LAW OFFICES

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CENTRAL FLORIDA OFFICE 650 S. North Lake Blvd., Suite 420 ALTAMONTE Springs, Florda 32701 (407) 830-6331 Fax (407) 830-8522

REPLY TO ALTAMONTE SPRINGS

August 13, 2002

<u>VIA FEDERAL EXPRESS</u>

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

Docket No. 020344-SU; Application of Key Haven Utility Corporation for Rate Re:

Increase in Monroe County, Florida

Our File No.: 26043.10

Dear Ms. Bayo:

	Enclo	sed are the following for filing in the above-referenced docket:
wo 1/ 1:	•	Sixteen (16) copies of the Application for Increase in Rates $08540-02$
AUS Vandire	•	Sixteen (16) copies of the minimum filing requirements (Exhibit "1") $0854/-02$
COM 5 CR MERCHANT CR MERCHANT	•	Sixteen (16) copies of the Affidavit require d by Rule 25-22.0407, Florida Administrative Code (Exhibit "2") $08542-02$
PC MS EC	•	Two (2) copies of the Billing Analysis (Exhibit "3") $08543-02$
TH	•	Two (2) copies of the additional engineering information (Exhibit "4") 0 8 5 4 4-んご
1	•	One (1) detailed map (Exhibit "5") 08545-02 00:01 W 11:907 70

Check received with filing and DISTRIBUTION CENTER TWANTANT AND ST DAM forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials, of person who forwarded check:

MM_

Ms. Blanca Bayo August 13, 2002 Page 2

- The original and three (3) copies of the proposed Interim Rate Tariff Sheets (Exhibit "6") 09546-02
- The original and three (3) copies of the proposed Final Rate Tariff Sheets (Exhibit "7") OS547-OZ
- Our check in the amount of \$2,000.00 representing the appropriate filing fee.

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

Very truly yours,

MARTIN S. FRIEDMAN

For the Firm

MSF:dmp Enclosures

cc:

Mr. Wayne Lujan

Robert C. Nixon, CPA

Chairman, Monroe County Board of County Commissioners

Key Haven\PSC Clerk (Bayo)01.ltr

ORIGINA

CLASS B AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Company: Key Haven Utility Corporation

Exact Legal Name of Utility

VOLUME II



DOCUMENT NUMBER-DATE

08544 AUG 148

FOR THE

FPSC-COMMISSION CLERK

EXHIBIT "4"

Test Year Ended: December 31, 2001

CLASS B WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Company: Key Haven Utility Corporation

Exact Legal Name of Utility

VOLUME II



FOR THE

DOCUMENT NUMBER-DATE

08544 AUG 148

FPSC-COMMISSION CLERK

Test Year Ended: December 31, 2001

EXHIBIT L

KEY HAVEN UTILITY CORPORATION

Additional Engineering Information Docket No. 020344-SU

Index

Required by Rule 25-30.440

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

Supplemental Information

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

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

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

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

FDÉP LIMITS (REPLACIES MORIBORIA)

PERMITTEE NAME

KeyHaven Utility

PERMIT NUMBER: DO44-227439

MAILING ADDRESS

1104 Truman Avenue

MONITORING PERIOD

Month / Year: January 2001

Key West, Fl 33040

LIMIT: Final CLASS SIZE: Minor GROUP: Domestic GMS #

FACILITY: LOCATION.

Key Haven Key Haven Road FACILITY ID: 5244000469

DISCHARGE POINT #:

TEST SITE:

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	94 PA 1849	Quantity o	or Loading		Quali	ty or Concentration			No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
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	Sample							(19)			
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	Sample				-	:		(19)	į		
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	Sample						ļ	(19)			
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	Sample						1	(19)	ŀ		
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	Sample							(13)			
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EFFLUENT GROSS VALUE	Medical Control	第二十二		Post in	THE COLUMN	NOVIEW WAS	DAILY IVE	阿拉拉斯		(SEE 32 DAME	STATE OF A STATE OF

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Ty	pe or Pri SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER (OR AUTHORIZED TELEPHONE NO DATE (YYMMOD
ED CASTLE	al coste	305-852-5103 O//OLFCC

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

PERMITTEL NAME: MAILING ADDRESS

ATTN: Wayne Lujan

KeyHaven Utility

1104 Iruman Avenue Key West, Fl 33040

0

FACILITY: LOCATION Key Haven Key Haven Road

0

PERMIT NUMBER DO44-227439

MONITORING PERIOD

FACILITY ID: 5244000469

CLASS SIZE: Minor

LIMIT: Final

Month / Year: January 2001

GROUP Domestic

GMS#

DISCHARGE POINT # WAFR SYSTEM ID#

TEST SITE:

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

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter	7	Quantity of	r Loading		Quali	ty or Concentrat	ion		No.	Frequency of	Sample
STORET CODE	-	Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	Analysis	Туре
pН	Sample							(12)			
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	Measurement	*******	******	******	1.0	*******	*******	mg/L	0	1 //	GRAB
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EFFLUENT GROSS VALUE	Reminder.				VICUSIDY.		SECTION.	建 新品页要求	200		PERMIT
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(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	******	0.0	mg/L	0	0 /30	GRAB
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	Reinferfen.	REPHANE:					39,003 AM 32				A PERMITS
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	13.4	mg/L		3 /30	GRAB
000600	Section 1						SERVED ROSE	建筑器	100 (100)	Ser Period	
EFFLUENT GROSS VALUE	REMITTED					772 PER	O/MAY SOLVE	根据证明	43.23		SALERIMINE S
TRIBIDITY	Sample						}				
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	*****	******	*******		N.T U			
							3 818080				20200
l <u></u>	Requirements	es comme	H. LOWER		2000年	The state of	DATESTAN	A CONTROL OF	AMES 10	SEBPERMITE	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	T (Type of Prisignature of Principal Executive Officer or Authorized Agent	TELEPHONE NO	DATE (YY/MMADD)
ED CASTLE	al asto	305-852-5103	01/02/22

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

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

Ha nth Average Daily Flow

0 00556

Month / Year: January 2001 Daily Flow % of Permitted Capacity 4-79 A. Days of the Month																															
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD) 3.514	0.1230	0 1160	0.1210	0 1190	0 0980	0 0430	0,1050	0.1430	0.1090	0.0950	0.0980	0.0990	0.0730	0.1030	0.0770	0.0740	0,0390	0.0840	0.0970	0 0880	0.1020	0.1140	0.0800	0,0770	0.0590	0.0400	0.0810	0.0430	0 1120	0.0900	0.0920
Chiorine Residual after Contact(mg/L as CI2)	4.6	1.0	5.0	5.0	5.0	5.0	4.5	5.0	4.1	4.6	4,8	3.3	2.8	3.0	2.6	3.6	4.9	5.0	4.8	4.5	5.0	3.6	5.0	5.0	5.0	4.1	4.0	4.0	2.9	4.2	4.4
CBOD5 Influent (mg/L as O2)			210.0					L		L_	ļ						156.0				_						igsqcut			<u>. </u>	176.0
TSS Influent (mg/L)			154.0														180.0								L					<u> </u>	160.0
CBODS Effluent (mg/L as O2)			10.2														1.4													ļ	1.4
TSS Effluent (mg/L)			3.6					<u> </u>									2.8														1.6
NO3 Effluent (mg/L as N)	<u> </u>							<u> </u>																	<u> </u>						
Total N Effluent (mg/L as N)			5.1														13,4														8.7
Fecal Coliform (#/100ML)			<20			L				Ĺ							<20														<20
pH effluent (SU)	7.2	7.1	7.4	7.3	7.0	7.0	7.0	7.2	7.1	7.2	7.0	7.0	7.0	7.0	7.1	7.0	6.9	6.7	6.7	6.7	6.7	6.9	5.8	6.7	6.9	6.9	6.9	6.9	7.0	6.9	7.0
Turbidity (N T U.)	ļ																													<u></u>	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)	<u> </u>		G														G														G
TIME OF SAMPLE			11:00														10:15														12:00
Total Phosphorus (mg/L)	ļ		3.39			ļ											3,14	<u> </u>													3.53
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				<u> </u>						<u> </u>															<u> </u>						
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	<u> </u>																								L						

PLANT STAFFING

Day Shift Operator Evening Shift Operator Class. Class N/A

Certificate No.: Certificate No.:

Name:

Name: N/A

Evening Shift Operator

Class

Certificate No.:

Name:

Night Shift Operator

Class.

Certificate No.:

N/A Name: N/A

- Page 3 -

Lead Operator

Class C

Certificate No.: C9747

Name: Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes: No:

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

FACILITY ID: 5244000469

Not Applicable X

If Yes, cumulative days of wet weather discharge:

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME

KeyHaven Utility

PERMIT NUMBER: DO44-227439
MONITORING PERIOD

MAILING ADDRESS

1104 Truman Avenue

Month / Year: February 2001

LIMIT Final

GROUP: Domestic

Key West, Fl 33040

CLASS SIZE Minor GMS #

FACILITY LOCATION

Ň

ATTN. Wayne Lujan

Key Haven Key Haven Road FACILITY ID 5244000469 DISCHARGE POINT #
TEST SITE WAFR SYSTEM ID #

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

Please read instructions before completing this form

*** NO DISCHARGE | | ***

Parameter		Quantity of	r Loading		Qualı	ty or Concentration			No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Махітшт	Linits	Ex	Analysis	Туре
	Sample			(03)							
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	Sample							(19)			
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	Permit				Table .	REPORT	REPORT		100	SEE PERMIT	SEE SEE
INFLUENT GROSS VALUE	Requirement				********	MONTHLY AVG.	DAILY MAX.	mg/L			PERMIT
	Sample							(19)			
TSS, INFLUENT	Measurement	********	******	******	******	182.00	202.00	mg/L	0	2 /30	GRAB
	Permit	144.14	ACCEPTANT			REPORT AVG	REPORT	建 格/4	36 July	SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	XXX	*******	*******	STREET, STREET	MONTHLY AVG.	DAILY MAX	mg/L"	が発	and the second	PERMIT
	Sample							(19)			
CBODS, EFFLUENT	Measurement	*******	******	******	******	1.10	1.20	mg/L	0	2 /30	GRAB
80082	e Permit		A Charles		Agusty july 14	REPORT *	REPORT		_p	SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	A	A STATE OF THE STA	******	Marie of the Control	MONTHLY AVG.	DAILY MAX.	mg/L			PERMIT
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TSS, EFFLUENT	Measurement	******	******	******	*****	2.00	2.40	mg/L	0	2 /30	GRAB
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EFFLUENT GROSS VALUE	Requirement		*********	****		MONTHLY AVG.	DAILY MAX.	" mg/L		SEE PERMIT	PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	********	******	******	<20	<20	<20		0	2 /30	GRAB
31616	Permit			Part of	REPORT	REPORT	REPORT	4 400			and and and
EFFLUENT GROSS VALUE	Requirement	***********	**********	*****	WEEKLY AVG	REPORT MONTHLY AVG.	DAILY MAX.	*#/25mL		SEE PERMIT	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Pr	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED		DATE (YY/MM/DD)
ED CASTLE		305-852-5103	0/3/18

