluent (mg/L as N) Composite															6.83							4.92								
Chlorine Residual after Contact (mg/L as Cl_2)			0.8		1.0	1.9	2.2	—	0.7	0.9	1.4	2.0	3.2	1.0	1.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Total P Effluent (mg/l as P) Composite															3.34							4.07								
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.369	.366	.277	.355	.047	—	—	.401	—	—	—	—	—	—	—	.330	.396	.375	.313	.334	.337	.328	.363	.288	.329	.295	.270	.384		
Chlorine Residual after Contact (mg/L as Cl_2)	1.5	1.5	1.5	1.3	1.6	—	—	2.7	—	—	—	—	—	—	—	1.5	1.5	2.0	2.0	2.5	1.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5		
Turbidity, NTU	0.5	0.5	1.0	1.2	0.3	0.2	0.2	0.6	1.8	2.2	2.0	1.7	1.9	0.9	1.0	0.5	1.4	0.5	0.7	0.7	0.7	0.5	0.5	0.4	0.4	0.5	0.6	0.8		
TSS Effluent (mg/L)	2.9	1.8	2.0	—	—	—	2.2	2.2	—	—	—	—	—	—	2.6	3.0	2.6	—	—	—	1.6	1.4	1.6	1.6	—	—	—	2.0		
CBOD$_5$ Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)	<1	<1	<1	—	—	—	<1	<1	—	—	—	—	—	—	—	<1	<1	—	—	—	<1	<1	<1	<1	—	—	—	<1		
Type Of Sample (C=Composite, G=Grab)	G	G	G	—	—	—	G	G	—	G	G	—	—	—	G/C	G	G	—	—	—	G	G/C	G	G	—	—	—	G		
Time Of Sample	730	730	730	—	—	—	730	745	—	730	740	—	—	—	730 730 1530	730	730	—	—	—	730	730 2/4	730	730	—	—	—	730		

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: February 1, 2005 To: February 28, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.364	.516	(03) MGD	**********	**********	**********	**********	(1)	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	198	205	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	114	152	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	6.5	**********	**********	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 5/Week	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.0	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX	SU		Daily 5/Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite					3.34	3.71	4.07	Mg/l		Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted formation is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 2950309	05-03-16

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

(1) Extremely High Tides

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: February 1, 2005 To: February 28, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.359	.396	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	2.0	3.0	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 I EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value					0.2	0.6	1.4	NTU	0	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	05-03-16

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: February 1, 2005 To: February 28, 2005
LIMIT: FINAL
CLASS SIZE: Minor GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells	Sample Measurement	.373	.516	(03) MGD	**********	**********	**********	**********	(1)	Daily 7/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	2.3	3.2	(19) mg/l	0	Biweekly	C
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	********** **	**********	**********	0.7	**********	**********	(19) mg/l	0	Continuous	Continuous
0050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	********** **	**********	**********	<1	8.0	24	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT Gross Value	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite	Sample Measurement	********** **	**********	**********	**********	5.88	6.83	(19) mg/l	0	Biweekly	G
000600 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
GROSS 080082 G EFFLUENT VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

(1) Extremely High Tides

Certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 2950309	05-03-16

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

KWGC WATER USAGE 2-05

2-3	249000
5	492000
6	492000
7	191000
8	492000
10	494000
11	192000
12	192000
14	493000
15	494000
18	506000
21	506000
22	204000
23	506000
24	506000
25	204000
26	192000
28	506000
	1,911 000

Pond level

Date	feet	Date	feet
2-1	1.5	2-16	0.5
2-2	1.7	2-17	0.7
2-3	1.4	2-18	1.0
2-4	1.5	2-19	0.8
2-5	1.4	2-20	1.0
2-6	0.3	2-21	1.1
2-7	1.0	2-22	0.7
2-8	0.6	2-23	1.0
2-9	0.7	2-24	0.7
2-10	0.2	2-25	0.6
2-11	0.2	2-26	0.9
2-12	0.2	2-27	1.0
2-13	0.2	2-28	1.3
2-14	0.4		
2-15	0.5		

295-0143

/magro/Davis Water Analysis
98 Overseas Hwy.
rathon, FL 33050
5-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year Feb. 2005

Date	ID# 0205-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0205-		Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
-1	0291	730	<1 Irr	2.4									
-2	0311	730	<1 Irr	1.8									
-3	0367	730	<1 I/W	2.0									
-7	0369	730	<1 W	2.2									
-8	0371	745	<1 W	2.2									
-9	NO SAMPLE		— W	—									
-10	0475	730	23 W	5.2									
-11	0477	740	24 W	4.8									
-14	NO SAMPLE		— W	—									
-15	0495	730	<1 W	2.6	2-15 730-1530	INF 0496	EFF 0497	190	76	<2	3.2	6.83	3.34
-16	0500	730	<1 Irr	3.0									
-17	0534	730	<1 Irr	2.6									
-21	0536	730	<1 Irr	1.6									
-22	0555	~~730~~	<1 Irr	1.4	2-22 800-1600	INF 0590	EFF 0591	205	152	<2	1.4	4.92	4.07
-23	0594	730	<1 Irr	1.6									
-24	0602	730	<1 Irr	1.6									
-28	0605	730	<1 Irr	2.0				198	114	<2	2.3	5.88	3.71
				2.46 Total Avg									
				3.16 Well Avg									
				2.00 Irr Avg									

Wells 11 DAYS
Irr 17 DAYS

FROM :SYNAGRO
FAX NO. :3052892297
Mar. 10 2005 10:26AM P2

KEYS ENVIRONMENTAL INC.
6630 FRONT ST
KEY WEST, FL 33040
(305)-295-3301

K.W. Resort Utilities Corp.
P.O. Box 2125
Key West, FL 33045

March 9, 2005

February 2005 Vacuum Truck Report

During the month of February there was one call out that required the use of the Vacuum truck. The call came from Rod Hattery of Airvac at 9:00 a.m. February 19, 2005. The Airvac buffer tank located at the Hurricane Hole Marina had filled with sewage and needed to be pumped out. The Keys Environmental crew arrived at 9:45 a.m. with the Vac truck and had the tank pumped out before 10:15 a.m. The problem with the tank was identified as a faulty controller, and was fixed before there was any sewer back up at the marina. Keys Environmental has since offered to contract with Hurricane Hole to be the maintenance contractor for their sewage system. As of February 28, 2005 the contract has not been executed.

The Vac truck was contracted out three different times during February. The first contract was executed on February 8, 2005. Gary's plumbing contracted KEI to pump out an old sewer lift station at the Burger King restaurant located on Stock Island. The truck vacuumed out two full loads of sewer water that were later dumped into the K. W. Resort Utilities wastewater treatment plant. On February 16, 2005 Synagro contracted KEI to pump out lift station "A" in the Key Haven section of Key West. This is an ongoing job that KEI has done several times in the past, and will continue to do in the future. The last contracted job was at the old Dog Track kennels located on 5th Ave. in Stock Island. A sewer clean out in the middle of the parking lot was overflowing with sewage and needed to be vacuumed out. While the crew was on site they cleaned out the Airvac valve pit that will serve this property in the future. It was believed that an open cleanout and a heavy rain was the cause of the problem.

Lincoln Gardens line cleaning is 90% complete, and will be finished in early March. At the completion of line cleaning, the KEI crew will move on to cleaning the remaining sewer lift stations.

There were no major maintenance issues that occurred during the month of February, and the truck is currently in good working order.

Daniel J. Wojtulewicz
Hook Up Coordinator
Keys Environmental Inc.

DJW

Stock Island, FL.
O&M

During the month of February 2005, one new AIRVAC valve was installed.

1. Burger King buffer tank (A4-1)

During the month of February, two callout occurred.

1. February 19, 2005, there was a callout at Hurricane Joe's. The problem was a broken clamp in the buffer tanks suction pipe. The pipe and clamp was repaired and everything returned to normal.
2. February 25, 2005, there was a temporary low vacuum alarm. The problem was grease in the Cuban Deli pit. The sump was full of grease, causing the sensor pipe to plug. Key Environmental removed the grease and everything returned to normal

General daily maintenance being performed includes record keeping of the vacuum and discharge pumps, evaluating the station charts, monitoring the vacuum pump oil, and draining of the moisture from the compressor, pumps, filters, and header column.

The monthly operating hours of the vacuum pumps were 170.9 hours and 18.7 hours for the discharge pumps.

Clint Hawn
AIRVAC Service Manager

Facility ID: FLA014951

Month/Year: MARCH 2005

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .334

Daily Flow % of Permitted Capacity: 67 %

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Total Facility Flow (MGD)	.384	.329	.305	.351	.414	.408	.382	.349	.274	.405	.361	.335	.334	.341	.308	.310	.301	.339	.369	.314	.312	.317	.318	.317	.315	.300	.331	.309	.332	.259	.23
CBOD$_5$ Influent (mg/L as O_2) Composite								140														145									
TSS Influent (mg/L) Composite								156														52									
pH effluent	6.5	6.5	6.5	6.9	6.8	6.9	6.9	6.9	6.9	6.7	6.7	6.9	6.9	6.9	6.8	6.8	6.9	6.8	7.0	6.9	6.6	6.7	6.8	6.7	6.9	7.1	7.2	7.1	7.2	6.9	7.1
Flow To Wells (MGD)	—	—	—	—	.414	.408	.382	-	—	—	-	.335	.334	.341	—	—	—	—	.369	.314	.312	-	-	-	—	—	-	-	—	—	—
CBOD$_5$ Effluent (mg/L as O_2) Composite								42														<2									
TSS Effluent (mg/L) Composite								1.4														0.6									
Fecal Coliform (#/100ML)								5.65														3.15									
Total N Effluent (mg/L as N) Composite								3.60														4.83									
Chlorine Residual after Contact (mg/L as Cl_2)	—	—	—	—	1.2	1.0	1.0	—	—	—	—	1.6	2.5	2.5	—	—	—	—	2.8	2.6	2.0	—	—	—	—	—	—	—	—	—	—
Total P Effluent (mg/l as P) Composite																															
NO_3 Effluent (mg/L as N)																															
Flow To Reuse (MGD)	.384	.329	.305	.351	—	—	—	.349	.274	.405	.361	—	—	—	.308	.310	.301	.339	—	—	—	.317	.318	.317	.315	.300	.331	.309	.332	.259	.23
Chlorine Residual after Contact (mg/L as Cl_2)	1.6	1.6	1.8	1.5	—	—	—	1.5	2.0	1.5	1.8	—	—	—	2.8	2.3	1.5	1.5	—	—	—	2.6	1.5	1.5	1.5	2.0	1.6	1.6	1.8	2.8	2.0
Turbidity, NTU	1.0	1.0	0.8	0.6	0.7	1.3	1.0	0.5	0.5	1.0	1.0	0.3	0.4	0.6	2.3	0.8	0.4	0.5	0.4	0.3	0.4	0.5	1.5	1.4	1.4	1.6	1.0	1.5	0.5	0.4	0.5
TSS Effluent (mg/L)	2.0	1.8	1.8	-	-	-	1.0	1.4	1.2	1.8	-	-	-	1.6	1.2	1.0	1.4	-	-	-	1.2	1.0	1.4	0.8	—	—	—	2.4	2.2	1.8	1.8
CBOD$_5$ Effluent (mg/L as O_2)																															
Fecal Coliform (#/100ML)	<1	<1	<1	—	—	—	<1	<1	<1	<1	—	—	—	<1	<1	<1	<1	—	—	—	<1	<1	<1	<1	—	—	—	<1	<1	<1	<1
Type Of Sample (C=Composite, G=Grab)	G	G	G	-	-	-	G	G/C	G	G	-	-	-	G	G	G	G	—	-	-	G	G/C	G	G	-	-	-	G	G	G	G
Time Of Sample	745	745	730	-	-	-	730	730/8-4	730	730	-	-	-	730	730	730	730	-	-	-	730	730/730/330	730	730	-	-	-	730	730	730	730

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

* Influent TN 50.2 mg/l / TP 9.73 mg/l Composite 730/330 3-22-05

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: March 1, 2005 To: March 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.330	.414	(03) MGD	**********	**********	**********	**********	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 499	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	143	145	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	104	156	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	6.5	**********	**********	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily/7 Week	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.2	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX	SU		Daily /7 Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						4.21	4.83	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G
Influent TN						50.2		mg/l		Quarterly	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 295 0309	05-04-14

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: March 1, 2005 To: March 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

GROUP: DOMESTIC

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.223	.414	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	1.0	1.4	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	1.0	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	4.40	5.65	(19) mg/l	0	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 2950309	05-04-14

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: March 1, 2005 To: March 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.375	.405	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	1.5	2.4	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	1.5	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value					0.3	0.84	2.3	NTU	0	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
Influent TP					.	9.73		mg/l		Quarterly	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	05-04-14

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

KWGC WATER USAGE March 3-05

		Pond level			
		Date	feet	Date	feet
3-1	506000	3-1	0.9	3-16	0.5
2	204000	3-2	0.8	3-17	0.4
6	506000	3-3	0.8	3-18	0.9
7	204000	3-4	1.3	3-19	0.9
11	506000	3-5	1.2	3-20	0.9
12	506000	3-6	1.1	3-21	0.3
14	506000	3-7	0.5	3-22	0
15	204000	3-8	0.9	3-23	0.4
16	506000	3-9	1.2	3-24	-0.2
17	204000	3-10	1.6	3-25	-0.4
20	506000	3-11	0.3	3-26	-0.4
21	525000	3-12	0.3	3-27	-0.4
22	223000	3-13	0.3	3-28	0.4
23	540000	3-14	0.3	3-29	0.4
24	540000	3-15	0.2	3-30	0.2
25	238000			3-31	0
26	238000				
27	540000				
28	238000				
29	540000				
30	240000				
31	240000				

8460000

295-0143

ATTN: MARK

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities Reuse Water
Month/Year: March 2005
Date Sample Obtained: 03/22/05 15:00
Was the well pumped before sampling? Yes No

Test Site ID: 21642
Well Type: Reclaimed Water
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result /Units	Detection Limits /Units
Water Level	072020					N/A	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	8.40 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	160.1	1580 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform #/100ML)	031616						
H (standard units)	000400	Grab	No		SM 4500 H & B	6.82 SU	0.01 SU
ulfate	000945						
KN (mg/L as N)	000625						
otal Phosphorus ng/L as P)	000665	Grab	No	Ice/H_2SO_4	365.4	4.57 mg/l	0.10 mg/l
pecific Conductance	000094	Grab	No		SM2510-B	2830 umhos/cm	1 umhos/cm
OC	000680						
trite Nitrogen							

nments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO
FAX NO. :3052892297
Apr. 15 2005 04:59PM P2

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: March 2005
Date Sample Obtained: 03/22/05 14:45
Was the well pumped before sampling? Yes X No

Test Site ID: 23184
Well Type: Intermediate
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					50"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	22.0 mg/l Q	0.03 mg/l
TDS	070300	Grab	NO	Ice	160.1	940 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform #/100ML)	031616						
H (standard units)	000400	Grab	No		SM 4500 H & B	7.43 SU	0.01 SU
ulfate	000945						
KN (mg/L as N)	000625						
otal Phosphorus ng/L as P)	000665	Grab	No	Ice/ H_2SO_4	365.2	0.034 mg/l	0.010 mg/l
pecific Conductance ield)	000094	Grab	No		SM2510-B	1580umhos/cm	1 umhos/cm
OC	000680						
otal Nitrogen							

nments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO FAX NO. :3052892297 Apr. 15 2005 04:59PM P3

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: March 2005
Date Sample Obtained: 03/22/05 14:30
Was the well pumped before sampling? Yes X No

Test Site ID: 23182
Well Type: Site Boundary
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					54"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	EPA 353.2	1.82 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	EPA 160.1	3830 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.10 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as	000665	Grab	No	Ice/H_2SO_4	EPA 365.2	0.532 mg/l	0.020 mg/l
Specific Conductance Field)	000094	Grab	No		SM2510-B	6420 umhos/cm	1 umhos/cm
TOC							
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO
FAX NO. :3052892297
Apr. 15 2005 04:59PM P4

1 ST Quarter Ground Water Monotoring

KWRU CENTRAL WELL-184

Date 3-22-05 Time ~~1430~~ 1445 units Water Level 50"

Ph @ 7.43 Conductivity 1580 TDS _____ NO_3, TP

3.6 Sal ppt

SOUTH WELL-182

Date 3-22-05 Time 1430 Water Level 54"

Ph 7.10 Conductivity 6420 TDS _____ NO_3, TP

0.85 Sal

EFFLUENT

Date 3-22-05 Time ~~1500~~ 1500 units

Ph 6.82 Conductivity 2830 TDS _____ NO_3, TP

~~0.8~~ Sal ppt

1.5

2200

3084

~~1580~~

KEYS ENVIRONMENTAL INC.
6630 FRONT ST
KEY WEST, FL 33040
(305)-295-3301

K.W. Resort Utilities Corp.
P.O. Box 2125
Key West, FL 33045

April 11, 2005

March 2005 Vacuum Truck Report

During the month of March there were no emergency call outs that required the use of the Vacuum truck. This is partially the result of the Lincoln Gardens lines cleaning project being completed. The last line was cleaned on March 2, 2005. The lines will not be scheduled for any more cleaning until early 2006.

The next project to be completed is cleaning all of the KWRU sewage lift stations. This project was started with the Monroe County Detention Center main lift station, and will continue until all lift stations are cleaned. Each lift station has to be pumped out until all debris is removed from the sump.

The Vac truck was contracted on two occasions during March. Both were for Mike Rodriguez at the old Dog Track Kennel. The first time was to evacuate a backed up system that was to be connected to the vacuum system. The second was to clean out a vacuum pit that Lower Keys Plumbing had connected to with out the permission of KEI, or the Utility. The pit was pumped out, inspected, and a valve was installed to officially connect the property to the vacuum system.

There were no major maintenance issues that occurred during the month of February, and the truck is currently in good working order.

Daniel J. Wojtulewicz
Hook Up Coordinator
Keys Environmental Inc.

DJW

Stock Island, FL.
O&M

During the month of March 2005, three new AIRVAC valves were installed.

1. 2nd Avenue and 2nd Street
2. Dog kennel (no location)
3. Jolly's A3-3

During the month of March, four callouts occurred. Three of the callouts were on private property and outside of the responsibility of AIRVAC. The other callout was because someone other than AIRVAC cut the suction pipe. AIRVAC attended to and fixed the problems.

On March 02, 2005, Hurricane Joe's (private property) called about sewer problems. The buffer tank was checked and appeared to be okay. The valve timing was increased and the sensor pipe and suction pipe was adjusted. No further problems were reported.

On March 23, 2005, a callout occurred at Coral Hammock (private property). The surge suppressor was changed and everything returned to normal.

On March 27, 2005, a low vacuum alarm occurred on 2nd Avenue 2nd Street. The problem was someone had cut the suction pipe during the valve installation. A new suction pipe was installed and everything returned to normal.

On March 28, 2005, a callout occurred at Coral Hammock (private property). The problem was someone shut the vacuum mainline division valve. The valve was opened and everything returned to normal.

On March 29, 2005, a plumber connecting Jolly's gravity sewer line hit the sump. The sump was tested and failed. The plumber made adjustments and the next day the test passed. The repair was not witnessed by AIRVAC.

General daily maintenance being performed includes record keeping of the vacuum and discharge pumps, evaluating the station charts, monitoring the vacuum pump oil, and draining of the moisture from the compressor, pumps, filters, and header column.

The monthly operating hours of the vacuum pumps were 251.6 hours and 28.8 hours for the discharge pumps.

Clint Hawn
AIRVAC Service Manager

FROM :SYNAGRO! FAX NO. :3052892297 Apr. 12 2005 11:13AM P2

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year MARCH 2005

Date	ID# 0305-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0305-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
3-1	0623	745	< 1	2.0								
3-2	0625	745	< 1	1.8								
3-3	0671	730	< 1	1.8								
3-7	0673	730	< 1	1.0		INF EFF						
3-8	0695	730	< 1	1.4	3-8 800-1600	0696 0697	140	156	<2	1.4	5.65	3.60
3-9	0700	730	< 1	1.2								
3-10	0775	730	< 1	1.8								
3-14	0777	730	< 1	1.6								
3-15	0779	730	< 1	1.2								
3-16	0797	730	< 1	1.0								
3-17	0860	730	< 1	1.4								
3-21	0866	~~730~~	< 1	1.2		INF EFF						
3-22	0889	730	< 1	1.0	3-22 730-1530	0902 0904	145	52	<2	0.6	3.15	4.83
3-23	0907	730	< 1	1.4								
3-24	1027	730	< 1	0.8								
3-28	1030	730	< 1	2.4								
3-29	1049	730	< 1	2.2								
3-30	1068	730	< 1	1.8								
3-31	1095	730	< 1	1.8								
Avg.							142.5	104	<2	1.0	4.4	4.21

<1

288
1.5
1.47

3-22-05 INF TN - 50.2, TP - 9.73

INFLUENT

Facility ID: FLA014951

DAILY SAMPLE RESULTS - PART B

Month/Year: APRIL 2005

Three-month Average Daily Flow: .330
Daily Flow % of Permitted Capacity: 66%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/3
Total Facility Flow (MGD)	.374	.297	.301	.306	.300	.288	.284	.359	.430	.418	.404	.308	.335	.309	.317	.276	.325	.341	.282	.296	.335	.351	.317	.332	.269	.432	.323	.283	.231	.267
CBOD, Influent (mg/L as O_2) Composite					135														130											
TSS Influent (mg/L) Composite					132														148											
pH effluent	7.0	6.9	6.9	7.0	7.0	7.0	7.0	6.8	6.9	6.9	6.9	6.9	7.0	6.9	6.8	6.9	6.9	6.9	7.0	6.9	7.0	6.8	6.9	6.9	6.9	7.0	6.8	6.9	7.1	7.1
Flow To Wells (MGD)	–	–	–	–	–	–	–	–	.430	.418	.404	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
CBOD, Effluent (mg/L as O_2) Composite					<2														<2											
TSS Effluent (mg/L) Composite					1.2														1.2											
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite					12.3														24.0											
Chlorine Residual after Contact (mg/L as Cl_2)									2.7	2.0	1.0																			
Total P Effluent (mg/l as P) Composite					3.67														3.89											
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.374	.297	.301	.306	.300	.288	.284	.359	–	–	–	.308	.335	.309	.317	.276	.325	.341	.282	.296	.335	.351	.317	.332	.269	.432	.323	.283	.231	.267
Chlorine Residual after Contact (mg/L as Cl_2)	2.5	3.2	2.0	3.5	2.7	2.5	2.0	2.0	–	–	–	1.5	1.7	2.3	3.5	3.6	3.7	2.8	2.0	2.2	2.8	2.5	2.5	2.0	2.3	2.5	2.0	2.2	1.5	3.2
Turbidity, NTU	2.4	2.0	0.7	0.9	2.0	0.6	0.5	1.7	1.0	0.8	1.0	0.2	0.3	0.5	0.5	0.4	0.5	0.5	1.2	0.3	0.3	0.3	0.2	0.2	0.3	0.4	0.8	0.8	0.3	0.4
TSS Effluent (mg/L)	–	–	–	1.6	2.2	2.2	1.4	–	–	–	2.0	1.0	NO Pic Up	1.2	0.8	–	–	<0.5	0.8	1.4	0.8	–	–	–	1.4	0.6	0.6	<0.5	–	–
$CBOD_5$ Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)	–	–	–	<1	<1	5	<1 (2)	–	–	–	<1	<1		<1 (2)	<1	–	–	<1	<1	<1	<1	–	–	–	<1	<1	<1	<1	–	–
Type Of Sample (C=Composite, G=Grab)	–	–	–	G	G/C	G	G	–	–	–	G	G	G	G	G	–	–	G	G/C	G	G	–	–	–	G	G	G	G	–	–
Time Of Sample	–	–	–	745	745/8/4	730	745	–	–	–	745	745	145	800	800	–	–	730	730/8-4	730	730	–	–	–	800	745	745	730	–	–

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:
Evening Shift Operator Class: Certificate No.: Name:
Night Shift Operator Class: Certificate No.: Name:
Lead Operator Class. Certificate No.. Name:

Type of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:
*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

(1) Q = past 6Hr holding time 4-7-05
4-14-05

(2) No sample pickup 4-13-05

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: Apr. 1, 2005 To: Apr. 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.417	.430	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	1.2	1.2	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	1.0	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	18.15	24.0	(19) mg/l	0	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 2950309	05-05-13

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: April 1, 2005 To: April 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.314	.432	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity App	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	********** **	**********	**********	**********	1.19	2.2	(19) mg/l	0	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	********** **	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	********** **	**********	**********	<1	<1	5	(19) CFU/100 ml	1	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.2	0.73	2.4	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	********** **	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submit information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	05-05-13

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: Apr. 1, 2005 To: Apr. 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter / STORET CODE		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility 050053 EFF-1	Sample Measurement	.325	.432	(03) MGD	**********	**********	**********	**********	0	7/wk	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite 080082 G INF-1 INFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	132.5	135	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/l		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite 00530 G INF-1 INFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	140.0	148	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH 900241 MINIMUM	Sample Measurement	********** **	**********	**********	6.8	**********	**********	(12) SU	0	7/wk	G
	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 5/ Week	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	********** **	**********	**********	**********	**********	7.1	(12) SU	0	7/wk	G
	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX.	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite EFFLUENT GROSS VALUE						3.78	3.89	Mg/l	0	Biweekly	G
						REPORT MONTHLY AVG	REPORT DAILY MAX.	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 2950309	05-05-13

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

KWGC WATER USAGE April 4-05

		Water Level Pond			
4-1	538000	Date	Feet	Date	Feet
2	240 000	4-1	-0.1	4-16	1.0
3	240 000	4-2	-0.1	4-17	1.1
4	540 000	4-3	-0.1	4-18	0.5
5	238 000	4-4	-0.1	4-19	0.5
6	240 000	4-5	-0.1	4-20	0.4
7	390 000	4-6	-0.1	4-21	0.6
9	240 000	4-7	0.3	4-22	0.6
10	240 000	4-8	0	4-23	0.5
11	240 000	4-9	0	4-24	0.6
12	240 000	4-10	0	4-25	0.8
14	390 000	4-11	0	4-26	0.8
15	389 000	4-12	0.4	4-27	0.9
16	540 000	4-13	0.7	4-28	0.9
17	238 000	4-14	1.1	4-29	0.9
19	540 000	4-15	1.0	4-30	0.9
20	544 000				
21	241 000				
23	185 000				
25	388 000				
26	541 000				
27	540 000				
29	540 000				

Total 8462000 Gallons

295-0143

ATTN: MARK

May. 06 2005 10:49AM P2
FAX NO. :3052892297
FROM :SYNAGRO

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data Month / Year APRIL 2005

Date	ID# 0405-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0405 -		Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
						INF	EFF						
4-4	1100	745	<1	1.6									
4-5	1120	745	<1	2.2	4-5 800-1600	1122	1123	135	132	<2	1.2	12.3	3.67
4-6	1190	730	5	2.2									
4-7	1192	745	<1 Q	1.4									
4-11	1197	745	<1	2.0									
4-12	1216	745	<1	1.0									
4-14	1255	800	<1 Q	1.2									
4-15	1257	800	<1	0.8									
4-18	1259	730	<1	<0.5		INF	EFF						
4-19	1277	730	<1	0.8	4-19 800-1600	1301	1302	130	148	<2	1.2	24.0	3.89
4-20	1305	730	<1	1.4									
4-21	1355	730	<1	0.8									
4-25	1357	800	<1	1.4									
4-26	1379	745	<1	0.6									
4-27	1381	745	<1	0.6									
4-28	1416	730	<1	<0.5									
				19/16 (1.19)									
				21.4/18 (1.19)									
			<1					132.5	140	<2	1.2	18.15	3.78

Q - Received past 6 hour holding time.

KEYS ENVIRONMENTAL INC.
6630 FRONT ST
KEY WEST, FL 33040
(305)-295-3301

K.W. Resort Utilities Corp.
P.O. Box 2125
Key West, FL 33045

May 9, 2005

April 2005 Vacuum Truck Report

During the month of April there were no emergency call outs that required the use of the Vacuum truck.

The lift station cleaning project was put on hold because of other tasks that came up during April, but will begin again in May. The Vac truck was only out on two occasions, April 19th, and April 20th. The Florida Rural Water Association was conducting smoke testing on Miriam Street, and could not complete the tests because of grease in the lines. After the appropriate lines were cleaned, they were retested and all problems were noted.

There were no major maintenance issues that occurred during the month of April, and the truck is currently in good working order.

Daniel J. Wojtulewicz
Hook Up Coordinator
Keys Environmental Inc.

DJW

Key Resort Utilities

Facility ID: FLA014951

Month/Year: MAY 2005

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .326

Daily Flow % of Permitted Capacity: 65%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Total Facility Flow (MGD)	.303	.195	.356	.282	.291	.343	.316	.309	.301	.312	.336	.283	.300	.294	.230	.386	.321	.291	.183	.410	.339	.341	.353	.359	.290	.309	.357	.320	.327	.344	.3
CBOD, Influent (mg/L as O_2) Composite			200														170														2
TSS Influent (mg/L) Composite			116														100														1
pH effluent	6.9	6.9	6.8	6.8	6.9	6.8	6.9	6.9	6.5	6.8	6.9	6.9	6.8	7.0	6.7	6.6	6.5	6.7	6.7	6.8	6.9	6.9	6.9	6.6	6.7	6.7	6.8	6.9	6.8	6.8	6.
Flow To Wells (MGD)																															
CBOD, Effluent (mg/L as O_2) Composite			<2														<2														5.
TSS Effluent (mg/L) Composite			1.4														1.6														3.
Fecal Coliform (#/100ML)																															
Total N Effluent (mg/L as N) Composite			11.6														10.1														3.5
Chlorine Residual after Contact (mg/L as Cl_2)																															
Total P Effluent (mg/l as P) Composite			3.11														3.63														3.8
NO_3 Effluent (mg/L as N)																															
Flow To Reuse (MGD)	.303	.195	.356	.282	.291	.343	.316	.309	.301	.312	.336	.283	.300	.294	.230	.386	.321	.291	.183	.410	.339	.341	.353	.359	.290	.309	.357	.320	.327	.344	.31
Chlorine Residual after Contact (mg/L as Cl_2)	2.4	3.0	2.8	1.5	1.5	1.5	1.5	1.5	1.5	1.5	2.0	1.5	1.5	2.0	2.0	1.5	1.5	2.0	2.0	1.5	1.6	1.2	1.7	1.5	1.5	2.3	1.7	2.0	2.2	1.8	2.0
Turbidity, NTU	0.6	1.2	1.0	0.7	0.9	1.0	0.2	0.2	1.4	0.8	0.6	1.5	0.8	0.5	0.8	1.0	0.2	0.3	0.4	0.2	0.3	0.3	0.3	0.3	0.6	0.6	0.5	0.4	0.5	0.8	1.0
TSS Effluent (mg/L)	—	1.6	0.6	<0.5	2.0	—	—	—	1.8	1.8	*	1.4	—	—	—	1.6	1.4	1.2	1.6	—	—	—	1.3	1.2	1.6	1.2	—	—	—	L A	2.0
$CBOD_5$ Effluent (mg/L as O_2)																														B	
Fecal Coliform (#/100ML)	—	Q <1	<1	<1	<1	—	—	—	<1	<1	*	Q <1	—	—	—	<1	<1	<1	<1	—	—	—	<1	<1	<1	<1	—	—	—	C	<1
Type Of Sample (C=Composite, G=Grab)	—	G	C/G	G	G	—	—	—	G	G	G	G	—	—	—	G	R/C	G	G	—	—	—	G	G	G	G	—	—	—	O S	G/C
Time Of Sample	—	730	730 730 1530	730	730	—	—	—	745	730	730	745	—	—	—	745	730 730 1530	730	730	—	—	—	730	730	730	750	—	—	—	E D	730 730 1530

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

* Boca Chica Bridge Closed no pickup

Q Rec'd past holding time

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: May 1, 2005 To: May 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.313	.410	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	********** **	**********	**********	**********	1.5	2.6	(19) mg/l	0	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	********** **	**********	**********	1.2	**********	**********	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.2	0.67	1.5	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	********** **	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submit information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Mark Burkemper		(305) 295 0309	05-06-22

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: MAY 1, 2005 To: May 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.313	.410	(03) MGD	**********	**********	**********	**********	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 499	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	193.3	210	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	131	177	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	6.5	**********	**********	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.0	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						3.50	3.80	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/L		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BonKemper		(305) 2950309	05-06-22

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: May 1, 2005 To: May 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	0	0	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	2.3	3.8	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********		**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********				(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	8.42	11.6	(19) mg/l	0	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	2.4	5.2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 2950309	05-06-22

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

WATER USAGE KWGC 5-05

		Pond level			
		Date	feet	Date	feet
5-2	320 000				
3	418 000	5-1	0.6	5-16	1.6
4	320 000	5-2	0.3	5-17	1.9
7	320 000	5-3	0.5	5-18	2.1
8	445 000	5-4	1.7	5-19	1.5
10	270 000	5-5	1.7	5-20	1.9
11	320 000	5-6	1.7	5-21	1.5
13	320 000	5-7	1.7	5-22	1.9
16	445 000	5-8	1.7	5-23	1.6
17	445 000	5-9	1.7	5-24	1.4
18	445 000	5-10	1.0	5-25	1.0
20	448 000	5-11	1.1	5-26	0.8
21	445 000	5-12	1.3	5-27	0.6
22	418 000	5-13	1.4	5-28	0.6
23	426 000	5-14	1.2	5-29	0.6
24	504 000	5-15	1.3	5-30	0.9
25	426 000			5-31	0.6
26	426 000				
27	267 000				
28	426 000				
29	267 000				
30	451 000				
31	451 000				
	9023 000				

ATTN: MARK
295-0143

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year MAY 2005

Date	ID# 0505-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0505-		Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
						INF	EFF						
5-2	1418	730	<1 Q	1.6									
5-3	1436	730	<1	0.6	5-3 730-1530	1438	1439	200	116	<2	1.4	11.6	3.11
5-4	1442	730	<1	<0.5									
5-5	1496	730	<1	2.0									
5-9	1498	745	<1	1.8									
5-10	1516	730	<1	1.8									
5-11	NO SAMPLE		—	—									
5-12	1593	745	<1 Q	1.4									
5-16	1595	745	<1	1.6		INF	EFF						
5-17	1613	730	<1	1.4	5-17 730-1530	1615	1616	170	100	<2	1.6	10.1	3.63
5-18	1619	730	<1	1.2									
5-19	1675	730	<1	1.6									
5-23	1677	730	<1	1.8									
5-24	1695	730	<1	1.2									
5-25	1702	730	<1	1.6									
5-26	1723	750	<1	1.2		INF	EFF						
						53105-	53105-						
5-31	1725	730	<1	2.6*	5-31 730-1530	46	44	210*	177*	5.2*	3.8*	3.56	3.80
				23.9/16 = 1.49									
			<1			AVG =		193.3	131	~~2.4~~ 2.5	2.26	8.42	3.51

Q - Received past holding time.