FDEP LIMITS (REPLACES MOR FORM)

the street with the PERMITTEE NAME MAILING ADDRESS

ATTN Wayne Lujan

KeyHaven Utility 1104 Truman Avenue Key West, Fl 33040

0

MONITORING PERIOD LIMIT Final

Month / Year: February 2001 GROUP Domestic

FACILITY LOCATION Key Haven Key Haven Road CLASS SIZE Minor FACILITY ID 5244000469 GMS# DISCHARGE POINT # WAFR SYSTEM ID #

TEST SITE PLANT SIZE/TREATMENT TYPE EA/D3

PERMIT NUMBER DO44-227439

TYPE OF EFFLUENT DISPOSAL U001

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	I	Quantity (or Loading	~ <u></u>	Quali	ty or Concentrat	ion		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
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CHLORINE, TOTAL RESIDUAL	Sample						1	(19)			
	Measurement	********	*******	******	3.5	*******	*******	mg/L	0	1 /7	GRAB
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EFFLUENT GROSS VALUE	Requirement		20 ******	2000年中世界中央地位	MINIMUM	******	******	mg/L	75 28		PERMIT
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000620	Permit	ala Sala	30 47 100	******	Helman and the man	3	12.0		1:	SEE PERMIT	SEE
	Requirement		*******	***	112 ******	********	DAILY MAX.	mg/L	<u> </u>	, iii iii	PERMIT
NITROGEN, TOTAL (as N)	Sample			İ	İ		ł	(19)			
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000600	Permit 1		5. 外第二		1		REPORT	, ,		SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	****	~ ***********	* *******	*******	********	DAILY MAX.	mg/L			PERMIT
TRIBIDITY	Sample						l				
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******		NTU			
1	∴ Permit	`.	是一个	\$ 770g, m	Tare to the second	•	REPORT	}		, , , , , ,	SEE :
<u> </u>	Requirement	*******	******	******	- /*****		DAILY MAX.	N.T.U.		SEE PERMIT	PERMIT

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(Type or Pr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/D)D)
ED CASTLE .		305-852 5103	31/0	33//	[2]
			7	7	

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

DATET SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Month / Years February 2001

Three-month Average Daily Flow

0 09318

:Month / Year: February 2001	Sulf for the sulface of the sulface																														
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD) 2.217	0 0710	0 0570	0 0480	0 0640	0 0710	0 1120	0 0430	109	0 0770	0 0860		0 1144	0 0760	0 0620	0 1050	0 0790	0 1040	0 0690	0 1000	0 1120	0 09 20	0 0580	0 1230	0 0890	0 0720	0.1470	0 0770		Ĺ'		
Chlorine Residual after Contact(mg/L as CI2)	36	4 1	4.5	4.5	4.3	5.0	5.0	5.0	5.0	5.0	5.0	44	5.0	5.0	4.1	5.0	4.5	4.5	5.0	5 0	5.0	4.7	3.5	3.5	5.0	5.0	5.0	5.0			
CBOOS Influent (mg/L as O2)							<u></u>								270.0													216.0			
TSS Influent (mg/L)				<u></u>											162 0													202 0			
CBOOS Effluent (mg/L as O2)			ļ												1.2													10			
TSS Effluent (mg/L)															2.4													1.6			
NO3 Effluent (mg/L as N)					<u> </u>										·																
Total N Effluent (mg/L as N)		<u></u>													27.9													1.8			
Fecal Coliform (#/100ML)						<u> </u>									<20													<20			
pH effluent (SU)	7.0	7.2	7.1	7.1	7.0	6.7	69	6.9	7.1	7.0	6.9	6.8	7.0	6.7	6.9	6.9	6.9	6.9	67	70	6.9	7.0	7.1	7.0	6.9	6.9	70	6.9			
furbidity (N T U)				<u>.</u>																											
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)															G													G			-
TIME OF SAMPLE															9:50													9.45			
Total Phosphorus (mg/L)															9.1													2 73			
																								· ·							
																										-					
																													\neg		

PLANT STAFFING

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

Type of Effluent Disposal or Reclaimed Water Reuse. BORE HOLES

Limited Wet Weather Discharge Activated, Yes: No

Not Applicable X

If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

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

- Page 3 -

PERMITTEE NAME. MAILING ADDRESS: KeyHaven Utility

1104 Truman Avenue

Key West, F1 33040

LOCATION

ATTN: Wayne Lujan

FACILITY

Key Haven Key Haven Road PERMIT NUMBER, DO44-227439

MONITORING PERIOD

LIMIT: Final

Month / Year: March 2001 GROUP Domestic

CLASS SIZE Minor

GMS#

FACILITY ID 5244000469

DISCHARGE POINT #.

TEST SITE

WAFR SYSTEM ID #.

PLANT SIZE/TREATMENT TYPE. EA/D3

TYPE OF EFFLUENT DISPOSAL U001

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	7840076	Quantity o	or Loading		Quali	ty or Concentration			No	Frequency of	Sample
STORET CODE	The second	Average	Maximum	Units	Mınimum	Average	Maximum	Units	Ex	Analysis	Туре
	Sample			(03)							
FLOW	Measurement	0.09935	0.12900	MGD	******	*******	*******	******	0	7 / 7	GRAB
		REPORTS									4.5 TOPE
50053	¥ kami	17(0) (1111)	2100011880	Melor	ictin i	ruptio				SSECRETAIN	PERMIT
MONTHLY AVERAGE DAILY	Requiement										
	Sample							(19)			
CBODS, INFLUENT	Measurement	*******	******	******	******	172.00	210.00	mg/L	0	2 /30	GRAB
	eri Sizarini		W 5 X 5 X 5 X 5 X	7 8 X	18/2-38	192 (6) (6) (6)	REPORT :			SEE PERMIT	SEB 7 AV
INFLUENT GROSS VALUE	Requirement	700 M	STITLE STATE		e imme	MONTHEYAVG	The state of the s	ing La		31 5 5 5 T	PERMIT
	Sample							(19)			
TSS, INFLUENT	Measurement	*******	******	******	******	189.00	218.00	mg/L	0	2 /30	GRAB
					Section 1		REPORT	12.00		SHERRYTTANA	86.6 TH 86.6
INFLUENT GROSS VALUE	Requirement			5515		MONTHEY AVG	DAILYMAX	a mg/Lig		MATERIAL PROPERTY.	AND PERMITED
	Sample	- "			-			(19)			
CBOD5, EFFLUENT	Measurement	*******	******	******	******	2.00	2.00	mg/L	0	2 /30	GRAB
80082						SER REPORTERA	E REPORT.	A 194		SEPTEMBLE 2	CONTRACTOR OF
EFFLUENT GROSS VALUE) (Equirement		errenn :	, क्षेत्रकृति		MONTHEY AVG.	DAILY MAXE	新 _度 元素		经 1000 1000 1000 1000 1000 1000 1000 10	NY PERMIT
	Sample							(19)			
TSS, EFFLUENT	Measurement	*******	******	******	******	1.70	3.00	mg/L	0	2 /30	GRAB
900201	Permitte		CONTROL			REPORTS	REPORT			SEE PERMIT	
EFFLUENT GROSS VALUE	Réquirement	Triving.	William St	T.		MONTHLYAVG	DAILY MAX	wmg/LTe	多使们这	e comment	PERMITE SE
	Sample					, i		(13)			
COLIFORM, FECAL	Measurement	*******	******	******			20.00		0	2 /30	GRAB
31616	AL POSSESS			100	REPORT	AREFORT !	REPORT	De Cont			EET THEE
EFFLUENT GROSS VALUE	Requirement		XIIIIII		WEEKLY AVO	MONTHLY AVG.		#/25mL		SEB PERMIT	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pr	SIGNATURE OF I	PRINCIPAL EXECUTIVE OFFICER	OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	2X/C			305-852-5103	4/04/5

LIMIT Final

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME KeyHaven Utility MAILING ADDRESS

1104 Truman Avenue Key West, Fl 33040

FACILITY LOCATION

ATTN. Wayne Lujan

Key Haven Key Haven Road

PERMIT NUMBER DO44-227439 MONITORING PERIOD

Month / Year: March 2001 GROUP Domestic

CLASS SIZE Minor GMS#

DISCHARGE POINT # FACILITY ID 5244000469 WAFR SYSTEM ID # TEST SITE

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

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	india of white	Quantity of	r Loading		Quali	ty or Concentrati	ion		No	Frequency of	Sample
STORET CODE	2.5	Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
pH	Sample						l	(12)			
i ·	Measurement	*******	******	******	6.8	*******	*******	้รบ	0	7 /7	GRAB
900241 MINIMUM	Permit of Requirement				6.0 MINIMUM			SÜ		SEE PERMIT	SEE PERMIT
рН	Sample							(12)			
	Measurement	*******	*******	******	******	*******	7.3	SU	0	7 /7	GRAB
900242	A Prince		WIND THE REAL PROPERTY.		光光 机器	1222	8.5	is North	建设工作证	SEE PERMITS IN	SEE,
MAXIMUM	Requirement	E			4	******	DAILY MAX.	SU			PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
	Measurement	*******	******	******	2.0	*******	*******	mg/L	0	7 /7	GRAB
50060 EFFLUENT GROSS VALUE	Permit Par Requirement	ALC: UNIT			0.5 MINIMUM		ALL TO	mg/L		SEE PERMIT	SEB PERMIT
NITRATE (25 N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	******	0.0	mg/L	0	0 /30	GRAB
000620	Requirement	Provide the second		3.76			12.0 DAILY MAX	Lung Lis		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	********	*******	******	******	*******	15.6	mg/L		2 /30	GRAB
000600	A Permit Hy	华丛外港级			100 TO 100	THE PARTY OF	REPORT	The second second	11/4 12	SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement						DAILY MAX	mg/L	and the second	SEE PERMIT	PERMIT.
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******		NTU			
	Permit Requirement						REPORT DAILY MAX.	N.T.Ù.	per mining n	SEE PERMIT	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 A	GENT (Type or Pr SIGNATURE OF PRINGIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLF		305-852-5103	01/08/19
			77