30.7/19 = 1.61

* - ANALYZED AT SYNAGRO ANTI POLLUTION ASSOC. LAB

FROM :SYNAGRO
FAX NO. :3052892297
Jun. 15 2005 10:24AM P2

Month & Year: June 2005

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .324
Daily Flow % of Permitted Capacity: 65%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/
Total Facility Flow (MGD)	.324	.352	.333	.409	.407	.386	.334	.338	.322	.358	.501	.524	.415	.368	.358	.346	.268	.219	.318	.330	.283	.286	.257	.277	.301	.344	.302	.245	.267	.220
CBOD$_5$ Influent (mg/L as O_2) Composite														165																
TSS Influent (mg/L) Composite	6.8	6.7	6.9	6.8	6.9	6.9	7.0	6.8	6.8	6.8	7.1	7.2	6.8	164														205		
pH effluent	-	-	-	-	-	-	-	-	-	.269	.501	.524	.415	7.0	6.9	7.0	6.7	6.9	6.9	6.8	6.8	6.8	6.7	6.7	6.9	6.7	6.9	180		
Flow To Wells (MGD)														.368	-	-	-	-	.318	-	.236	.286	.257	.277	.301	.344	.302	6.9	6.9	6.8
CBOD$_5$ Effluent (mg/L as O_2) Composite														<2														-	-	-
TSS Effluent (mg/L) Composite														1.6														<2		
Fecal Coliform (#/100ML)																												2.2		
Total N Effluent (mg/L as N) Composite	-	-	-	-	-	-	-	-	-	1.5	1.2	5.0	1.6	6.39																
Chlorine Residual after Contact (mg/L as Cl_2)														2.0	-	-	-	-	1.0	-	1.8	1.8	1.5	1.0	1.0	1.0	1.0	15.1		
Total P Effluent (mg/l as P) Composite														3.05														-	-	-
NO$_3$ Effluent (mg/L as N)																												3.45		
Flow To Reuse (MGD)	.324	.352	.333	.409	.407	.386	.334	.338	.322	.089	-	-	-	-	.358	.346	.268	.219	-	.330	.047	-	-	-	-	-	-	.245	.267	.220
Chlorine Residual after Contact (mg/L as Cl_2)	2.0	2.0	1.5	1.5	1.9	2.5	1.5	1.5	1.5	1.5	-	-	-	-	1.5	1.5	1.5	1.8	-	1.5	1.8	-	-	-	-	-	-	2.2	1.5	1.5
Turbidity, NTU	0.9	1.0	0.8	0.5	0.6	0.9	0.5	1.0	0.5	1.5	0.6	0.6	1.0	0.9	0.4	0.9	0.2	1.9	0.6	0.5	0.4	0.4	0.6	0.4	0.4	0.7	1.4	0.5	0.4	0.3
TSS Effluent (mg/L)																														
CBOD$_5$ Effluent (mg/L as O_2)	<1	<1	<1			<1	<1	<1	<1				<1	<1$_a$	<1	<1				<1$_a$	<1$_a$	<1	<1				<1	<1	<1	<1
Fecal Coliform (#/100ML)																														
Type Of Sample (C=Composite, G=Grab)	G	G	G	-	-	G	G	G	G	-	-	-	G	G/C	G	G	-	-	-	G	G	G	G	-	-	-	G	G/C	G	G
Time Of Sample	0730	0745	0745	-	-	0745	0730	0730	0745	-	-	-	0730	730/730	0730	0745	-	-	-	0745	0745	0730	0745	-	-	-	0745	0745/8/4	0730	0730

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:
Evening Shift Operator Class: Certificate No.: Name:
Night Shift Operator Class: Certificate No.: Name:
Lead Operator Class. Certificate No.. Name:

Type of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

High flows due to Heavy Rain
Checked calibration of both flowmeters & were reading high - Recalibrated MAB/DS

Quarterly Influent TN = 34.5 mg/L
Quarterly Influent TP = 3.73 mg/L

Q Fecal x 3 6-14-2005
6-20-2005
6-21-2005

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: June 1, 2005 To: June 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter / STORET CODE		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility 050053 EFF-1	Sample Measurement	.333	524	(03) MGD					2	7/wk	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 499	MGD					—	DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite 080082 G INF-1 INFLUENT GROSS VALUE	Sample Measurement	**				185	205	(19) mg/l	0	Biweekly	C
	Permit Requirement	**				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	—	Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite 00530 G INF-1 INFLUENT GROSS VALUE	Sample Measurement	**				172	180	(19) mg/l	0	Biweekly	C
	Permit Requirement	**				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	—	Every 2 Weeks	SEE PERMIT
pH 900241 MINIMUM	Sample Measurement	**			6.7			(12) SU	0	7/wk	G
	Permit Requirement	**			6.0 MINIMUM			SU	—	Daily 5/ Week	SEE PERMIT
pH 900242 MAXIMUM	Sample Measurement	**					7.2	(12) SU	0	7/wk	G
	Permit Requirement	**					8.5 DAILY MAX	SU	—	Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite EFFLUENT GROSS VALUE						3.25	3.45	Mg/l	0	Biweekly	G
						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l	—	Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 295 0309	05-07-20

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: June 1, 2005 To: June 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.338	.524	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********	—	DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	1.9	2.2	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	—	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	1.0	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L	—	SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********	< 1	< 1	< 1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100	—	SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	10.75	15.1	(19) mg/l	0	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L	—	Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L	—	SEE PERMIT	SEE PERMIT

certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted nformation is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 2950309	05-07-20

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: June 1, 2005 To: June 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.294	.409	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********	—	DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	1.48	2.6	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L	—	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L	—	SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100	—	SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value							1.9	NTU	0	Continuous	Continuous
							REPORT DAILY MAX		—		
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	05-07-20

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

KWGC WATER USAGE 6-05

6-5	451 000
6-6	451 000
7	451 000
8	484 000
13	484 000
14	125 000
15	85 200
16	95 000
17	95 000
18	380 000
25	380 000
26	484 000
27	380 000
28	93 000
29	380 000
30	93 000
	5362 000

Pond level

Date	feet	Date	feet
6-1	0.3'	6-16	0.4'
6-2	1.0'	6-17	0.9'
6-3	1.5'	6-18	1.3'
6-4	1.8'	6-19	1.4'
6-5	1.6'	6-20	1.2'
6-6	1.0'	6-21	1.4'
6-7	0.9'	6-22	1.3'
6-8	0.7'	6-23	1.2'
6-9	0.8'	6-24	1.2'
6-10	0.8'	6-25	1.2'
6-11	1.0'	6-26	1.0'
6-12	1.1'	6-27	0.5'
6-13	1.3'	6-28	0.3'
6-14	1.0'	6-29	0'
6-15	0.2'	6-30	0.6'

ATTN: MARIC

Synagro/Davis Water Analysis
198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year JUNE 2005

Date	ID#	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0605-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
6-1 *	6105-47	730	<1	2.0								
6-2 *	6205-6	745	<1	2.4								
6-3 *	6305-6	745	<1	1.2								
6-6 *	6605-6	745	<1	0.9								
6-7	0605-1760	730	<1	1.4								
6-8	0605-1762	730	<1	1.4								
6-9	0605-1826	745	<1	1.0								
6-13	0605-1828	730	<1	2.6								
6-14	1856	730	<1 Q	1.2	6-14 730-1530	INF 1870 EFF 1872	165	164	<2	1.6	6.39	3.05
6-15	1875	730	<1	1.6								
6-16	1939	745	<1	1.6								
6-20	1941	745	<1 Q	1.2								
6-21	1959	745	<1 Q	1.2								
6-22	1970	730	<1	1.2								
6-23	2035	745	<1	1.2								
6-27	2048	745	<1	1.6								
6-28	2050	745	<1	1.8	6-28 800-1600	INF 2071 EFF 2072	205	180	<2	2.2	15.1 J3	3.45
6-29	2075	730	<1	1.4								
6-30	2111	730	<1	1.2								
							avg 185	Avg=172	<2	Ave=1.9	10.75	Ave=3.25

Q - Received past holding time. avg 1.48

~~J3 - The reported value failed to meet the established quality control criteria.~~ We don't have this control ON PERMIT!

6-14 INFLUENT TN 34.5 (mg/L) TP 3.73

* - Analyzed @ SYNAGRO - APA LAB

20 20 20

FROM :SYNAGRO
FAX NO. :3052892297
Jul. 12 2005 03:01PM P2

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: Jun 2005
Date Sample Obtained: 06/21/05 13:35
Was the well pumped before sampling? Yes X No

Test Site ID: 23184
Well Type: Intermediate
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					52"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	19.3 mg/l Q	0.03 mg/l
TDS	070300	Grab	NO	Ice	160.1	844 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.48 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/ H_2SO_4	365.2	0.010 mg/l U	0.010 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	1397 umhos/cm	1 umhos/cm
TOC	000680						
Total Nitrogen							

omments and Explanations: Q-Sample held beyond acceptable holding time. U – Analyte undetected. Reported result is MDL.

FROM :SYNAGRO! FAX NO. :3052892297 Jul. 15 2005 12:40PM P2

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: June 2005
Date Sample Obtained: 06/21/05 13:50
Was the well pumped before sampling? Yes X No

Test Site ID: 23182
Well Type: Site Boundary
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					57"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	EPA 353.2	0.42 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	EPA 160.1	2650 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.11 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	EPA 365.2	0.617 mg/l	0.020 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	4226 umhos/cm	1 umhos/cm
TOC							
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time

FROM :SYNAGRO
FAX NO. :3052892297
Jul. 15 2005 12:40PM P3

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities Reuse Water
Month/Year: June 2005
Date Sample Obtained: 06/21/05 9:30
Was the well pumped before sampling? Yes No

Test Site ID: 21642
Well Type: Reclaimed Water
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result /Units	Detection Limits /Units
Water Level	072020					N/A	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	7.13 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	160.1	1840 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform #/100ML)	031616						
H (standard units)	000400	Grab	No		SM 4500 H & B	6.90 SU	0.01 SU
ulfate	000945						
KN (mg/L as N)	000625						
otal Phosphorus ng/L as P)	000665	Grab	No	Ice/H_2SO_4	365.2	3.14 mg/l	0.10 mg/l
pecific Conductance	000094	Grab	No		SM2510-B	3193 umhos/cm	1 umhos/cm
OC	000680						
trite Nitrogen							

iments and Explanations: Q-Sample held beyond acceptable holding time.

FROM :SYNAGRO
FAX NO. :3052892297
Jul. 15 2005 12:43PM P1

KW Resort Utilities

Facility ID: FLA014951

Month/Year: July 2005

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .298

Daily Flow % of Permitted Capacity: 60%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/3
Total Facility Flow (MGD)	.240	.209	.239	.240	.253	.222	.277	.210	.160	.200	.300	.359	.430	.328	.156	.136	.224	.277	.255	.253	.246	.262	.269	.254	.256	.276	.227	.227	.236	.205
CBOD$_5$ Influent (mg/L as O_2) Composite												165														155				
TSS Influent (mg/L) Composite												166														68				
pH effluent	6.7	6.9	6.9	6.7	6.7	6.9	6.9	7.0	SEF	6.8	7.1	6.8	7.0	6.9	6.9	6.9	6.8	6.9	6.7	6.8	7.0	7.0	6.9	6.9	6.9	6.7	6.7	6.8	6.9	
Flow To Wells (MGD)	–	–	–	–	–	–	–	–	.160	.200	.300	.359	.430	.328	–	–	–	–	–	–	–	–	–	–	–	–	–	–	~	–
CBOD$_5$ Effluent (mg/L as O_2) Composite												<2														<2				
TSS Effluent (mg/L) Composite												1.0														1.0				
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite												6.89														16.9				
Chlorine Residual after Contact (mg/L as Cl_2)											3.1	2.1	3.0	3.5																
Total P Effluent (mg/l as P) Composite												1.97														3.82				
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.240	.209	.239	.240	.253	.222	.277	.210	–	–	–	–	–	–	.156	.136	.224	.277	.255	.253	.246	.262	.269	.254	.256	.276	.227	.227	.236	.205
Chlorine Residual after Contact (mg/L as Cl_2)	1.7	1.7	1.8	1.6	2.8	1.5	1.5	2.3	~	~	~	~	~	~	1.5	1.5	1.6	1.5	1.5	1.5	1.0	1.5	1.4	1.6	1.5	1.5	1.3	1.5	1.1	2.0
Turbidity, NTU	0.5	0.4	0.4	0.4	0.3	1.0	0.6	0.3	SEF	1.2	1.0	1.0	0.6	1.0	1.5	0.6	0.8	1.5	1.0	1.5	0.4	0.5	0.9	0.5	0.5	0.5	1.0	0.4	0.5	0.8
TSS Effluent (mg/L)				*	1.2	1.2	1.4	1.2				1.4	1.2	~	1.2			1.4	1.8	0.8	1.4				1.4	1.4	1.8	1.2			
CBOD$_5$ Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)				*	<1	<1	<1	<1				<1	<1	-	<1			<1	<1	<1	<1				<1	<1	<1	<1			
Type Of Sample (C=Composite, G=Grab)					G	G	G	G				G/C	G		G			G	G	G	G				G	G/C	G	G			
Time Of Sample					0730	0730	0730	1050				0900 8-4	0815		1100			1045	910	1125	1100				1145	900 8-4	0700	1000			

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class. Certificate No.. Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

7-9-05 Hurricane Dennis (7-9&10) SEF Equipment failure

* 7-4-05 LAB CLOSED

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: July 1, 2005 To: July 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.247	.430	(03) MGD	**********	**********	**********	**********	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	160	165	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	117	166	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	6.7	**********	**********	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.1	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						2.90	3.82	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 295 0309	05-08-19

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: July 1, 2005 To: July 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.296	.430	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	1.0	1.0	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	2.1	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	11.9	16.9	(19) mg/l	0	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 2950309	05-08-19

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: July 1, 2005 To: July 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.235	.277	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	1.33	1.80	(19) mg/l	0	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	***** **	*****	*****	1.0	*****	*****	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.3	0.76	1.5	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

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MARK BURKEMPER		(305) 295 0309	05-08-19

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

FWEC WATER USAGE

July 2005

ATTN: MARK

		Date	Pond Level -ft-	Date	Pond level -ft-
7-2	97 000	7-1	0.5'	7-17	1.3'
3	97 000	7-2	0.75'	7-18	1.1'
4	380 000	7-3	1.0'	7-19	1.0'
5	435 000	7-4	1.2'	7-20	0.9'
6	435 000	7-5	0.8'	7-21	0.9'
7	435 000	7-6	0.5'	7-22	0.9'
8	435 000	7-7	0.4'	7-23	0.9'
9	435 000	7-8	0.6'	7-24	0.8'
10	435 000	7-9	1.0'	7-25	1.0'
11	90 000	7-10	1.4'	7-26	0.7'
12	417 000	7-11	1.8'	7-27	0.8'
13	417 000	7-12	1.6'	7-28	0.6'
14	420 000	7-13	1.4'	7-29	0.5'
15	417 000	7-14	0.8'	7-30	0.45'
16	161 000	7-15	0.8'	7-31	0.45'
17	417 000	7-16	1.2'		
18	418 000				
19	418 000				
20	420 000				
21	420 000				
22	418 000				
23	420 000				
24	420 000				
25	163 000				
26	412 000				
27	407 000				
28	384 000				
29	406 000				
30	406 000				

→ 11,041,000 gallons

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year July 2005

Date	ID# 0705-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0705-	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
7-5	2129	730	<1	1.2								
7-6	2131	730	<1	1.2								
7-7	2180	730	<1	1.4								
7-8	2182	1010	<1	1.2						1.0 estimate		
						INF EFF						
7-12	2200	900	<1	1.4	7-12 800-1600	2201 2202	165	166	<2	N/A*	6.89	1.97
7-13	2205	815	<1	1.2								
7-14	NO SAMPLE											
7-15	2264	1100	<1	1.2								
7-18	2266	1045	<1	1.4								
7-19	2284	910	<1	1.8								
7-20	2314	1125	<1	0.8								
7-21	2368	1100	<1	1.4								
7-25	2380	1145	<1	1.4								
						INF EFF						
7-26	2403	915	<1	1.4	7-26 800-1600	2406 2407	155	68	<2	1.0	16.9	3.82
7-27	2410	900	<1	1.8								
7-28	2452	1000	<1	1.2								
			<1	1.37 (1.3)			160	117	<2	1.0	11.9	2.90
				1.29 (1.3)								

* - INSUFFICIENT SAMPLE VOLUME / TSS ANALYSIS NOT PERFORMED

FROM :SYNAGRO
FAX NO. :3052892297
Aug. 11 2005 09:48AM P2

Stock Island, FL.
O&M

During the month of July 2005, one new AIRVAC valve was installed.

1. E6-1

During the month of July, one callout occurred.

On July 07, 2005, a hurricane passed close to stock Island. During the storm power was lost. The generator did not come on and caused a few pits to hang open. Once power was back to the island, AIRVAC and Keys Environmental went through every valve pit and checked the valves tubing, timing and clamps.

General daily maintenance being performed includes record keeping of the vacuum and discharge pumps, evaluating the station charts, monitoring the vacuum pump oil, and draining of the moisture from the compressor, pumps, filters, and header column.

The monthly operating hours of the vacuum pumps were 260 hours and 26.2 hours for the discharge pumps.

On July 31, 2005, the AIRVAC and KWRU contract concluded.