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

ACILITY ID: 5244000469

Three-month Average Daily Flow

0 09618

Ionth / Year: March 2001																								Daily Flov	v % of P	ermitted	Capacit	у	49 09%		
Pays 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
low (MGD) (GDM) wol	0.1080	0 0830	0.0960	0.1060	0 0940	0 0440	0.0850	0 0890	0.1290	0.1190	0 1040	0.1070	0.1170	0.1078	0 0900	0.1090	0 0840	0 1080	0 1140	0 1050	0.1100	0.1200	0.0050	D D990	0.1050	0 1150	0 0670	0 0940	0 1160	0 0930	0 0780
hiorine Residual after Contact(mg/L as Cl2)	4.0	5.0	5.0	5.0	5.0	5.0	3.0	3.6	3.1	2.0	3.7	2.7	3.4	2.3	3.8	3.1	3.5	3.5	27	2.1	5.0	2.8	50	5.0	4.5	5.0	5.0	5.0	5.0	46	4.5
BOD5 Influent (mg/L as O2)	<u> </u>	<u> </u>													210.0													134.0		\longrightarrow	
SS Influent (mg/L)	1			ļ											218.0													160.0			
BOD5 Effluent (mg/L as O2)		ļ		ļ											2.0													2.0	L	\sqcup	
SS Effluent (mg/L)															3							<u></u>			L			0.4	<u> </u>		
O3 Effluent (mg/L as N)																						ļ									
otal N Effluent (mg/L as N)				ļ											15.6							<u> </u>						2.8			
scal Coliform (#/100ML)	<u> </u>	ļ	ļ	<u> </u>	L										20						•	<u> </u>						<20			
il effluent (SU)	7.2	7.1	7.1	7.0	6.9	6.9	7.0	7.0	7.0	7.1	7.1	7.0	7.0	7.0	6.9	6.9	6.9	6.9	6.9	6.9	6.9	7.0	6.9	6.9	6.9	7.0	6.8	7.0	6.8	7.1	7.0
urbidity (N.T.U)	<u> </u>																														
YPE OF SAMPLE (C=COMPOSITE, G=GRAB)															G													G			
IME OF SAMPLE				L.,											9:50													9:45			
otal Phosphorus (mg/L)	<u> </u>														2.87													2.98			
																						L							\sqcup		
	<u> </u>	<u> </u>																													
	L																														
				<u> </u>		ļ																									
	<u> </u>																														
																														.	- 1

ANT STAFFING

Day Shift Operator

Class

Class

Certificate No.

Name

Evening Shift Operator

Class N/A

Certificate No

N/A Name N/A

Evening Shift Operator

Class N/A

Certificate No: Certificate No :

Name: N/A Name N/A

Night Shift Operator

Lead Operator

Class C

Certificate No: 5535

Name. Mark Burkemper

rpe of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

mitted Wet Weather Discharge Activated Yes No.

Not Applicable X

If Yes, cumulative days of wet weather discharge

lttach additional sheets if necessary to list all certified operators

EP Form 62-620 910(10), Effective November 29, 1994

- Page 3 -

A STATE OF THE STA STORY OF THE STORY

PERMITTEE NAME

KeyHaven Utility

PERMIT NUMBER DO44-227439

MAILING ADDRESS

1104 Truman Avenue

MONITORING PERIOD Month / Year: April 2001

LIMIT Finai

GROUP Domestic

Key West, Fl 33040 CLASS SIZE Minor

GMS #

FACILITY LOCATION Key Haven Key Haven Road FACILITY ID 5244000469

DISCHARGE POINT #

TEST SITE

WAFR SYSTEM ID #1

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

ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter		Quantity of	or Loading		Quati	ty or Concentration			No	Frequency of	Sample
STORET CODE	A STATE OF	Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
	Sample			(03)		•					
FLOW	Measurement	0.09960	0.15000	MGD	******	******			0	7/7	GRAB
	经过地 的	REPORT	0.00	***	THE STATE OF	100	在一次的	- 100		SECTION AND ADDRESS OF THE PARTY.	SEET
50053	Permit Se	MONTHLY	Ball Augusta	MGDI				*******		SEE PERMIT	PERMIT
MONTHLY AVERAGE DAILY	Requirement	AVERAGE	20 Vinita Out (Gray			3.00	+ X 4 2		74.		The same of the same of
	Sample							(19)			
CBODS, INFLUENT	Measurement	********	******	******	******	128.00	150.00	mg/L	0	2 /30	GRAB
		Service Servic	4	姚姚	第	REPORT	REPORT	; · ·	e 15	SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	******			*********	MONTHLY AVG.	DAILY MAX.	mg/L	` ' .		PERMIT
	Sample							(19)			
TSS, INFLUENT	Measurement	*******	*******	******	******	117.50	128.00	mg/L	0	2 /30	GRAB
	Property		1111	1	1	REPORT	REPORT		باد بعو الم	SEE PERMIT	SEE
INFLUENT GROSS VALUE	Perijul Requirement	********	******	32.23		MONTHLY AVG	DAILY MAX:	mg/L	18		PERMIT
	Sample							(19)			
CBOD5, EFFLUENT	Measurement	******	******	•••••	******	2.00	2.00	nıg/L	0	2 /30	GRAB
80082	7. Page 18					REPORT	REPORT	;	1 1	SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	********	A CONTRACTOR		1	MONTHLY AVG.	DAILY MAX.	mg/L	41	To delivery of the second	PERMIT
]	Sample							(19)			
TSS, EFFLUENT	Measurement	*******	*******	******	******	0.80	1.20	mg/L	0	2 /30	GRAB
900201	Permit #4	新时代		****	PACK SEC	REPORT	REPORT			SEEPERMIT	SEÈ
EFFLUENT GROSS VALUE	Requirement	**************************************				MONTHLY AVG.	DAILY MAX.	mg/L		300	PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	********	******	******	<20	<20	<20		0	2 /30	GRAB
31616	Permit		大学	SALE.	REPORT	REPORT	REPORT				
EFFLUENT GROSS VALUE	Réquirement				WEEKLY AVG	MONTHLY AVG.	DAILY MAX.	#/25mL		SEE PERMIT	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(Type or Pr SIGNATURE OK I	PRINCIPAL EXECUTIVE OF ICER OR /	AUTHORIZET TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	5		305-852-5103	0/05/11