Clint Hawn
AIRVAC Service Manager

KW Resort Utilities
Facility ID: FLA014951
Month/Year: AUGUST, 2005

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .318
Daily Flow % of Permitted Capacity: 64 %

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Total Facility Flow (MGD)	.261	.254	.247	.248	.232	.403	.249	.294	.386	.298	.337	.322	.399	.401	.354	.369	.403	.368	.398	.390	.374	.444	.382	.370	.450	.355	.563	.565	.546	.454
CBOD, Influent (mg/L as O_2) Composite									185														160							
TSS Influent (mg/L) Composite									156														96							
pH effluent	6.9	6.8	6.9	6.8	6.7	6.8	6.9	6.8	6.7	6.8	6.9	6.9	6.9	6.9	6.9	6.9	7.0	6.9	6.9	6.9	6.9	7.0	7.0	6.8	6.9	6.9	7.4	7.3	7.0	7.0
Flow To Wells (MGD)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.450	.355	.563	.565	.546	.454
CBOD, Effluent (mg/L as O_2) Composite									42														42							
TSS Effluent (mg/L) Composite									2.8														2.0							
Fecal Coliform (#/100ML)									15.3														128							
Total N Effluent (mg/L as N) Composite									3.68														281							
Chlorine Residual after Contact (mg/L as Cl_2)																									1.0	1.4	1.1	1.1	36	1.7
Total P Effluent (mg/l as P) Composite																														
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.261	.254	.247	.248	.232	.403	.249	.294	.386	.298	.337	.322	.399	.401	.354	.369	.403	.368	.398	.390	.374	.444	.382	.370	—	—	—	—	—	—
Chlorine Residual after Contact (mg/L as Cl_2)	1.5	1.8	1.5	5.0	5.0	1.7	1.8	5.0	1.6	5.0	3.6	3.2	1.9	1.8	1.5	1.4	1.4	1.2	1.1	1.9	1.7	1.7	1.7	1.6						
Turbidity, NTU	1.0	1.0	0.8	0.4	0.3	0.3	0.4	0.4	0.6	0.5	0.4	0.6	0.6	0.6	0.5	0.1	0.5	0.6	0.2	0.3	0.3	0.2	0.6	0.4	1.1	0.6	SEF	—	0.3	
TSS Effluent (mg/L)	0.8	1.2	1.2	1.0				1.0	1.0	1.2	1.8				1.2	1.2	1.4	1.2				2.0	2.6	2.2	2.4						
CBOD, Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)	<1	<1	<1	<1				<1	<1	<1	<1				<1	<1	<1	<1				1	7	<1	<1						
Type Of Sample (C=Composite, G=Grab)	G	G	G	G				G	G/C	G	G				G	G	G	G				G	G/C	G	G						
Time Of Sample	0930	1010	1000	1015				1045	1030 8-4	0945	1000				1030	1030	1100	0930				0950	0800 8-4	0815	0810						

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:
Evening Shift Operator Class: Certificate No.: Name:
Night Shift Operator Class: Certificate No.: Name:
Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:
*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994

* 9-26 Hurricane KATRINA

* 9-27 - Equipment failure turbidimeter
28
29

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: August 1, 2005 To: August 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.484	.565	(03) MGD	*****	*****	*****	*****	3	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	2.4	2.8	(19) mg/l	0	Biweekly	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	1.0	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	14.05	15.3	(19) mg/l	0	Biweekly	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

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MARK BURKEMPER		(305) 2950309	05-09-22

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: August 1, 2005 To: August 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.373	.565	(03) MGD	**********	**********	**********	**********	3	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY 7/wk.	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	173	185	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	126	156	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	6.7	**********	**********	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 5/Week	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.4	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX.	SU		Daily 5/Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite								Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

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MARK Bunkenpen		(305) 2950309	05-09-22

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

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MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: August 1, 2005 To: August 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.341	.444	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	1.57	2.8	(19) mg/l	0	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	***** **	*****	*****	1.1	*****	*****	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	***** **	*****	*****	<1	<1	7	(19) CFU/100 ml	2	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU		0.5	1.1			3.25	3.68	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the subm information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD
MARK BURKEMPER		(305) 295 0309	05-09-2

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

KWGC WATER USAGE 8-05

8-1	406 000
8-2	406 000
8-3	406 000
8-4	406 000
8-5	406 000
8-6	406 000
8-7	406 000
8-8	406 000
8-9	170 000
8-10	407 000
8-11	256 000
8-12	320 000
8-13	255 000
8-14	320 000
8-15	236 000
8-16	402 000
8-18	292 000
8-19	292 000
8-20	402 000
8-21	165 000
8-23	402 000
8-24	165 000
8-29	165 000
8-30	165 000
8-31	165 000
	7827 000

Date	ft	Date	ft
8-1	0.4	8-16	0.9
8-2	0.4	8-17	1.0
8-3	0.3	8-18	1.3
8-4	0.2	8-19	1.2
8-5	0	8-20	1.1
8-6	0	8-21	1.2
8-7	0	8-22	1.3
8-8	0	8-23	1.7
8-9	0	8-24	1.8
8-10	0	8-25	1.7
8-11	0	8-26	3.6
8-12	0	8-27	3.6
8-13	0.5	8-28	3.2
8-14	0.7	8-29	3.0
8-15	0.9	8-30	2.7
		8-31	1.2

total Rain 13.28"

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year Aug. 2005

Date	ID# 0805	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0805-		Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
						INF	EFF						
8-1	2454	930	<1	0.8									
8-2	2482	1010	<1	1.2									
8-3	2484	1000	<1	1.2									
8-4	2528	1015	<1	1.0									
8-8	2530	1045	<1	1.0									
8-9	2548	1030	<1	1.0	8-9 800-1600	2558	2559	185	156	<2	2.8	15.3	3.68
8-10	2561	945	<1	1.2									
8-11	2613	1000	<1	1.8									
8-15	2625	1030	<1	1.2									
8-16	2643	1030	<1	1.2									
8-17	2667	1100	<1	1.4									
8-18	2701	930	<1	1.2									
8-22	2713	930	1	2.0									
8-23	2715	800	7	2.6	8-23 800-1600	2738	2739	160	96	<2	2.0	12.8	2.81
8-24	2742	815	<1	2.2									
8-25	2786	810	<1	2.4									
	KATRINA												
8-29													
8-30													
8-31													

<1 | 23.4/16 (1.46) | 28.2/13 (1.57) | 1725 | 126 | <2 | 2.4 | 14.05 | 3.25

FROM :SYNAGRO
FAX NO. :3052892297
Sep. 12 2005 10:49AM P2

KW Resort Utilities

Facility ID: FLA014951

Month/Year: SEPTEMBER 2005

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .342

Daily Flow % of Permitted Capacity: 68 %

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Total Facility Flow (MGD)	.466	.438	.536	.430	.521	.355	.416	.400	.312	.309	.353	.407	.421	.422	.404	.416	.416	.348	.471	.450	.450	.411	.442	.338	.400	.394	.362	.366	.344	.451
CBOD, Influent (mg/L as O_2) Composite						160															150									
TSS Influent (mg/L) Composite						112															84									
pH effluent	7.0	7.0	7.1	7.0	6.9	7.0	6.8	6.9	6.6	6.9	6.9	6.9	6.9	6.9	7.0	7.2	6.9	7.1	6.8	6.8	7.4	7.6	7.4	6.9	6.9	6.9	7.1	7.2	7.3	7.2
Flow To Wells (MGD)	.466	.438	.536	.430	.521	.355	.416	.400	.312	—	—	—	—	—	—	—	—	—	.471	.450	.450	.411	.442	.338	.400	.394	.362	.366	—	—
CBOD, Effluent (mg/L as O_2) Composite						<2															4.0									
TSS Effluent (mg/L) Composite						1.6															6.8									
Fecal Coliform (#/100ML)						<1															<1					<1	<1			
Total N Effluent (mg/L as N) Composite						2.64															9.33									
Chlorine Residual after Contact (mg/L as Cl_2)	1.1	1.7	2.0	1.8	1.0	1.7	1.7	1.8	1.6	—	—	—	—	—	—	—	—	—	1.0	SEE 0.8	SEE 0.9	SEE 0.7	1.5	0.8	0.9	0.6	1.0	0.8	—	—
Total P Effluent (mg/l as P) Composite						2.27															1.89									
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	—	—	—	—	—	—	—	—	—	.309	.353	.407	.421	.422	.404	.416	.416	.348	—	—	—	—	—	—	—	—	—	.320	.344	.451
Chlorine Residual after Contact (mg/L as Cl_2)	—	—	—	—	—	—	—	—	—	1.6	1.6	1.8	1.5	1.5	1.8	1.5	1.9	2.0	—	—	—	—	—	—	—	—	—	1.5	1.8	1.9
Turbidity, NTU	0.3	0.4	SEE	SEE	1.3	1.8	0.4	0.6	1.7	0.9	0.7	0.8	0.8	1.0	0.4	0.4	0.4	1.2	1.7	SEE	SEE	SEE	1.8	1.9	1.8	1.6	1.5	1.0	0.5	0.6
TSS Effluent (mg/L)												1.6	1.2	2.4	2.2											1.8	2.0	1.4	1.1	
CBOD, Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)												<1	<1	<1	<1													1	<1	
Type Of Sample (C=Composite, G=Grab)						C						G	G	G	G						C					G	G	G	G	
Time Of Sample						8/4						0830	0852	0740	0745						10/6					0740	0745	0745	0745	

QTR 4

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class. Certificate No.. Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

SEE Chlorine readings taken w/ test K-T/HACH Colorimeter TRC

3rd Qtr Influent TN/TP

21.2 / 3.77 ppm

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: September 1, 2005 To: September 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.408	.536	(03) MGD	**********	**********	**********	**********	2	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	155	160	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	98	112	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	6.6	**********	**********	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.4	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						2.08	2.27	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/L		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 295 0309	05-10-18

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: September 1, 2005 To: September 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.423	.536	(03) MGD	**********	**********	**********	**********	2	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	4.2	6.8	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	0.6	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	5.99	9.33	(19) mg/l	0	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	2.3	4.0	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 2950309	05-10-18

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: September 1, 2005 To: September 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.384	.451	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	********** **	**********	**********	**********	1.75	1.2	(19) mg/l	0	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	********** **	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	********** **	**********	**********	<1	<1	1	(19) CFU/100 ml	1	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU						1.06	1.9	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	********** **	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

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Mark Burkemper		(305) 295 0309	05-10-18

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

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year Sept. 2005

Date	ID# 0905-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 0905	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
						INF EFF						
					9-6 8⁰⁰-16⁰⁰	2848 2849	160	112	<2	1.6	2.64	2.27
9-12	2937	830	<1	1.6								
9-13	2955	800	<1	1.2								
9-14	2970	790	<1	2.4								
9-15	3044	745	<1	2.2								
						INF EFF						
					9-21 10⁰⁰-18⁰⁰	3069 3071	150	84	4.0	6.8	9.33	1.85
							155	98	2.5	9.2	9.09	2.08
9-26	3091	740	<1	1.8								
9-27	3119	745	<1	2.0								
9-28	3135	745	1	1.4								
9-29	3200	745	<1	1.4								
				1.75 (8)								
			<1	2.24 (10)								

9-21 INF TN 21.2 TP 3.77

FROM :SYNAGRO
FAX NO. :3052892297
Oct. 12 2005 10:04AM P2

GROUNDWATER MONITORING REPORT - PART D

'acility ID: KW Resort Utilities Reuse Water
Month/Year: Sept 2005
)ate Sample Obtained: 09/22/05 07:40
Was the well pumped before sampling? Yes No

Test Site ID: 21642
Well Type: Reclaimed Water
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result /Units	Detection Limits /Units
Water Level	072020					N/A	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	8.30 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	160.1	3900 mg/l Q	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.61 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	365.2	2.59 mg/l	0.100 mg/l
Specific Conductance	000094	Grab	No		SM2510-B	4489 umhos/cm	1 umhos/cm
TOC	000680						
Nitrite Nitrogen							

)mments and Explanations: Q – Sample held past acceptable holding time.

FROM :SYNAGRO
FAX NO. :3052892297
Oct. 17 2005 04:33PM P4

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: September 2005
Date Sample Obtained: 09/22/05 08:20
Was the well pumped before sampling? Yes **X** No

Test Site ID: 23182
Well Type: Site Boundary
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					39"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	EPA 353.2	0.38 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	EPA 160.1	1190 mg/l Q	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.66 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	EPA 365.2	1.19 mg/l	0.050 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	2024 umhos/cm	1 umhos/cm
TOC							
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO FAX NO. :3052892297 Oct. 17 2005 04:33PM P3

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: Sept 2005
Date Sample Obtained: 09/22/05 08:00
Was the well pumped before sampling? Yes **X** No

Test Site ID: 23184
Well Type: Intermediate
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					36"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	8.04 mg/l Q	0.01 mg/l
TDS	070300	Grab	NO	Ice	160.1	805 mg/l Q	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform #/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	7.70 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus mg/L as P)	000665	Grab	No	Ice/ H_2SO_4	365.2	0.186 mg/l	0.010 mg/l
Specific Conductance Field)	000094	Grab	No		SM2510-B	1001 umhos/cm	1 umhos/cm
TOC	000680						
Total Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO1 FAX NO. :3052892297 Oct. 17 2005 04:33PM P2

KWGC WATER USAGE 9-05

ATTN: MARIC

9-2	87000
3	267000
6	165 000
7	402 000
8	402 000
9	402 000
10	402 000
11	165 000
12	402 000
13	402 000
14	410 000
15	410 000
16	411 000
24	166 000
25	166 000
26	423 000
27	423 000
28	423 000
30	90 000
	6 018 000

Pond level

Date	ft	DATE	ft
9-1	1.2'	9-17	1.1'
9-2	1.2'	9-18	1.2'
9-3	1.2'	9-19	1.4'
9-4	1.0'	9-20	2.0'
9-5	0.8'	9-21	2.0'
9-6	0.6'	9-22	2.0'
9-7	0.7'	9-23	2.0'
9-8	0.7'	9-24	1.9'
9-9	0.7'	9-25	1.8'
9-10	0.8'	9-26	1.7'
9-11	0.8'	9-27	1.1'
9-12	1.3'	9-28	1.3'
9-13	1.3'	9-29	1.5'
9-14	1.1'	9-30	2.0'
9-15	1.2'		
9-16	1.1'		

Rainfall Sept '05
= 7.7"

3rd Quarter Ground Water Monotoring

KWRU CENTRAL WELL-184

Date 9.22.05 Time 0800 Water Level 36"

Ph 7.70 Conductivity 1001 (973, 1029) TDS _____ NO_3, TP 0.5 ‰ Sal

SOUTH WELL-182

Date 9.22.05 Time 0820 Water Level 39" 1.0 ‰ Sal

Ph 7.66 Conductivity 2024 (1975, 2073) TDS _____ NO_3, TP

EFFLUENT

Date 9.22.05 Time 0740 Water Level N/A 2.8 ‰ Sal

Ph 7.61 Conductivity 4489 (4789, 4190) TDS _____ NO_3, TP

KW Resort Utilities

Facility ID: FLA014951

Month/Year: OCTOBER 2005

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .384

Daily Flow % of Permitted Capacity: 77%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Total Facility Flow (MGD)	.441	.440	.447	.432	.433	.448	.432	.444	.434	.436	.349	.356	.362	.359	.378	.372	.383	.421	.427	.432	.343	.432	.372	S	E	F	—	.364	.322	.326	.33
CBOD$_5$ Influent (mg/L as O_2) Composite			145															140	J5					0.760/4 DAYS						
TSS Influent (mg/L) Composite			60															92	J5											
pH effluent	7.0	6.9	7.0	7.1	7.0	7.0	7.2	7.0	7.0	7.0	7.1	7.0	7.0	7.1	6.9	6.9	6.8	7.0	7.0	7.1	7.2	7.0	6.7	S	E	F	6.7	6.6	6.8	6.8	6.9
Flow To Wells (MGD)	—	—	—	.360	.433	.448	.432	.444	.434	.436	—	—	—	—	—	—	—	—	—	.432	.343	.432	.372	S	E	F	—	.369	.322	.326	.331
CBOD$_5$ Effluent (mg/L as O_2) Composite			<2															<2	J5											
TSS Effluent (mg/L) Composite			2.2															2.2												
Fecal Coliform (#/100ML)										<1																				
Total N Effluent (mg/L as N) Composite			7.17															10.2												
Chlorine Residual after Contact (mg/L as Cl_2)	—	—	—	0.8	0.7	1.1	0.6	0.6	0.7	0.8	—	—	—	—	—	—	—	—	—	0.8	0.6	1.1	2.2	S	E	F	0.5	0.8	0.6	0.9	0.7
Total P Effluent (mg/l as P) Composite			2.59															2.52												
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	.441	.440	.447	.072	—	—	—	—	—	—	.349	.356	.362	.359	.378	.372	.383	.421	.427	—	—	—	—	—	—	—	—	—	—	—
Chlorine Residual after Contact (mg/L as Cl_2)	3.4	3.9	1.7	1.6	—	—	—	—	—	—	1.5	1.6	1.5	1.8	3.8	3.2	2.0	1.5	1.5	—	—	—	—	—	—	—	—	—	—	—
Turbidity, NTU	0.4	0.4	0.5	0.5	0.8	0.6	0.5	0.6	0.6	0.8	0.8	0.7	0.5	0.5	0.8	0.6	0.9	1.0	0.8	0.5	0.5	0.2	0.8	S	E	F	1.4	1.6	1.8	1.6	1.4
TSS Effluent (mg/L)			1.4							2.2	1.4	0.8	1.2					1.8	0.6	2.0											
CBOD$_5$ Effluent (mg/L as O_2)																								I						
Fecal Coliform (#/100ML)			<1								<1	<1	<1					21	<1	<1				M						
Type Of Sample (C=Composite, G=Grab)			G/C							G	G	G	G					G	G/C	G				A						
Time Of Sample			730 1530 750							0740	0745	0740	0740					0740	730 1530 745	0730										

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

J-5 Improper Lab protocol – Power Outage – W.I.M.A.