DEPAKTMENT OF ENVI<mark>RONMENTAL P</mark>ROTECTION DISCHARGE MONITORING REPORT - PART A

* FDEP LIMITS (REPLACES MOR FORM)

表表示: 2000年於 PERMITTEE NAME MAILING ADDRESS

ATTN Wayne Lujan

KeyHaven Utility 1104 Truman Avenue

Key West, Fl 33040

0

FACILITY LOCATION Key Haven Key Haven Road PERMIT NUMBER DO44-227439

MONITORING PERIOD LIMIT Final

CLASS SIZE Minor

FACILITY ID 5244000469 TEST SITE

GMS# DISCHARGE POINT #

GROUP Domestic

Month / Year: April 2001

WAFR SYSTEM ID#

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

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	Mit from	Quantity o	or Loading		Quali	ty or Concentrati	10П		No	Frequency of	Sample
STORET CODE	The second	Average	Maximum	Units	Mınimum	Average	Maximum	Units	Ex	Analysis	Type
рН	Sample							(12)			
·	Measurement	********	******	******	6.7	********	********	SU	0	7 /7	GRAB
			× 2				"Tight" }		Same of the same		SEE A
900241	Permit 19		9	1000	MINIMOM				11	SEE PERMIT	PERMIT
MINIMUM	Requirement	新生产的	R. Strategie	Manage P.	MINIMUM	With the same of t	******	÷ ∵SU	. 7 23	科技经济 等的	277 27 6
pΗ	Sample						1	(12)			
	Measurement	********	******	******	******	*******	7.3	SU	0	ח ר	GRAB
900242	Permit C	3	A 104 A		* AND THE	30 A C	\$17 8 5 CE		を変え	SEEPERMITE	SEE .
MAXIMUM	Requirement	*******		STATE OF		***********	DAILY MAX.	SU SU	经验证证证明	學學學學學學	PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)]
	Measurement	*******	******	******	2.0	*******	*******	mg/L	0	1 /1	GRAB
50060	Permit			CHARLES .	0.335.3	-8 G	3		William Comment	SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	A 20 COM 10			MINIMUM	Milagran.	********	ing/L		7.7 (C. 1977)	PERMIT
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******	0.0	mg/L	0	0 /30	GRAB
000620	Permit 14	The second second	4 700		and the second		12.0		5.5	SEE PERMIT	SEE
1	Requirement	*********	*******		3	51111111111111111111111111111111111111	DAILY MAX.	mg/L		The same of the same of the same	PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******	6.1	mg/L	Ĺ	2 /30	GRAB
000600	Permit 2	新水水	40.7	A STATE OF	*		REPORT	A: 2 4 - 4	,	SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	********	254000000	11111111	********	*******	DAILY MAX.	. mg/L	* *		PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	********	*******	******	******	*******		NTU			
	Permit sty	美国的企图的		THE PERSON	PARTY STATE	A THE COL	7 REPORT			品本语言[14]	SEE"
	Requirement	***	34.44.44	A \$ 10.31() (A)	\$\$0000000		DAILY MAX.	N.T.U.	;; ÷ :	SEE PERMIT	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 possibilty of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Pr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	305-852-5103	01/05/16

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

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

DATE MPLE THE LTS

Three-month Average Daily Flow CILITY ID: 5244000469 0 09657 inth / Year: April 2001 Daily Flow % of Permitted Capacity 21 22 23 24 25 26 27 28 29 30 31 15 | 16 | 17 | 18 | 19 | 20 3 4 5 6 7 8 9 10 11 12 13 14 iys of the Month 1 2 3.125 0 1070 0 1500 0 1160 0 1220 0 0820 0 1170 0 0670 0 1160 0 1000 0 0880 0 1060 0 0780 0 1030 0 1060 | 0 0920 0 1080 0 1380 0 0850 0 1170 0 0980 (MGD) 50 5.0 4.7 5.0 50 4 0 43 40 42 50 4 0 3.3 38 2.4 3.3 2.5 2.0 3.9 5.0 4.9 36 50 50 5.0 4.3 nne Residual after Contact(mg/L as Cl2) 150.0 OS Influent (mg/L as O2) 107.0 128 0 Influent (mg/L) 20 2.0 XOS Effluent (mg/L as O2) 1.2 04 Effluent (mg/L) I Effluent (mg/L as N) 6.1 3.0 al N Effluent (mg/L as N) < 20 <20 al Coliform (#/100ML) 70 7.0 7.0 7.1 7.8 6.8 7.0 7 1 7.0 7.0 6.9 6.9 70 6.9 69 6.9 7.0 6.9 6.9 70 7.0 70 70 effluent (SU) 7.0 67 69 71 bidity (NTU) G E OF SAMPLE (C=COMPOSITE, G=GRAB) G 8:45 9:45 IE OF SAMPLE 3.65 8 54 al Phosphorus (mg/L)