SEF Equipment failure

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: October 1, 2005 To: October 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.394	.1147	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	********** **	**********	**********	**********	1.43	2.2	(19) mg/l	0	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	********** **	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.5	0.65	1.0	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX.				
CBOD5, EFFLUENT	Sample Measurement	********** **	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Mark Burkemper		(305) 295 0309	05-11-21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: October 1, 2005 To: October 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.370	.448	(03) MGD	*****	*****	*****	*****	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	142.5	145.0	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	76.0	92.0	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	***** **	*****	*****	6.6	*****	*****	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	***** **	*****	*****	6.0 MINIMUM	*****	*****	SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	***** **	*****	*****	*****	*****	7.2	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	***** **	*****	*****	*****	*****	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						2.70	2.82	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitte information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 295 0309	05-11-21

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: OCTOBER 1, 2005 To: OCTOBER 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

GROUP: DOMESTIC

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.351	.448	(03) MGD	*****	*****	*****	*****	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	2.2	2.2	(19) mg/l	0	Biweekly	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	0.5	*****	*****	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	***** **	*****	*****	*****	9.24	11.2	(19) mg/l	1	Biweekly	G
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	***** **	*****	*****	*****	<2	<2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 2950309	05-11-21

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

OCTOBER 2005

KNGC WATER USAGE 10-5

10-1	423000
2	423000
4	169000
6	90000
7	90000
8	90000
9	405000
10	405000
12	405000
13	168000
14	379000
15	379000
16	196000
17	416000
18	357000
19	357000
20	296000
21	296000
22	296000
	5,640,000

Pond Levels

Date	ft	Date	ft	
10-1	2.0'	10-17	1.5'	
10-2	2.1'	10-18	1.0'	
10-3	2.9'	10-19	1.4'	
10-4	2.9'	10-20	1.3'	
10-5	1.6'	10-21	1.3'	
10-6	2.6'	10-22	1.3'	
10-7	2.5'	10-23	1.3'	
10-8	2.4'	10-24	3.3'	Wilma
10-9	1.8'	10-25	3.0+'	GC flooded
10-10	1.0'	10-26	3.0+'	Salinity @ Pond 31‰
10-11	1.2'	10-27	3.0+'	
10-12	1.2'	10-28	3.0+'	
10-13	1.3'	10-29	2.0'	
10-14	1.4'	10-30	1.7'	
10-15	1.4'	10-31	1.6'	
10-16	1.5'			

RAINFALL 5.2 inches

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year Oct. 2005

Date	ID# 1005-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 1005 - INF	ID# 1005 - EFF	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
10-3	3201	750	<1	1.4									
10-4 - 10-6	NO SAMPLE				10-4 730-1530	3225	3226	145	60	<2	2.2	7.27	2.59
10-10	3277	740	<1	2.2									
10-11	3305	745	<1	1.4									
10-12	3307	740	<1	0.8									
10-13	3355	740	<1	1.2									
10-17	3357	740	<1	1.8									
10-18	3369	745	<1	0.6	10-18 730-1530	3386	3387	140 J5	92	<2 J5	2.2	11.2	2.82
10-19	3390	730	<1	2.0									
10-20	NO SAMPLE												
WILMA			<1	11.4 [8] / 1.43 / 1.58 [10]				142.5	76	<2	4.4 / 2.2	9.24	2.70

J5- Data is questionable due to improper laboratory protocols. (Wilma Power Outage)

FROM : SYNAGRO
FAX NO. : 3052892297
Nov. 09 2005 02:46PM P2

...sport Utilities

Facility ID: FLA014951

Month/Year: NOVEMBER 2005

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: .360

Daily Flow % of Permitted Capacity: 72%

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Total Facility Flow (MGD)	.325	.317	.329	.353	.342	.320	.330	.323	.281	.370	.314	.248	.288	.290	.291	.283	.285	.308	.291	.371	.298	.332	.331	.196	.268	.247	.282	.278	.209	.236
CBOD, Influent (mg/L as O_2) Composite	16															18												26		
TSS Influent (mg/L) Composite	92															130												92		
pH effluent	6.8	6.8	6.8	7.0	6.8	6.9	7.0	7.0	6.8	6.9	7.0	6.8	7.1	7.0	7.0	6.8	7.0	6.6	6.8	6.7	6.7	6.7	6.9	6.9	6.6	6.8	6.9	6.8	6.8	7.0
Flow To Wells (MGD)	.325	.317	.329	.353	.342	.320	.330	.323	.281	.370	.314	.248	.288	.290	—	.283	.285	—	—	—	.298	.332	.331	.196	.268	.247	.282	.278	.209	—
CBOD, Effluent (mg/L as O_2) Composite	<2															<2												<1		
TSS Effluent (mg/L) Composite	2.0															2.0												1.6		
Fecal Coliform (#/100ML)																														
Total N Effluent (mg/L as N) Composite	6.42															2.59												4.12		
Chlorine Residual after Contact (mg/L as Cl_2)	1.6	0.5	0.6	1.3	1.2	0.5	0.6	0.6	2.8	1.0	0.6	0.5	1.2	1.6	—	2.0	1.5	—	—	—	1.0	0.9	0.9	0.9	1.0	1.0	1.4	3.5	2.0	—
Total P Effluent (mg/l as P) Composite	0.76															2.68												2.03		
NO_3 Effluent (mg/L as N)																														
Flow To Reuse (MGD)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	.291	—	—	.308	.291	.371	—	—	—	—	—	—	—	—	—	.286
Chlorine Residual after Contact (mg/L as Cl_2)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1.5	—	—	1.7	1.7	1.7	—	—	—	—	—	—	—	—	—	1.6
Turbidity, NTU	1.0	1.1	1.3	1.1	1.3	0.2	0.4	0.5	0.5	0.9	1.1	3.0	0.8	0.8	0.8	1.0	1.0	1.0	1.4	0.5	0.9	1.5	1.5	0.5	0.5	0.4	0.4	0.6	0.4	0.9
TSS Effluent (mg/L)														1.8	1.5	1.6	1.8				2.4	2.2						0.6	0.6	<0.5
CBOD, Effluent (mg/L as O_2)																														
Fecal Coliform (#/100ML)	<1													<1	<1	<1	<1				<1	<1						<1	<1	<1
Type Of Sample (C=Composite, G=Grab)	C													G	G	G	G				G	G						G	G	G
Time Of Sample	0730 1600													0720	0723	0730 0730	0730				0720	0720						0730 0730	0730	0730

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: Certificate No.: 5355 Name:

Evening Shift Operator Class: Certificate No.: Name:

Night Shift Operator Class: Certificate No.: Name:

Lead Operator Class: Certificate No.. Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: NOVEMBER 1, 2005 To: NOVEMBER 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
GROUP: DOMESTIC
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.301	.370	(03) MGD	**********	**********	**********	**********	C	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	1.87	2.0	(19) mg/l	C	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	0.5	**********	**********	(19) mg/l	C	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	C	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	4.38	6.42	(19) mg/l	O	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	<2	<2	(19) mg/l	C	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Burkemper		(305) 2950309	05-12-13

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: NOVEMBER 1, 2005 To: NOVEMBER 30, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.209	.371	(03) MGD	*****	*****	*****	*****	0	5/Week	N/A
050053 EFF-1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .499	MGD	*****	*****	*****	*****		DAILY	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	***** **	*****	*****	*****	1.17	1.20	(19) mg/l	0	Daily 4/Week	G
00530 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	***** **	*****	*****	1.5	*****	*****	(19) mg/l	0	Continuous	Continuous
050060 1 EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	***** **	*****	*****	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Permit Requirement	***** **	*****	*****	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU					0.2	0.96	1.40	NTU	0	Continuous	Continuous
00500 G EFA-1 Effluent Gross Value							REPORT DAILY MAX				
CBOD5, EFFLUENT	Sample Measurement	***** **	*****	*****	*****			(19) mg/l		Every 2 Weeks	C
080082 G EFA-1 EFFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	05-12-13

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: JANUARY 1, 2013 To: DECEMBER 31, 2013
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.302	.371	(03) MGD	**********	**********	**********	**********	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity .499	MGD	**********	**********	**********	**********		DAILY 7/wk.	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	203.3	260	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	********** **	**********	**********	**********	121.3	180	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	6.6	**********	**********	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	********** **	**********	**********	6.0 MINIMUM	**********	**********	SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	********** **	**********	**********	**********	**********	7.1	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	********** **	**********	**********	**********	**********	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						1.32	2.68	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bunkemper		(305) 295-0309	05-12-13

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FROM :SYNAGRO! FAX NO. :3052892297 Dec. 08 2005 02:28PM P2

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year November 2005

Date	ID# 1105-	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# INF 1105- EFF	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
11-2	3456	1130	<1		11-1 8:30-16:30	3453 3454	165	92	<2	2.0	6.42	0.76
11-14	3591	720	<1	1.8								
11-15	3609	725	<1	1.7								
11-16	3617	730	<1	1.6		INF EFF						
11-17	3658	730	<1	1.8	11-16 7:30-15:30	3654 3655	185	180	<2	2.0	2.59	2.68
11-21	3677	730	<1	0.6								
11-22	3689	745	<1	1.2								
11-28	3717	730	<1	0.6								
11-29	3735	730	<1	0.6		INF EFF						
11-30	3740	730	<1	<0.5	11-29 7:30-15:30	3736 3737	260	92	<2	1.6	4.12	2.03

<1 10.5 1.17 79 16.1 1.34 7.2 610 208.3 364 121.3 <2 5.6 1.87 13.13 4.38 5.47 1.82

DAILY SAMPLE RESULTS - PART B

Facility ID: FLA014951

Month/Year: DECEMBER 2005

Three-month Average Daily Flow: .311

Daily Flow % of Permitted Capacity: 62 %

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Total Facility Flow (MGD)	.267	.220	.327	.273	.286	.226	.241	.247	.273	.266	.277	.280	.276	.264	.255	.240	.258	.268	.256	.190	.269	.250	.245	.235	.249	.244	.237	.258	.269	.273
CBOD, Influent (mg/L as O_2) Composite													170														245			
TSS Influent (mg/L) Composite													136														72			
pH effluent	6.7	6.9	6.9	6.9	6.9	7.0	6.8	7.0	7.1	6.9	6.9	6.8	6.8	7.0	7.0	6.7	6.6	7.0	6.9	7.0	6.8	6.9	6.4	7.1	7.0	7.0	6.4	6.9	7.0	
Flow To Wells (MGD)	–	–	.327	.273	.226	.226	.050	–	–	–	–	–	.276	.264	.255	.240	.258	.268	.256	.190	.269	.250	.245	.235	.249	.244	.237	–	–	136
CBOD, Effluent (mg/L as O_2) Composite													<2														<2			
TSS Effluent (mg/L) Composite													1.2														0.8			
Fecal Coliform (#/100ML)																											16.5			
Total N Effluent (mg/L as N) Composite													7.11														1.0	–	–	1.0
Chlorine Residual after Contact (mg/L as Cl_2)	–	–	2.0	2.5	2.0	1.5	1.0	–	–	–	–	–	2.5	1.8	1.7	1.5	1.3	5.0	0.6	0.8	1.0	1.0	1.2	3.6	4.2	1.6	2.92			
Total P Effluent (mg/l as P) Composite													1.29																	
NO, Effluent (mg/L as N)																												.258	.269	.137
Flow To Reuse (MGD)	.267	.220	–	–	–	–	.191	.247	.273	.266	.277	.280	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1.5	1.5	2.0
Chlorine Residual after Contact (mg/L as Cl_2)	1.7	1.8	–	–	–	–	1.5	1.3	3.3	3.0	1.7	3.0	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0.5	2.0	10.0 *
Turbidity, NTU	0.7	0.9	0.5	0.5	0.5	0.5	1.0	0.6	0.6	0.5	0.7	0.4	0.3	0.4	0.3	0.4	1.0	0.4	1.0	0.4	0.4	0.8	0.7	1.0	0.2	0.2	0.5	2.0	1.5	10.0
TSS Effluent (mg/L)	0.5				0.5	1.2	1.2				0.8	1.4	1.0	0.8													1.2	2.0	2.2	2.4
CBOD, Effluent (mg/L as O_2)																											<1	<1	<1	<1
Fecal Coliform (#/100ML)	<1				<1	<1	<1				<1	<1	<1	<1													6	6	6	6
Type Of Sample (C=Composite, G=Grab)	G				G	G	G				G	G	G/C	G													C 7SC 0730 1530	C 730	C 730	C 730
Time Of Sample	0730				0725	0730	0730				0730	0740	0740	0740 8-16	0730															

PLANT STAFFING: Day Shift Operator: Mark Burkemper Class: B Certificate No.: 5355 Name:
Evening Shift Operator Class: Certificate No.: Name:
Night Shift Operator Class: Certificate No.: Name:
Lead Operator Class: Certificate No.: Name:

Type of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

*Attach additional sheets if necessary to list all certified operators. DEP Form 62-620.910(10), effective November 29, 1994 -2-

* 12-30 High ATU (4 wells) Both blowers tripped out @ main panel @ 2000 Hrs

12-27 4TH Qtr influent TN/TP = TN: 32.4 mg/l

TP = 5.34 mg/l

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: DECEMBER 1, 2005 To: DECEMBER 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse (R001)

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.269	.280	(03) MGD	**********	**********	**********	**********	0	5/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity AVG	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	**********	**********	**********	**********	1.28	2.90	(19) mg/l	0	Daily 4/Week	G
	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	**********	**********	**********	1.5	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	**********	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT GEOMETRIC MEAN	Sample Measurement	**********	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	**********	**********	**********	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
Turbidity, NTU 00500 G EFA-1 Effluent Gross Value					0.98	10.0 (max)	0.2	NTU	0	Continuous	Continuous
							REPORT DAILY MAX				
CBOD5, EFFLUENT 080082 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	**********	**********	**********	**********			(19) mg/l		Every 2 Weeks	C
	Permit Requirement	**********	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER		(305) 295 0309	06-01-28

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040
FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

PERMIT NUMBER: FLA014951-258748
MONITORING PERIOD-- From: DECEMBER 1, 2005 To: DECEMBER 31 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014591

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Reuse & Injection Wells

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, Total Facility	Sample Measurement	.260	.327	(03) MGD	*****	*****	*****	*****	0	7/wk	N/A
050053 EFF-1	Permit Requirement	REPORT MONTHLY AVG	Permitted Capacity .495	MGD	*****	*****	*****	*****		DAILY 7/wk	SEE PERMIT
CBOD5, INFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	208	245	(19) mg/l	0	Biweekly	C
080082 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
TSS, INFLUENT Composite	Sample Measurement	***** **	*****	*****	*****	104	136	(19) mg/l	0	Biweekly	C
00530 G INF-1 INFLUENT GROSS VALUE	Permit Requirement	***** **	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		Every 2 Weeks	SEE PERMIT
pH	Sample Measurement	***** **	*****	*****	6.6	*****	*****	(12) SU	0	7/wk	G
900241 MINIMUM	Permit Requirement	***** **	*****	*****	6.0 MINIMUM	*****	*****	SU		Daily 5/ Week	SEE PERMIT
pH	Sample Measurement	***** **	*****	*****	*****	*****	7.1	(12) SU	0	7/wk	G
900242 MAXIMUM	Permit Requirement	***** **	*****	*****	*****	*****	8.5 DAILY MAX	SU		Daily 5/ Week	SEE PERMIT
PHOSPHORUS, TOTAL Composite						2.09	2.92	Mg/l	0	Biweekly	G
EFFLUENT GROSS VALUE						REPORT MONTHLY AVG	REPORT DAILY MAX	Mg/l		Biweekly	G

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
MARK Bonkemper		(305) 295 0309	06-01-20

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

...A OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: KW Resort Utility WWTF
MAILING ADDRESS: 6450 E College Rd
Stock Island
Key West, FL 33040

PERMIT NUMBER: Fla014951-258748
MONITORING PERIOD--From: DECEMBER 1, 2005 To: DECEMBER 31, 2005
LIMIT: FINAL
CLASS SIZE: Minor
FACILITY ID: FLA014951
PLANT SIZE/TREATMENT TYPE: 3 C
TYPE OF EFFLUENT DISPOSAL: Injection Wells

GROUP: DOMESTIC

FACILITY: KW Resort Utility WWTF
LOCATION: 6630 Front St., Stock Island
ATTN: Bill Smith

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW, To Wells 050053 EFF-1 MONTHLY AVERAGE DAILY	Sample Measurement	.257	.327	(03) MGD	**********	**********	**********	**********	0	Daily 7/Week	N/A
	Permit Requirement	REPORT MONTHLY AVG.	Permitted Capacity 0.499	MGD	**********	**********	**********	**********		DAILY	SEE PERMIT
TSS, EFFLUENT Composite 00530 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	4.0	12	(19) mg/l	0	Biweekly	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL 0050060 1 EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	0.4	**********	**********	(19) mg/l	0	Continuous	Continuous
	Permit Requirement	********** **	**********	**********	MINIMUM	**********	**********	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL 031616 G EFA-1 EFFLUENT Gross Value	Sample Measurement	********** **	**********	**********	<1	<1	<1	(19) CFU/100 ml	0	4/Week	G
	Permit Requirement	********** **	**********	**********	REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100		SEE PERMIT	GRAB
NITROGEN, TOTAL Composite 000600 G EFA-1 EFFLUENT GROSS VALUE	Sample Measurement	********** **	**********	**********	**********	11.50	16.50	(19) mg/l	0	Biweekly	G
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		Biweekly	SEE PERMIT
CBOD5, EFFLUENT Composite GROSS 080082 G EFA-1 EFFLUENT VALUE	Sample Measurement	********** **	**********	**********	**********	2.2	2.2	(19) mg/l	0	Every 2 Weeks	C
	Permit Requirement	********** **	**********	**********	**********	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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MARK Burkemper		(305) 2950309	06-01-20

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

KNGC WATER USAGE 12-05

ATTN: MARK

12-15	415000
16	415000
17	415000
18	380000
20	160000
21	160000
23	273000
24	301000
25	273000
26	217000
27	273000
29	159000
30	301000
31	301000
	4043000

Date	Pond ft	Date	Pond ft
12-1	1.6	12-17	0.5
12-2	1.8	12-18	0.4
12-3	1.6	12-19	0.2
12-4	1.0	12-20	0.1
12-5	1.5	12-21	0.1
12-16	0.9	12-22	0.2
12-7	0.9	12-23	0.2
12-8	1.2	12-24	0.2
12-9	1.4	12-25	0.2
12-10	1.8	12-26	0.2
12-11	2.1	12-27	0.2
12-12	2.4	12-28	0.3
12-13	2.1	12-29	0.3
12-14	1.9	12-30	0.4
12-15	1.8	12-31	0.7
12-16	0.5		

FROM :SYNAGRO! FAX NO. :3052892297 Jan. 16 2006 02:56PM P2

Synagro/Davis Water Analysis
5198 Overseas Hwy.
Marathon, FL 33050
305-289-2296 Fax 289-2297

KWRU Monthly Data

Month / Year December 2005

Date	ID# 1205 -	Time	Fecal CFU/100ml	TSS-Grab mg/l	Comp Date/Time	ID# 1205 -	Inf CBOD mg/l	Inf TSS mg/l	Eff CBOD mg/l	Eff TSS mg/l	TN mg/l	TP mg/l
12-1	3772	730	<1	<0.5								
12-6	3784	725	<1	<0.5								
12-7	3847	730	<1	1.2								
12-8	3895	730	<1	1.2								
12-12	3897	730	<1	0.8								
12-13	3909	730	<1	1.4	12-13 800-1600	INF 3926 EFF 3927	170	136	<2	1.2	7.11	1.25
12-14	3930	730	<1	1.6								
12-15	3993	730	<1	0.8								
12-27	4025	730	<1	1.2	12-27 730-1530	INF 4070 EFF 4071	245	72	<2	0.8	16.5	2.52
12-28	4075	730	<1	2.0								
12-29	4110	730	<1	2.2								
12-30	4112	730	<1	2.4								

<1

15.3 / 12 = 1.275, 1.28

17.3 / 14 = 1.235, 1.24

415 / 208

208 / 104

<2

2.0 / 1.0

11.80

2.09

12/27 INF - TN - 32.4

TP - 5.34

4th Quarter Ground Water Monotoring

65355

KWRU CENTRAL WELL-184

Date 12-27-05 Time 1415 Water Level 44"

Ph 6.89 Conductivity 1640 TDS _____ NO_3, TP

0.8‰ Sal

(444 ppm Cl-)

SOUTH WELL-182

Date 12-27-05 Time 1430 Water Level 45"

Ph 6.91 Conductivity 20,285 TDS _____ NO_3, TP

11.8 Sal‰

(6555 ppm Cl-)

EFFLUENT

Date 12-27-05 Time 1545 Water Level N/A

Ph 6.58 Conductivity 2869 TDS _____ NO_3, TP

1.5‰ Sal

(833 ppm Cl-)

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities Reuse Water
Month/Year: Dec 2005
Date Sample Obtained: 12/27/05 15:45
Was the well pumped before sampling? Yes No

Test Site ID: 21642
Well Type: Reclaimed Water
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result /Units	Detection Limits /Units
Water Level	072020					N/A	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	16.5 mg/l Q	0.03 mg/l
TDS	070300	Grab	NO	Ice	160.1	1570 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform #/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H+ B	6.58 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus mg/L as P)	000665	Grab	No	Ice/H_2SO_4	200.7	2.59 mg/l V	0.004 mg/l
Specific Conductance	000094	Grab	No		SM2510-B	2869 umhos/cm	1 umhos/cm
TOC	000680						
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time. V – The analyte was detected in both the sample and the associated method blank.

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

FROM :SYNAGRO
FAX NO. :3052892297
Jan. 19 2006 01:05PM P2

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: Dec 2005
Date Sample Obtained: 12/27/05 14:30
Was the well pumped before sampling? Yes X No

Test Site ID: 23182
Well Type: Site Boundary
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					45"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	EPA 353.2	0.01 mg/l Q,U	0.01 mg/l
TDS	070300	Grab	NO	Ice	EPA 160.1	15700 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H & B	6.91 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/H_2SO_4	EPA 365.2	1.62 mg/l	0.055 mg/l
Specific Conductance Field)	000094	Grab	No		SM2510-B	20285 umhos/cm	1 umhos/cm
TOC							
Nitrite Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO FAX NO. :3052892297 Jan. 19 2006 01:05PM P3

GROUNDWATER MONITORING REPORT - PART D

Facility ID: KW Resort Utilities
Month/Year: Dec 2005
Date Sample Obtained: 12/27/05 14:15
Was the well pumped before sampling? Yes **X** No

Test Site ID: 23184
Well Type: Intermediate
Ground Water Class: G-III

Parameter	Storet Code	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Analysis Result/Units	Detection Limits/Units
Water Level	072020					44"	
Nitrate (mg/L as N)	000620	Grab	NO	Ice	353.2	19.6 mg/l Q	0.03 mg/l
TDS	070300	Grab	NO	Ice	160.1	1070 mg/l	10 mg/l
Arsenic (ug/L)	900208						
Cadmium (ug/L)	900210						
Chloride (mg/L)	000940						
Chromium (ug/L)	900211						
Lead (ug/L)	900212						
Fecal Coliform (#/100ML)	031616						
pH (standard units)	000400	Grab	No		SM 4500 H+ B	6.89 SU	0.01 SU
Sulfate	000945						
TKN (mg/L as N)	000625						
Total Phosphorus (mg/L as P)	000665	Grab	No	Ice/ H_2SO_4	365.2	0.031 mg/l	0.011 mg/l
Specific Conductance (Field)	000094	Grab	No		SM2510-B	1640 umhos/cm	1 umhos/cm
TOC	000680						
Total Nitrogen							

Comments and Explanations: Q – Sample held beyond acceptable holding time.

FROM :SYNAGRO
FAX NO. :3052892297
Jan. 19 2006 01:05PM P4

KW Resort Utilities
Volume III

25-30.440 (5)

The Company has not had any inspections of the wastewater plant conducted by the Health Department or the Department of Environmental Protection

Florida Department of Environmental Protection
South District
P.O. Box 2549
Fort Myers, FL 33902-2549

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Key West Resort Utility, Corp.

RESPONSIBLE AUTHORITY:

Mr. Doug Carter
General Manager
6450 College Road
Key West, FL 33040
(305) 294-5232

PERMIT NUMBER: FLA014951
PA FILE NUMBER: FLA014951-008-DW2P
ISSUANCE DATE: April 11, 2007
EXPIRATION DATE: April 10, 2012

FACILITY:

Key West Resort Utilities, Corp.
6630 Front Street, Stock Island
Key West, FL 33045
Monroe County
Latitude: 24° 34' 02" N Longitude: 81° 44' 06" 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.). The above named permittee is hereby authorized to construct and operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

Operate an existing 0.499 million gallons per day, annual average daily flow (MGD, AADF) extended aeration process domestic wastewater treatment plant consisting of two independent treatment trains (one 0.250 mgd and one 0.249 mgd). The facility consists of a flow splitter box, two bar screens, two 75,000 gallon equalization basins (total volume 150,000 gallons), a 250,000 gallon and 249,000 gallon aeration basin (total volume 499,000 gallons), a 53,000 gallon and 53,011 gallon secondary clarifier (total volume 106,011 gallons), two 96 square foot tertiary sand backwashable filters (total size 192 square feet), two 11,489 gallon chlorine contact chambers (total volume 22,978 gallons), two 37,598 gallon digesters (total volume 75,196 gallons), sludge drying beds and a reclaimed water sump to send reuse water to the golf course lake, detention center, or gravity discharge to the wells. Collection system influent flows to a splitter box, which splits flows to the separate treatment trains. Each treatment train consists of a bar screen, an equalization basin, an aeration tank, a clarifier, a sand filter, and a chlorine contact chamber.

Construct and operate modifications to the plant for the purpose of upgrading the existing process to meet the advanced wastewater treatment standards of Section 6 of Chapter 99–395, Laws of Florida. These changes include the addition of an alkalinity control system, carbon injection system and alum injection system.

DISPOSAL:

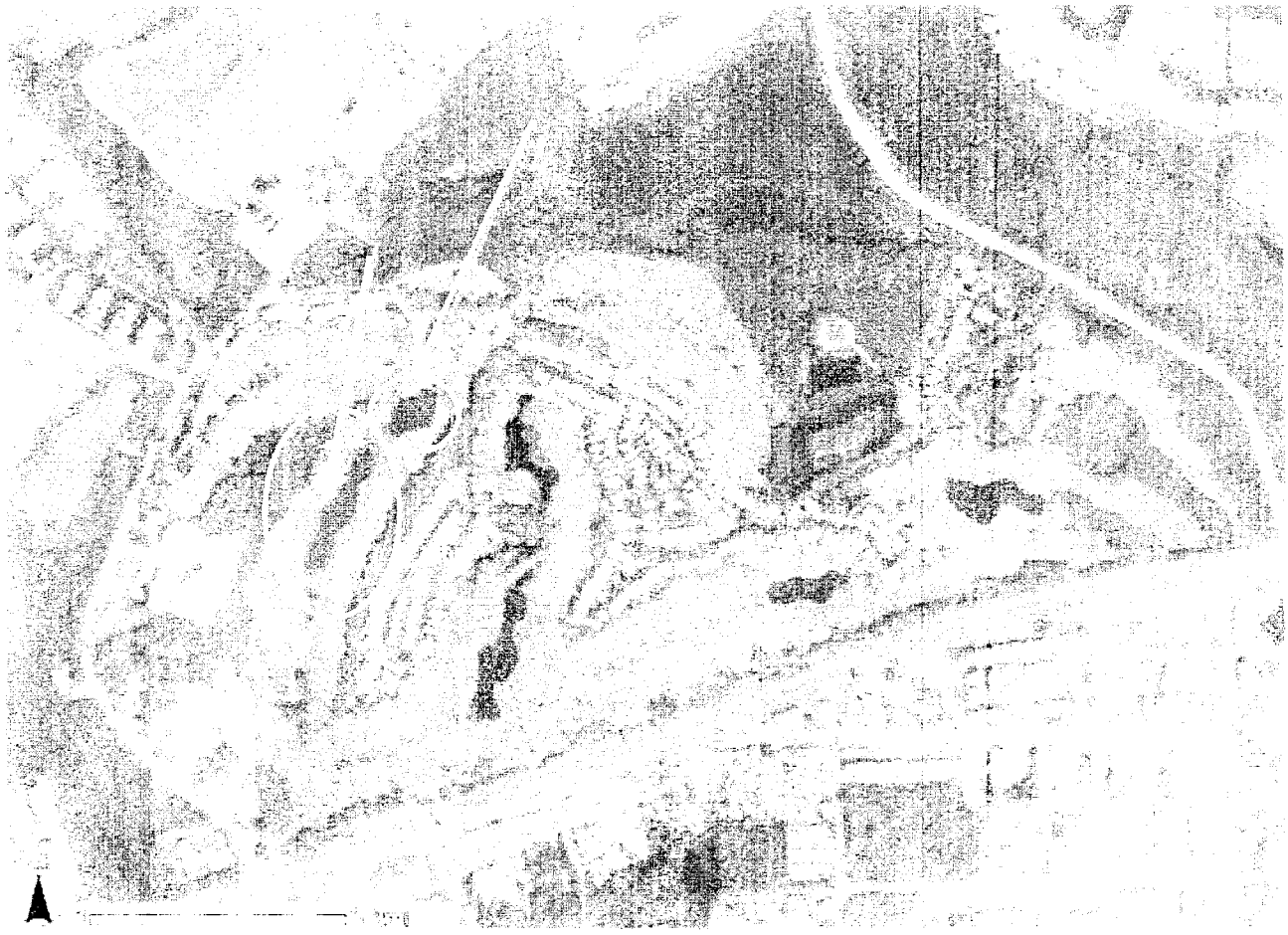
Underground Injection: An existing 0.499 MGD annual average daily flow (AADF) permitted capacity underground injection well system U-001 consisting of (3) three Class V underground injection wells (9" diameter 60' length casing with open intervals to 90'), permitted under Department permit number(s) 184940-007-UO, 184940-008-UO and 184940-009-UO discharging to Class G-III ground water. Permits 184940-007-UO, 184940-008-UO and 184940-009-UO are included with this permit, FLA014951. Underground injection well system U-001 is located approximately at latitude 24 ° 34' 00" N, longitude 81 ° 44' 00" W on the site of the facility.

REUSE:

Land Application: An existing 0.499 MGD annual average daily flow (AADF) permitted capacity slow-rate public access (R-001) consisting of golf course irrigation at the Key West Golf Course and toilet flushing, AC makeup water, and fire protection at the Monroe County Detention Center. Reclaimed water is sent to the Key West golf course irrigation reservoir consisting of two interconnected lakes that do not discharge to surface waters. The lakes are not identified as part of a storm water management system and are shown below.

The lakes have a combined surface area of approximately 2.1 acres and do not contain emergency overflow protection structures. The top of the lake reservoirs (natural contour of the golf course) is 3.00 feet NGVD. The average operational level for these lakes is 1.0 feet NGVD. The maximum operational level is 2.50 feet NGVD. The maximum shut off level for feeding reuse water to the lakes is 2.50 feet NGVD. The reuse water being sent to the lakes will be automatically shut off by means of an isolation valve that is controlled by the liquid level in the lakes. Note: Daily inspection on these lakes for discharges are to be conducted and any discharges occurring over the berm elevations from these irrigation lakes under any circumstances shall be reported to the Department and documented in the operational log of the lakes.

Golf Course Ponds Used for Reuse



IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 23 of this permit.

FACILITY: Key West Resort Utilities, Corp.
PERMITTEE: Key West Resort Utility, Corp.
6450 College Road
Key West, FL 33040

PERMIT NUMBER: FLA014951
PA FILE NUMBER: FLA014951-008-DW2P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Underground Injection Control Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to discharge effluent to Underground Injection Well Facility U-001 located at Key West Resort Utility Corp., 6630 Front St, Stock Island. Such discharge shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.C.9:

			Effluent Limitations				Monitoring Requirements			
Parameter	**Units**	**Max/Min**	**Annual Average**	**Monthly Average**	**Weekly Average**	**Single Sample**	**Monitoring Frequency**	**Sample Type**	**Monitoring Location Site Number**	**Notes**
Flow	MGD	Maximum	0.499	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-002	See Cond.I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-001	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-001	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-001	
Coliform, Fecal	See Permit Condition I.A.5.						Every Two Weeks	Grab	EFA-001	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-001	See Cond.I.A.6
Nitrogen, Total (as N)	MG/L	Maximum	-	-	-	Report	Every Two Weeks	8-hour flow proportioned composite	EFA-001	
Phosphorus, Total (as P)	MG/L	Maximum	-	-	-	Report	Every Two Weeks	8-hour flow proportioned composite	EFA-001	

2. Chapter 99-395, Laws of Florida, requires that beginning on July 1, 2010, the facility shall either cease all discharge to the injection wells or meet revised annual average effluent limits for certain parameters as shown below. The limits for the other parameters listed in I.A.1. will remain the same.

   a. Carbonaceous biochemical oxygen demand ($CBOD_5$) of 5.0 mg/L;
   b. Total suspended solids (TSS) of 5.0 mg/L;
   c. Total nitrogen (as N) of 3.0 mg/L;
   d. Total phosphorus (as P) of 1.0 mg/L.

   [Chapter 99-395, Laws of Florida, Section 6, Subsection (4) and (6)]

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-001	Samples are taken after the chlorine contact chamber and before discharge to the disposal system.
FLW-002	Flow measurement for effluent discharge into the injection wells.

4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

5. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of effluent sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of effluent each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. *[62-600.440(4)(c)]*

6. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-600.440(4)(b)]*

B. Reuse and Land Application Systems

1. During the period beginning on the issuance 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 condition I.C.9:

			Reclaimed Water Limitations				Monitoring Requirements			
Parameter	**Units**	**Max/Min**	**Annual Average**	**Monthly Average**	**Weekly Average**	**Single Sample**	**Monitoring Frequency**	**Sample Type**	**Monitoring Location Site Number**	**Notes**
Flow	MGD	Maximum	0.499	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-001	See Cond.I.B.3
Flow	MGD	Maximum	0.499	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-003	See Cond.I.B.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-001	
Solids, Total Suspended	MG/L	Maximum	-	-	-	5.0	4 Days/Week	Grab	EFB-001	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-001	
Coliform, Fecal	#/100ML	Maximum	See Permit Condition I.B.4.				4 Days/Week	Grab	EFA-001	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	1.0	Continuous	Meter	EFA-001	See Cond.I.B.5
Turbidity	NTU	Maximum	See Permit Condition I.B.6.				Continuous	Meter	EFB-001	
Giardia	CYSTS/ 100 L	Maximum	-	-	-	Report	Every Five Years	Grab	EFA-001	See Cond.I.B.7
Cryptosporidium	OOCYSTS/ 100 L	Maximum	-	-	-	Report	Every Five Years	Grab	EFA-001	See Cond.I.B.7

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

Monitoring Location Site Number	Description of Monitoring Location
EFA-001	Samples are taken after the chlorine contact chamber and before discharge to the disposal system.
EFB-001	Turbidity samples are taken immediately after filtration from a common feed line to the turbidity analyzer.
FLW-001	Flows from each treatment train are measured using independent flow meters. The two measurements will be added together and then recorded as FLW-001.
FLW-003	Flow measurement of reclaimed water sent to the Key West Golf Course.

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: 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(5)(f)]*

5. 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(5)(b); 62-610.460(2); and 62-610.463(2)]*

6. 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)]*

7. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. Sampling results shall be reported on DEP Form 62-610.300(4)(a)4 which is attached to this permit. This form shall be submitted to the Department and to DEP's Reuse Coordinator in Tallahassee. *[62-610.463(4)]*

C. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the completion of construction of the new modifications 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.10:

			Limitations				Monitoring Requirements			
Parameter	**Units**	**Max/Min**	**Annual Average**	**Monthly Average**	**Weekly Average**	**Single Sample**	**Monitoring Frequency**	**Sample Type**	**Monitoring Location Site Number**	**Notes**
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-001	See Cond.I.C.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-001	See Cond.I.C.3
Nitrogen, Total	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-001	See Cond.I.C.8
Phosphorus, Total (as P)	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-001	See Cond.I.C.8
Nitrogen, Ammonia, Total (as N)	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-001	
Nitrogen, Kjeldahl, Total (as N)	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-001	
Nitrogen, Organic, Total (as N)	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-001	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-002	See Cond.I.C.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-002	See Cond.I.C.3
Nitrogen, Total	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-002	See Cond.I.C.8
Phosphorus, Total (as P)	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-002	See Cond.I.C.8
Nitrogen, Ammonia, Total (as N)	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-002	
Nitrogen, Kjeldahl, Total (as N)	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-002	
Nitrogen, Organic, Total (as N)	MG/L	Maximum	-	-	-	Report	Monthly	Grab	INF-002	

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

Monitoring Location Site Number	Description of Monitoring Location
INF-001	Influent sample taken at the bar screen entering equalization basin of 0.250 mgd treatment train.
INF-002	Influent sample taken at the bar screen entering equalization basin of 0.249 mgd treatment train.

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. *[62-601.500(4)]*

4. 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. The 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 for review and approval upon revision of the operating protocol(s) and with each permit application. *[62-610.320(6) and 62-610.463(2)]*

5. 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) & .865(8)(d)]*

6. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. Sampling results shall be reported on DEP Form 62-610.300(4)(a)4 which is attached to this permit. This form shall be submitted to the Department and to DEP's Reuse Coordinator in Tallahassee. *[62-610.463(4)]*

7. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. *[62-620.320(6)]*

8. The influent grab samples for CBOD5, TSS, TN and TP, Total Ammonia Nitrogen, Total Kjedahl Nitrogen, Total Organic Nitrogen and Total Alkalinity shall be taken on the same day, and as closely as possible to the same time of day, that the effluent samples are taken. *[62-601.300(6) FAC]*

9. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples, which are required by this permit. *[62-601.500(5)]*

10. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's South District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	First day of month – last day of month	28th 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

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's South District Office at the address specified in Permit Condition I.C. 13 by the twenty-eighth (28th) of the month following the month of operation. *[62-620.610(18)][62-601.300(1), (2), and (3)]*

11. 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 turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. 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 in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by January 28 of each year. *[62-601.300(4)][62-601.500(3)]*

12. 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)]*

13. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department 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)]*

14. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Office at the address specified below:

    South District Office
    Florida Department of Environmental Protection
    2796 overseas Highway, Suite 221
    Marathon, Florida 33050

    Phone Number – 305-289-2310
    FAX Number - 305-289-2314
    All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*

3. Disposal of residuals, septage, and other solids in a solid waste landfill, 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)(k)3 & 4]*

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

5. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[62-640.300(4)]*

III. GROUND WATER REQUIREMENTS

Operational Requirements

1. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. *[62-522.600][62-610.463]*

2. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. *[62-520.400 and 62-520.420(4)]*

3. The following monitoring wells and reclaimed water shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.5. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well	Aquifer Monitored	Monitoring Well Type	New or Existing
MWB-W	23180	Surficial	Inactive	Existing
MWB-E	23181	Surficial	Inactive	Existing
MWI-S	23182	Surficial	Site Boundary	Existing
MWC-N	23183	Surficial	Compliance	Existing
MWI-C	23184	Surficial	Intermediate	Existing
MWB-B	23185	Surficial	Background	Existing
Reclaimed Water	21642	KWR Reclaimed Water	Reclaimed Water	Existing

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.463]

4. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 4:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
pH	6.5 to 8.5	SU	In-situ	Quarterly
Turbidity	Report	NTU	Grab	Quarterly
Specific Conductance	Report	UMHO/CM	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

5. If the concentration for any constituent listed in Permit Condition III. 5. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. *[62-520.420(2)]*

6. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. *[62-610.463(3)(a)]*

7. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. *[62-601.700(5)]*

8. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's South District Office as being more representative of ground water conditions. *[62-520.300(9)]*

9. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18)]*

10. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.C.9. *[62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]*

SAMPLE PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

11. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's South District Office immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's South District Office. *[62-522.600][62-4.070(3)]*

12. All piezometers and monitoring wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless there is intent for their future use. *[62-532.500(4)]*

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s) (R-001)

1. This reuse system includes the following major users (i.e., using 0.1 MGD or more of reclaimed water):

User Name	User Type	Capacity (MGD)	Acreage
Key West Golf Course	Golf Courses	0.499	100.27
Monroe County Detention Facility	Business, Commercial and Industrial	0.060	3.0
Totals		0.559	103.27

[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. *[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 the proper use of reclaimed water. 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 a 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.

   b. If the potable water system is contaminated, clear the potable water lines.

   c. Eliminate the cross-connection.

   d. Test the affected area for other possible cross-connections.

   e. Within 24 hours, notify the South District Office's domestic wastewater and drinking water programs.

   f. Within 5 days of discovery of a cross-connection, submit a written report to the Department 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)]*

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 & 62-610.464]*

16. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

   A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a Class C, or higher.

   [62-620.630(3)] [62-699.310] [62-610.462]

2. The lead 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 certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. An operator meeting the lead operator classification level of 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(10), (5) and (1)]*

3. An operator meeting the lead operator classification level of 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)]*

4. An updated capacity analysis report shall be submitted to the Department annually by January 28 of each year. The updated capacity analysis report shall be prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*

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

6. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:

   a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

   b. Copies of all reports required by the permit for at least three years from the date the report was prepared;

c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;

d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

e. A copy of the current permit;

f. A copy of the current operation and maintenance manual as required by Chapter 62-600,. F.A.C.;

g. A copy of the facility record drawings;

h. Copies of the licenses of the current certified operators; and

i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. The following construction schedule for the facilities shall be followed, unless a minor permit revision is issued to amend the schedule:

	Implementation Step	Completion Date
1	Finish Construction	Before July 1, 2010
2	Submit a Process Control Manual for the Advanced Waste Treatment facility	At the time the modified plant becomes operational

[62-620.400]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. *[62-620.335(1)-(4)]*

2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)]*

3. 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(8) and 62-640.400(6)]*

4. 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)]*

5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*

6. 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 or safety problems.

   [62-604.130(5)]

7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-600.400(2)(b)]*

8. 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)]*

9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole 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 in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*

10. The permittee shall provide adequate notice to the Department of the following:

    a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and

    b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source, which was identified in the permit application and known to be discharging at the time the permit was issued.

    Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

    [62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*

3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*

5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*

8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*

9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

   a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

   b. Have access to and copy any records that shall be kept under the conditions of this permit;

   c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*

11. 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 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 and the Department of Environmental Protection Guide to Wastewater Permitting 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) 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, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

    a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.

    b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.

    c. Calculations for all limitations, which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

    d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.

    e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.

    f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

    [62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department any noncompliance, which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

    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 Department by calling the STATE WARNING POINT 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 Warning Point:

a) Name, address, and telephone number of person reporting;

b) Name, address, and telephone number of permittee or responsible person for the discharge;

c) Date and time of the discharge and status of discharge (ongoing or ceased);

d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);

e) Estimated amount of the discharge;

f) Location or address of the discharge;

g) Source and cause of the discharge;

h) Whether the discharge was contained on-site, and cleanup actions taken to date;

i) Description of area affected by the discharge, including name of water body affected, if any; and

j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

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

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and

3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

1. An upset occurred and that the permittee can identify the cause(s) of the upset;

2. The permitted facility was at the time being properly operated;

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and

4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

X. INJECTION WELLS:

1. General Criteria

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:

1) Have access to and copy any records that must be kept under conditions of this permit;

2) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and

3) 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:

1) A description of and cause of noncompliance; and

2) 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;

1) 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.

2) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information 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.

3) Records of monitoring information shall include:

a. the date, exact place, and time of sampling or measurements;

b. the person responsible for performing the sampling or measurements;

c. the dates analyses were performed;

d. the person responsible for performing the analyses;

e. the analytical techniques or methods used;

f. the results of such analyses.

2) 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.

3) If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

n. All applications, reports, or information required by the Department shall be certified as being true, accurate, and complete.

o. Reports of compliance or noncompliance with, or any progress reports on, requirements contained in any compliance schedule of this permit shall be submitted no later than 14 days following each scheduled date.

p. Any permit noncompliance constitutes a violation of the Safe Drinking Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or for denial of a permit renewal application.

q. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

r. The permittee shall take all reasonable steps to minimize or correct any adverse impact on the environment resulting from noncompliance with this permit.

s. This permit may be modified, revoked and reissued, or terminated for cause, as provided in 40 C.F.R. sections 144.39(a), 144.40(a), and 144.41 (1998). The filing of a request by the permittee for a permit modification, revocation or reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

t. The permittee shall 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.

u. The permittee shall report any noncompliance which may endanger health or the environment including:

1) Any monitoring or other information which indicates that any contaminant may cause an endangerment to an underground source of drinking water; or

2) 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.

v. 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.

w. No underground injection is allowed that causes or allows movement of fluid into an underground source of drinking water if such fluid movement may cause a violation of any primary drinking water standard or may otherwise adversely affect the health of persons.

2. Signatories and Certification Requirements

a. 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.

b. In accordance with Rule 62-528.340(4), F.A.C., all reports shall contain the following certification:

"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 upon 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."

3. In the event a well must be plugged or abandoned, the permittee shall obtain a permit from the Department as required by Sections 62-528.625 and 62-528.645, F.A.C.

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

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

Executed in Ft. Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Jon M. Iglehart
Director of
District Management

DATE: April 11, 2007

JMI/BCI/jl

RECEIVED
JUL 10 2003
D.E.P. - South District

Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DOMESTIC WASTEWATER COLLECTION/TRANSMISSION SYSTEMS CERTIFICATION OF COMPLETION OF CONSTRUCTION

INSTRUCTIONS: This form is to be completed and submitted to the Department, **prior to placing the system into operation.** A collection/transmission system should not be placed into operation without prior Department approval. All information is to be typed or printed in ink and all blanks must be filled.

Construction Permit No.: 63485-012-DWC Dated: 06/03/02

Name of Project: Stock Island Sewer Expansion – Phase 2 & 3

Name of Owner: KW Resort Utilities

Name of design engineer and Florida registration number (if different from engineer signing certification):

John J. Johnson, P.E. 57891

Date(s) connection to existing system or treatment plant: July 2003

Treatment plant serving project

Name: KW Resort Utilities

County: Monroe City: Key West

DEP Identification Number (also known as WAFR or GMS Identification Number): FLA014951

Substantial deviations from the approved plans and specifications (attach additional sheets if required):

No substantial deviations from the approved plans and specifications

Department of Environmental Protection

Wastewater Collection/Transmission System
Certification of Completion

APPROVAL FOR USE

Signed: [signature] Date: 7/14/03

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794
904-444-8300

Northeast District
7825 Baymeadows Way, Suite B-200
Jacksonville, Florida 32256-7590
904-448-4300

Central District
3319 Maguire Blvd., Suite 232
Orlando, Florida 32803-3767
407-894-7555

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619-8318
813-744-6100

South District
2295 Victoria Ave., Suite 364
Fort Myers, Florida 33901
813-332-6975

Southeast District
400 N. Congress Ave., P.O. Box 15425
West Palm Beach, Florida 33416
561-681-6600

09/07 2003 14:03 FAX 941 764 8915 Weller Engineering 005/007

A. **Operation and Maintenance Authority of this Collection/Transmission System**

I agree to operate and maintain the facilities in accordance with the provisions of Chapter 403, Florida Statutes (F.S.), and applicable Department rules. I attest that an appropriate operation and maintenance manual and record drawings for the system are available and located at: KW Resort Utilities - 6630 Front Street, Key West, FL 33040

Signed: _____ Date: 7-9-03

Name: Doug Carter Title: Manager

Company Name: KW Resort Utilities

Address: 6450 East Junior College Road

City: Key West Zip: 33040

Telephone No: (305) 294-5232

B. **Professional Engineer Registered in Florida (where required by Chapter 471, F.S.) as to Wastewater Facility**

I certify that the project has been completed substantially in accordance with the approved plans and specifications, or the deviations will not prevent the system from functioning in compliance with the requirement of Chapter 62-604, Florida Administrative Code, when properly operated and maintained. These determinations have been based upon on-site observation of construction, scheduled and conducted by me or by a project representative under my direct supervision, for the purpose of determining if the work proceeded in compliance with plans and specifications and application materials. I further certify that record drawings for the facilities have been reviewed by me or by an individual(s) under my direction supervision, for completeness and adequacy, and have been provided to the permittee. If further certify that the record drawings identify those substantial deviations noted above.

_____
Signature of Engineer

7/9/3
Date

(Affix Seal)

Raymond J. Weiler, P.E. 46027
Name (please type) Florida Registration No.

The Weiler Engineering Corporation
Company Name

20020 Veterans Boulevard, Suite 7-9
Company Address

Port Charlotte, FL 33954
City Zip

Telephone No. (941) 764-6447

09/07 2003 14:03 FAX 941 764 8915 Weiler Engineering 008/007

C. **Professional Engineer Registered in Florida (where required by Chapter 471, F.S.) as to Operation and Maintenance Manual**

This is to certify that the operation and maintenance manual for these wastewater facilities has been prepared or examined by me, or by an individual(s) under my direct supervision, and that there is reasonable assurance, in my professional judgment, that the facilities, when properly maintained and operated in accordance with this manual, will function as intended.

Raymond J. Weiler, P.E. — Name (please type)
46027 — Florida Registration No.

Signature of Engineer

The Weiler Engineering Corporation — Company Name

7/9/3 — Date

20020 Veterans Boulevard, Suite 7-9 — Company Address

(Affix Seal)

Port Charlotte, FL — City
33954 — Zip

Telephone No. (941) 764-6447

D. **Operation and Maintenance Authority of the Treatment Facility Approving Connections**

I certify that connection(s) to the wastewater treatment facility which we operate and maintain have been completed to our satisfaction.

Signed: _____ Date: 7-9-03

Name: Doug Carter Title: Manager

Company Name: KW Resort Utilities

Address: 6450 East Junior College Road

City: Key West Zip: 33040

Telephone No: (305) 294-5232

09/07 2003 14:03 FAX 941 764 8915 Weiler Engineering 007/007

09/07 2003 WED 14:12 [TX/RX NO 9645] 011

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JUL 10 2003
D.E.P. - South District

Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DOMESTIC WASTEWATER COLLECTION/TRANSMISSION SYSTEMS CERTIFICATION OF COMPLETION OF CONSTRUCTION

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Construction Permit No.: 63485-012-DWC Dated: 06/03/02

Name of Project: Stock Island Sewer Expansion – Phase 2 & 3

Name of Owner: KW Resort Utilities

Name of design engineer and Florida registration number (if different from engineer signing certification):

John J. Johnson, P.E. 57891

Date(s) connection to existing system or treatment plant: July 2003

Treatment plant serving project

Name: KW Resort Utilities

County: Monroe City: Key West

DEP Identification Number (also known as WAFR or GMS Identification Number): FLA014951

Substantial deviations from the approved plans and specifications (attach additional sheets if required):

No substantial deviations from the approved plans and specifications

Department of Environmental Protection

Wastewater Collection/Transmission System
Certification of Completion

APPROVAL FOR USE

Signed: [signature] Date: 7/14/03

62-604.300(7)(b)
92

Northwest District
7827 Baymeadows Way, Suite B-200
Jacksonville, Florida 32256-7590
904-448-4300

Central District
3319 Maguire Blvd, Suite 232
Orlando, Florida 32803-3767
407-894-7555

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619-8318
813-744-6100

South District
2295 Victoria Ave., Suite 364
Fort Myers, Florida 33901
813-332-6975

Southeast District
400 N. Congress Ave., P.O. Box 15425
West Palm Beach, Florida

09/07 2003 14:03 FAX 941 764 8915 Weiler Engineering

A. **Operation and Maintenance Authority of this Collection/Transmission System**

I agree to operate and maintain the facilities in accordance with the provisions of Chapter 403, Florida Statutes (F.S.), and applicable Department rules. I attest that an appropriate operation and maintenance manual and record drawings for the system are available and located at: KW Resort Utilities - 6630 Front Street, Key West, FL 33040

Signed: _____ Date: 7-9-03

Name: Doug Carter Title: Manager

Company Name: KW Resort Utilities

Address: 6450 East Junior College Road

City: Key West Zip: 33040

Telephone No: (305) 294-5232

B. **Professional Engineer Registered in Florida (where required by Chapter 471, F.S.) as to Wastewater Facility**

I certify that the project has been completed substantially in accordance with the approved plans and specifications, or the deviations will not prevent the system from functioning in compliance with the requirement of Chapter 62-604, Florida Administrative Code, when properly operated and maintained. These determinations have been based upon on-site observation of construction, scheduled and conducted by me or by a project representative under my direct supervision, for the purpose of determining if the work proceeded in compliance with plans and specifications and application materials. I further certify that record drawings for the facilities have been reviewed by me or by an individual(s) under my direction supervision, for completeness and adequacy, and have been provided to the permittee. If further certify that the record drawings identify those substantial deviations noted above.

Raymond J. Weiler, P.E. 46027
Name (please type) Florida Registration No.

_____
Signature of Engineer

The Weiler Engineering Corporation
Company Name

7/9/3
Date

20020 Veterans Boulevard, Suite 7-9
Company Address

(Affix Seal)

Port Charlotte, FL 33954
City Zip

Telephone No. (941) 764-6447

09/07 2003 14:03 FAX 941 764 8915 Weiler Engineering 008/007

C. **Professional Engineer Registered in Florida (where required by Chapter 471, F.S.) as to Operation and Maintenance Manual**

This is to certify that the operation and maintenance manual for these wastewater facilities has been prepared or examined by me, or by an individual(s) under my direct supervision, and that there is reasonable assurance, in my professional judgment, that the facilities, when properly maintained and operated in accordance with this manual, will function as intended.

Raymond J. Weiler, P.E. — Name (please type)
46027 — Florida Registration No.

Signature of Engineer

7/9/3 — Date

(Affix Seal)

The Weiler Engineering Corporation — Company Name

20020 Veterans Boulevard, Suite 7-9 — Company Address

Port Charlotte, FL — City
33954 — Zip

Telephone No. (941) 764-6447

D. **Operation and Maintenance Authority of the Treatment Facility Approving Connections**

I certify that connection(s) to the wastewater treatment facility which we operate and maintain have been completed to our satisfaction.

Signed: Doug Carter — Date: 7-9-03

Name: Doug Carter — Title: Manager

Company Name: KW Resort Utilities

Address: 6450 East Junior College Road

City: Key West — Zip: 33040

Telephone No: (305) 294-5232

09/07 2003 14:03 FAX 941 764 8915 Weiler Engineering 013

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DEP South District

Florida Department of Environmental Protection
Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DOMESTIC WASTEWATER COLLECTION/TRANSMISSION SYSTEMS CERTIFICATION OF COMPLETION OF CONSTRUCTION

INSTRUCTIONS: This form is to be completed and submitted to the Department, prior to placing the system into operation. A collection/transmission system should not be placed into operation without prior Department approval. All information is to be typed or printed in ink and all blanks must be filled.

Construction Permit No.: 63485-011-DWC Dated: 05/06/02

Name of Project: Stock Island Sewer Expansion – Phase 1

Name of Owner: KW Resort Utilities

Name of design engineer and Florida registration number (if different from engineer signing certification):

John J. Johnson, P.E. 57891

Date(s) connection to existing system or treatment plant: July 2003

Treatment plant serving project

Name: KW Resort Utilities

County: Monroe City: Key West

DEP Identification Number (also known as WAFR or GMS Identification Number): FLA014951

Substantial deviations from the approved plans and specifications (attach additional sheets if required):

No substantial deviations from the approved plans and specifications

Department of Environmental Protection

Wastewater Collection/Transmission System
Certification of Completion

APPROVAL FOR USE

Signed: Date: 7-14-03

Northwest District
160 Governmental Center
Pensacola, Florida 32501-5794
904-444-8300

Northeast District
7825 Baymeadows Way, Suite B-200
Jacksonville, Florida 32256-7590
904-448-4300

Central District
3319 Maguire Blvd, Suite 232
Orlando, Florida 32803-3767
407-894-7555

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619-8318
813-744-6100

South District
2295 Victoria Ave, Suite 364
Fort Myers, Florida 33901
813-332-6975

Southeast District
400 N. Congress Ave, P.O. Box 15425
West Palm Beach, Florida 33416
561-681-6600

09/07 2003 14:02 FAX 941 764 8915 Weller Engineering 002/007

A. **Operation and Maintenance Authority of this Collection/Transmission System**

I agree to operate and maintain the facilities in accordance with the provisions of Chapter 403, Florida Statutes (F.S.), and applicable Department rules. I attest that an appropriate operation and maintenance manual and record drawings for the system are available and located at: KW Resort Utilities - 6630 Front Street, Key West, FL 33040

Signed: _____ Date: 7-9-03

Name: Doug Carter Title: Manager

Company Name: KW Resort Utilities

Address: 6450 East Junior College Road

City: Key West Zip: 33040

Telephone No: (305) 294-5232

B. **Professional Engineer Registered in Florida (where required by Chapter 471, F.S.) as to Wastewater Facility**

I certify that the project has been completed substantially in accordance with the approved plans and specifications, or the deviations will not prevent the system from functioning in compliance with the requirement of Chapter 62-604, Florida Administrative Code, when properly operated and maintained. These determinations have been based upon on-site observation of construction, scheduled and conducted by me or by a project representative under my direct supervision, for the purpose of determining if the work proceeded in compliance with plans and specifications and application materials. I further certify that record drawings for the facilities have been reviewed by me or by an individual(s) under my direction supervision, for completeness and adequacy, and have been provided to the permittee. If further certify that the record drawings identify those substantial deviations noted above.

Raymond J. Weiler, P.E. 46027
Name (please type) Florida Registration No.

_____
Signature of Engineer

The Weiler Engineering Corporation
Company Name

7/9/3
Date

20020 Veterans Boulevard, Suite 7-9
Company Address

(Affix Seal)

Port Charlotte, FL 33954
City Zip

Telephone No. (941) 764-6447

09/07 2003 14:03 FAX 941 764 8915 Weiler Engineering 003/007

C. **Professional Engineer Registered in Florida (where required by Chapter 471, F.S.) as to Operation and Maintenance Manual**

This is to certify that the operation and maintenance manual for these wastewater facilities has been prepared or examined by me, or by an individual(s) under my direct supervision, and that there is reasonable assurance, in my professional judgment, that the facilities, when properly maintained and operated in accordance with this manual, will function as intended.

Raymond J. Weiler, P.E. — Name (please type)
46027 — Florida Registration No.

Signature of Engineer

7/9/3 — Date

(Affix Seal)

The Weiler Engineering Corporation — Company Name

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Port Charlotte, FL — City
33954 — Zip

Telephone No. (941) 764-6447

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Name: Doug Carter — Title: Manager

Company Name: KW Resort Utilities

Address: 6450 East Junior College Road

City: Key West — Zip: 33040

Telephone No: (305) 294-5232

09/07 2003 14:03 FAX 941 764 8915 Weiler Engineering 004/007

7-10-03 2:07AM

09/07 2003 WED 14:12 [TX/RX NO 9645] 008

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DEP South District

Florida Department of Environmental Protection
Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DOMESTIC WASTEWATER COLLECTION/TRANSMISSION SYSTEMS CERTIFICATION OF COMPLETION OF CONSTRUCTION

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Name: KW Resort Utilities

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Department of Environmental Protection

Wastewater Collection/Transmission System
Certification of Completion

APPROVAL FOR USE

Signed: Date: 7-14-03

09/07 2003 14:02 FAX 941 764 8915 Weller Engineering

Northwest District
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Jacksonville, Florida 32256-7590
904-448-4300

Central District
3319 Maguire Blvd, Suite 232
Orlando, Florida 32803-3767
407-894-7555

Southwest District
3804 Coconut Palm Drive
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813-744-6100

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400 N. Congress Ave, P.O. Box 15425
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Signed: _____ Date: 7-9-03

Name: Doug Carter Title: Manager

Company Name: KW Resort Utilities

Address: 6450 East Junior College Road

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Signature of Engineer

7/9/3
Date

(Affix Seal)

Raymond J. Weiler, P.E. 46027
Name (please type) Florida Registration No.

The Weiler Engineering Corporation
Company Name

20020 Veterans Boulevard, Suite 7-9
Company Address

Port Charlotte, FL 33954
City Zip

Telephone No. (941) 764-6447

09/07 2003 14:03 FAX 941 764 8915 Weiler Engineering

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This is to certify that the operation and maintenance manual for these wastewater facilities has been prepared or examined by me, or by an individual(s) under my direct supervision, and that there is reasonable assurance, in my professional judgment, that the facilities, when properly maintained and operated in accordance with this manual, will function as intended.

Raymond J. Weiler, P.E. — Name (please type)
46027 — Florida Registration No.

Signature of Engineer

7/9/3 — Date

The Weiler Engineering Corporation — Company Name

20020 Veterans Boulevard, Suite 7-9 — Company Address

Port Charlotte, FL — City
33954 — Zip

(Affix Seal)

Telephone No. (941) 764-6447

D. Operation and Maintenance Authority of the Treatment Facility Approving Connections

I certify that connection(s) to the wastewater treatment facility which we operate and maintain have been completed to our satisfaction.

Signed: Doug Carter — Date: 7-9-03

Name: Doug Carter — Title: Manager

Company Name: KW Resort Utilities

Address: 6450 East Junior College Road

City: Key West — Zip: 33040

Telephone No: (305) 294-5232

09/07 2003 14:03 FAX 941 764 8915 Weiler Engineering 004/007

KW Resort Utilities
Volume III

25-30.440 (7)

The Company does not have any Notices of Violation, Consent Orders, Letter of Notice, or Warning Notices from the Health Department or the Department of Environmental Protection in the previous five years.

KW Resort Utilities
Volume III

25-30.440 (8)

The Company does not have any direct employees, therefore, this requirement is not applicable

KW RESORT UTILITY CORPORATION

SCHEDULE OF VEHICLES OWNED BY THE UTILITY AS AT 4/13/07

YEAR	VEHICLE	SERIAL/VIN #	ORIGINAL COST
OWNED:			
1985	Ford Scavenger Vacuum Truck	1FDZH80U9KVA25045	$19,905.75
1998	Isuzu Hombre	1GGCS1449W8666972	$8,017.86
1996	Isuzu Pickup	1GGCS1444T8703339	$2,000.00
1999	Ford F150 Pickup	1FTRXO7OXKAOO517	$7,500.00
2006	Ford F150 Pickup	1FTRF12246NA05031	$19,038.32
1996	GMC 3500 Pickup	1GDKC34F8TJ513071	$6,010.00
2003	US Jet 4018-600 Trailer (Jetrodder)	1U9FS13103A044218	$25,000.00
1995	310D John Deere Backhoe	T0310DA816132	$20,000.00
2005	Cherrington 3000 Screener	MDL3000-05	$33,900.00
2002	Desi Mobile Home/Office Trailer	DS113109A/DS113109B	$40,470.00
LEASED:			
2005	Yamaha Hauler Golf Cart (leased from Key West Golf Club)	JU5-300493	$200.00 per month

BUSINESS INFORMATION

Business Account Name: brenda conroy
Account Number:
Address: 6800 maloney ave.#31 key west Florida 33040

COMPLAINT INFORMATION

Complaint: Other Complaint against K W Resort Utilities Corp.
Details:
Once again, the utility is trying to force us to hook up when there is nothing to hook up to in the street. this time they used the monroe county sheriff's office to deliver a letter that was the same letter i recieved approx. 2 years ago. the utility still has not provided us with a legal contract to be able to move forward"

Per Consumer Complaint Rule 25-22.032, please use the following procedures when responding to PSC complaints.
1. Complaint resolution should be provided to the customer via direct contact with the customer, either verbally or in writing, within 15 working days after the complaint has been sent to the company.

2. A response to the PSC is due by 5:00 p.m. Eastern time, of the 15th working day after the complaint has been sent to the company.

3. The response should include the following:
   a) the cause of the problem
   b) actions taken to resolve the customer's complaint
   c) the company's proposed resolution to the complaint
   d) answers to any questions raised by staff in the complaint
   e) confirmation that the company has made direct contact with the customer 4. Send your written response to the PSC, and copies of all correspondence with the customer to the following e-mail, fax or physical addresses:

E-Mail - pscreply@psc.state.fl.us
Fax - 850-413-7168
Mail - 2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Case taken by Ravonda C. Claitt

Request No. 693933W **Name** CONROY ,BRENDA **Business Name**

Consumer Information

Name: BRENDA CONROY

Business Name:

Svc Address: 6800 MALONEY AVE
#31

County: Monroe Phone: (305)-294-1457

City/Zip: Key West / 33040-

Account Number:

Caller's Name: BRENDA CONROY

Mailing Address: 6800 MALONEY AVE
#31

City/Zip: KEY WEST ,FL 33040-

Can Be Reached:

E-Tracking Number: 3805

Florida Public Service Commission – Consumer Request

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399
850-413-6100

Utility Information

Company: K W RESORT UTILITIES CORP.

Attn. Doug Carter693933W

Response Needed From Company? Y

Date Due: 04/21/2006

Interim Report Received: / /

Reply Received: / /

Reply Received Timely/Late:

Informal Conf.: N

PSC Information

Assigned To: XINIA KERR

Entered By: RC

Date: 03/31/2006

Time: 10:02

Via: E-FORM

Prelim Type: QUALITY OF SERVICE

PO:

Disputed Amt: 0.00

Supmntl Rpt Req'd: / /

Certified Letter Sent: / /

Certified Letter Rec'd: / /

Closed by:

Date: / /

Closeout Type:

Apparent Rule Violation: N

Please review the "incorporated" Internet correspondence, located between the quotation marks on this form, in which the customer reports the following:

"Complaint filed with PSC

Select County: MONROE
CUSTOMER INFORMATION

Name: brenda conroy
Telephone: 305.294.1457
Email: coastal.watch@comcast.net
Address: 6800 maloney ave.#31 key west 33040

KW Resort Utilities
6450 E Jr. College Rd.
Key West Florida 33040

May 3, 2006

To: Mr. Troy Rendel
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399

From: Doug Carter
KW Resort Utilities Corp.
6450 E Jr. College Rd.
Key West, Florida 33040

Re: Brenda Conroy
6800 Maloney Ave. (Unit #31)
Key West, Florida 33040
Complaint date 3/31/2006

Mr. Rendel,

In response to Brenda Conroy's complaint to the PSC dated 3/31/2006, KW Resort Utilities would like to go on record with the following facts regarding Mrs. Conroy's false allegations.

#1) Brenda Conroy states that "Once again the Utility is trying to force us to hook up when there is nothing to hook up to in the street."

Currently the complainant is the subject of Monroe County Code Enforcement to compel connection to KWRU's sewer system. Monroe County ordinances

require personal service of the 30 day connection notice and in the past the customer refused to pick up signature required certified mail and therefore the Monroe County Sheriff's office was hired to properly serve Brenda Conroy. The fact of the matter for Brenda Conroy along with her entire homeowner's association is; that the point of connection for the entire association is a sewer line that is located in the public right of way at 6800 Maloney abutting Harbor shores Condominium Association. Per Florida Statute and Monroe County Ordinances, sewer service is available to Harbor Shores, (Exhibit #1). Attached is a photograph depicting point of connection for Harbor Shores, (Exhibit #2). Also, enclosed are copies of the certified as built drawings showing the location of the available sewer line in the right of way abutting Harbor Shores property line (Exhibit #3).

#2) Mrs. Conroy states that, "The Utility still has not provided us with a legal contract to be able to move forward."

Contrary to PSC rules, Harbor Shores Condominium Association has not requested sewer service in writing as of April 25, 2006. Enclosed is the 30 day connection notice and an application for wastewater service (Exhibit #4), that clearly states that the recipient needs to complete wastewater service application to begin the sanitary sewer connection process.

If you have any further questions please contact our utility.

Sincerely,

Doug Carter
KWRU

Main Identity

From: "Ravonda Claitt" <rclaitt@PSC.STATE.FL.US>
To: <Doug@keywestgolf.com>
Sent: Wednesday, March 29, 2006 5:16 PM
Attach: CATSMAIL.TXT
Subject: FL. PSC CATS NO: 693749W MELODY COOPER

NAME: MELODY COOPER
CASE NO: 693749W
CALLER NAME: COOPER MELODY
COMPANY: K W RESORT UTILITIES CORP.
BUSINESS:
CITY: Key West
ZIP: 33040-
ADDRESS: 6800 MALONEY AVE
TIME REC'D: 16:04
DATE REC'D: 03/29/2006
CONSUMER TELEPHONE: (305)-296-4288
CAN BE REACHED:
TIME SENT TO COMPANY: 16:16:37
DATE SENT TO COMPANY: 03/29/2006
BILLING TYPE: S
ACCOUNT NO.:
CATEGORY/INFRACTION CODE:
ENTERED BY: RC
ASSIGNED ANALYST: XINIA KERR
DUE DATE: 04/19/2006
CLOSEOUT ANALYST:
DATE CLOSED: / /
TIMELY/LATE:
DISPUTED AMOUNT: $0.00
NOTES: Please review the "incorporated" Internet correspondence, located between the quotation marks on this form, in which the customer reports the following:

"Complaint filed with PSC

Select County: MONROE
CUSTOMER INFORMATION

Name: Melody Cooper
Telephone: 305 296 4288
Email: melodycooper@hotmail.com
Address: 6800 Maloney Ave #35 Key West 33040

BUSINESS INFORMATION

Business Account Name: Melody Cooper
Account Number:
Address: 6800 Maloney Ave #35 Key West Florida 33040

COMPLAINT INFORMATION

Complaint: Other Complaint against K W Resort Utilities Corp.
Details:
At 7:20 AM today, a Monroe County Sheriff hand delivered a letter from KW Resort Utilities regarding a 30 day notice to connect to an available central sewer system. There is presently nothing at my address to hook up to.
Along with this letter is an application requesting name, address, driver liscense #, SS# and current FKAA account #. They are asking for all this personal information and page 2 says they will later figure out if they can provide service and what the charge will be.
My complaint: Wasting our Monroe County Sheriff's Dept's valuable time and using them to intimidate homowners into signing up for service.
Also that KW Resort Utilities states that a system is available, when it currently is not.
Also that they are requesting personal information which they do not need to set up service.
Also that no specific service or fees are outlined in their letter.
Thank you."

Per Consumer Complaint Rule 25-22.032, please use the following procedures when responding to PSC complaints.
1. Complaint resolution should be provided to the customer via direct contact with the customer, either verbally or in writing, within 15 working days after the complaint has been sent to the company.

2. A response to the PSC is due by 5:00 p.m. Eastern time, of the 15th working day after the complaint has been sent to the company.

3. The response should include the following:
   a) the cause of the problem
   b) actions taken to resolve the customer's complaint
   c) the company's proposed resolution to the complaint

d) answers to any questions raised by staff in the complaint
e) confirmation that the company has made direct contact with the customer 4. Send your written response to the PSC, and copies of all correspondence with the customer to the following e-mail, fax or physical addresses:

E-Mail - pscreply@psc.state.fl.us
Fax - 850-413-7168
Mail - 2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850

Case taken by Ravonda C. Claitt

KWRU Response

May 3, 2006

To: Mr. Troy Rendel
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399

From: Doug Carter
KW Resort Utilities Corp.
6405 E Jr. College Rd.
Key West, Florida 33040

Re: Melody Cooper
6800 Maloney Ave. (Unit #35)
Key West, Florida 33040
Complaint date 03/29/2006

Dear Mr. Rendell,

In response to Melody Cooper's complaint to the PSC dated 03/29/2006 KW Resort Utilities Corp. (KWRU) would like to go on record with the following facts regarding Melody Cooper's false allegations.

#1) Attached as exhibit # 1 is the 30 day connection notice that was sent via certified mail signature required on March 15th 2005. As the signature card indicates the post office attempted delivery on March 16th 2005 and on March 21st. Without being able to obtain a signature for whatever reason the post office returned the signature card as unclaimed after 2 delivery attempts to KWRU. Without any signatures on the certified mail receipt the Monroe County's Special Master, the Monroe County Attorney's office

and the Monroe County Code Enforcement office, notified KWRU that Melody Cooper was not properly served. (Notice from Special Master Judge Attached as Exhibit #2)

#2) Melody Cooper states, "There is presently nothing at my address to hook up to."

Currently the complainant is the subject of Monroe County Code Enforcement to compel connection to KWRU's sewer system. Monroe County ordinances require personal service of the 30 day connection notice and in the past the customer refused to pick up signature required certified mail and therefore the Monroe County Sheriff's office was in hired March 2006 to properly serve Melody Cooper.
The fact of the matter for Melody Cooper along with her entire homeowner's association is; that the point of connection for the entire association is a sewer line that is located in the public right of way at 6800 Maloney abutting Harbor shores Condominium Association. Per Florida Statute and Monroe County Ordinances, sewer service is available to Harbor Shores, (Exhibit #1). Attached is a photograph depicting point of connection for Harbor Shores, (Exhibit #3).
Also, enclosed are copies of the certified as built drawings showing the location of the available sewer line in the right of way abutting Harbor Shores property line (Exhibit #4).

#3) Referencing page 2 of the PSC approved application, Melody Cooper states in the complaint, "they will later figure out if they can provide service and what the charge will be." Melody Cooper also questions a simple request for information to enable the utility to obtain data for billing purposes.

In the 30-day notice, or in the application for service, KWRU does not have any language whatsoever stating, "They will figure out if they can provide service and what the charges will be." In fact the 30-day letter clearly states that central sewer service is available and the property owners have 30 days to connect to KWRU's sewer system. This sewer availability issue has been studied extensively by, the Monroe County Engineering office, the Monroe County Attorneys office, the Monroe County Code Enforcement office, and also by an independent engineering company ordered by the Monroe County Board of Commissioner's (URS report Exhibit #5). All of these parties have confirmed, including a 5-0 unanimous vote by the commission, that sewer service is available to Harbor Shores per Florida Statute and by Monroe County Ordinance.
In response to Melody's question on why the utility is requesting personal information; it is imperative the utility obtains minimal personal data to use for our customer billing in the future.

#4) Melody Cooper states that "KWRU wasted the Sheriffs time and used them to intimidate homeowners."

This statement cannot be further from the truth, the fact is, the Special Master came to the conclusion that proper notice to Ms. Cooper, due to lack of signature, has not been completed by the utility (Exhibit #2), and that is how and why KWRU enlisted the available services of the Monroe County Sheriff's Department to ensure that proper notice will be delivered to all of the property owners listed on exhibit #2 whom cannot be located or refused to sign a certified 30-day notice. KWRU also wants to state that we would never waste the time of the Monroe County Sheriff's department, in fact all KWRU was trying to accomplish was to follow the orders from the Special Master and Monroe County code enforcement to properly serve notice.

#5) Melody Cooper's complaint that "no specific service or fees are outlined in their letter."

Specific charges or fees that KWRU charges to all customers will be outlined in a detailed developers agreement once the utility has been notified in writing by the Harbor's Shores Condominium Association (PSC rules) that the association as a whole is ready and willing to move forward in the connection process (Exhibit #6 PSC Tariff).

KWRU's proposed resolution is that the Special Master and Monroe County Code enforcement acknowledge that proper notification has been successfully issued for sewer connections and that the code enforcement proceedings need to begin since the vacuum sewer has been legally available to Harbor Shores Condominium Association for 2 years and 10 months.

Sincerely,

Doug Carter
General Manager
KW Resort Utilities Corp.