ANT STAFFING

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

pe of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

nited Wet Weather Discharge Acitvated Yes No

Not Applicable X

If Yes, cumulative days of wet weather discharge

attach additional sheets if necessary to list all certified operators

P Form 62-620 910(10), Effective November 29, 1994

· Page 3 ·

DE..... MEN. OF ENVIRONMENTAL PROTECTION DISCHARGE MONTROKING REPORT - PART

PERMITTEE NAME:

ATTN: Wayne Lujan

KeyHaven Utility

PERMIT NUMBER: DO44-227439

MAILING ADDRESS:

1104 Truman Avenue Key West, FI 33040 MONITORING PERIOD Month / Year: May 2001

LIMIT: Final

GROUP: Domestic

CLASS SIZE: Minor

GMS #·

FACILITY.

Key Haven

FACILITY ID: 5244000469

DISCHARGE POINT #:

LOCATION: Key Haven Road

TEST SITE: PLANT SIZE/TREATMENT TYPE: EA/D3

WAFR SYSTEM ID #:

THE OF FEDILIES III DISPOSAL

TYPE OF EFFLUENT DISPOSAL. U001

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter	100 F 100	Quantity of	or Loading		Quali	ty or Concentration			No	Frequency of	Sample
STORET CODE	44.0	Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	Analysis	Туре
H	Sample	Ì		(03)		1					
FLOW	Measurement	0.11548	0.18600	MGD	******	*******	*******	******	0	7/7	GRAB
	33/15/2	REPORT	2033	200	2500		MEET 1999	1000	10.5	Mark Mark Street	SEB
50053		REPORT	PER VITE OF	EXECUTE			********		-5 · 5 · 6 ·	SEE PERMIT	PERMIT
MONTHLY AVERAGE DAILY	TO SECOND		CAPACITA				NAME OF THE PARTY	8 30	A Profit		AND THE
	Sample							(19)			
CBODS, INFLUENT	Measurement	******	******	******	******	139.50	153.00	mg/L	0	2 /30	GRAB
	30000		**	1988		K. REPORTS	REPORT	y someth	10 mm	SEE PERMIT	**************************************
INFLUENT GROSS VALUE	Negaritation.	MARKET	353	1	1	MONTHLY AVO	DATLYMAX	mg/L	7. H.M		3 PERMIT
	Sample							(19)			
TSS, INFLUENT	Measurement	*******	*******	******	******	112.00	176.00	mg/L	0	2 /30	GRAB
		文本符號指	2000	200		MONTHLY AVO.	REPORT	18.50	100	SEEPERMIT	********
INFLUENT GROSS VALUE	Construction Requirement	3 000000000		*****	4	MONTHLY AVG.	DAILY MAX.	mg/L	**3	C. S. C. C.	PERMIT
	Sample							(19)			
CBODS, EFFLUENT	Measurement	********	******	******	******	2.00	2.00	mg/L	0	2 /30	GRAB
80082	Permit	22 20 20 -	1000	4		REPORT	REPORT	-		SEE PERMIT	SÉE PERMIT
EFFLUENT GROSS VALUE	Requirement	*****		******		MONTHLY AVG.	DAILY MAX.	mg/L		对于我们的	PERMITE
	Sample							(19)			
TSS, EFFLUENT	Measurement	********	******	******	******	15.60	22.00	mg/L	0	2 /30	GRAB
900201	Permit				\$ 12 and	REPORT	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	******		******	****	MONTHLY AVG.	DAILY MAX.	mg/L		a candidation	PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	********	******	*****	<20	<20	<20		0	2 /30	GRAB
31616	60 2	28	17 32 331	\$	REPORT	* REPORTS	REPORT	7. (3 3 46.0	建	企业发展
EFFLUENT GROSS VALUE	Requirement			数数公		MONTHLY XVC.	DAILY MAX.	#/25mL	73. 44 E	SEE PERMIT	GRAB

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

ED CASTLE 305-852-5103	01/06/19

AND THE REPORT OF THE PROPERTY

PERMITTEE NAME: MAILING ADDRESS: KeyHaven Utility

1104 Truman Avenue Key West, Fl 33040

0

FACILITY LOCATION Key Haven Key Haven Road PERMIT NUMBER: DO44-227439

MONITORING PERIOD:

FACILITY ID 5244000469

LIMIT: Final CLASS SIZE: Minor GROUP. Domestic

Month / Year: May 2001

GMS #:

DISCHARGE POINT # WAFR SYSTEM ID#

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

ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	58.20	Quantity o	r Loading		Qualit	y or Concentrati	On		No	Frequency of	Sample
STORET CODE	は記れる	Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
pН	Sample							(12)			
·	Measurement	*******	*******	******	6.8	*******	*******	SU	0	7.71	GRAB
				***	3.00 A		200	1 m		はなると	SSSS SEP.
900241	Permit	T-100			MINIMUM		100		1. 1. 1.	SEE PERMIT	N. SERMI
MINIMUM	*Requirement	2000		S. 172	MINIMUMS	*****	4	SÛ:	•	450 600	美国的
рН	Sample							(12)			
)	Measurement	********	*******	******	******	*******	7.3	SU	0	1/7	GRAB
900242	Pemil	7					8.5 Per 1	7		SEE PERMIT	SEB.
MAXIMUM	Requirement	ALC: THE PARTY OF		*******		*********	DAILY MAX.	SU			PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
	Measurement	********	*******	******	1.8	********	*******	mg/L	0	7 /7	GRAB
50060	Pennir Ex		222		3 05 3		313.4			SEE PERMIT	SER .
EFFLUENT GROSS VALUE	Requirement	200	•	*******	MINIMUM-	********	*******	. mg/L		a satisfie on the	PERMIT .
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	********	0.0	mg/L	0	0 /30	GRAB
000620	Permit		是影響的來	"明教"	SEE SEE		12.0			SEE PERMIT	SEE.
	Pennit	94000000	******	******	******	¥ ********	DAILY MAX.	mg/L		1. 2. 16 15 11 12 14	PERMIT. X
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******	12.1	mg/L		2 /30	GRAB
000600	Permit (8)		ا ياد الله فحل علي الله الله الله الله الله الله الله ال	つ かけの機能	医肾髓性囊炎	5.77A	REPORT			SEE PERMIT	PERMIT
EFFLUENT GROSS VALUE	Requirement		*******	********	******	ξ ••••••• <u>•</u>	DAILY MAX.	mg/L			PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	*******	*******	l	NTU			
	Permit "	11 / 12 / 14 m	1.2.2.2	F. 1 - 14947	176	F 35	REPORT				SEE
_	Requirement	*******	******	******	٠٠٠٠٠٠٠	· •••••	DAILY MAX.	N.T.U.		SEE PERMIT	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 Principal EXECUTIVE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
ED CASTLE 305-852-5103	01/01/7

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

-			_	_	
	 		_		

Month / Year: May 2001																								Daily Flo	w % of Pe	rmitted	Capacit	у	52 41%		
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD)	0 1160	0.1210	6 0960	0.1670	0.0870	0.1190	0 1860	0 0940	0 1310	0 1190	0 1120	0 1070	0.0980	0.1270	0.0950	0.0920	0 0960	0 1090	0 0790	0 1010	0 1360	0.1330	0 0810	0 1230	0 1310	0 1660	0.1110	0 1150	0.1210	0 0970	0 1120
Chlorine Residual after Contact(rng/L as CI2)	4.8	4.4	4.6	4.0	4.5	4.5	3.8	2.6	18	3.5	5.0	4,5	4.0	5.0	63.5	5.0	1.8	2.5	4.0	3,5	3.2	23	5.0	4.7	2.7	3.0	3.5	5.0	5.0	50	4.5
CBO05 Influent (mg/L as 02)						L	ļ		126.0														153.0								L
TSS Influent (mg/L)				<u> </u>					48.0														176.0						Ш		Ĺ
CBOD5 Effluent (mg/L as O2)				L.,					2.0														2.0						Ш		
TSS Effluent (mg/L)									9.2														22								
NO3 Effluent (mg/L as N)																															Ĺ
Total N Effluent (mg/L as N)									12.1														9.1								l
Fecal Coliform (#/100ML)									<20														<20								<u> </u>
pH effluent (SU)	68	70	70	7.0	7.0	70	7.1	70	6.9	6.9	6.9	6.9	6.9	7.0	6.9	7.0	7.0	7.0	7.0	7.01	71	70	6.9	7.0	7.1	70	6 9	69	7.1	70	71
Turbidity (N T U)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)									G														G						i		
TIME OF SAMPLE									11:45														9.00								
Total Phosphorus (mg/L)									2.76														3.07								
													-																		
			-																												

PLANT STAFFING

Day Shift Operator Evening Shift Operator Class N/A

Certificate No

Name

A Name N/A

Evening Shift Operator

Class N/A

Certificate No
Certificate No
Certificate No

Name

N/A

Night Shift Operator Lead Operator

Class C

Certificate No 5535

Name Mark Burkemper

Name N/A

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Acitvated Yes No

Not Applicable X

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

Page 3

TO THE PLACES MOR FORM

PERMITTEE NAME

KeyHaven Utility

MAILING ADDRESS.

1104 Truman Avenue

Key West, Fl 33040

FACILITY LOCATION: Key Haven

Key Haven Road

PERMIT NUMBER DO44-227439

MONITORING PERIOD:

Month / Year: June 2001

GMS #:

LIMIT. Final

GROUP Domestic

CLASS SIZE. Minor

FACILITY ID 5244000469

DISCHARGE POINT #: WAFR SYSTEM ID #:

TEST SITE:

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

Please read instructions before completing this form. ATTN: Wayne Lujan

*** NO DISCHARGE [] ***

Parameter	20 / L	Quantity 0	r Loading		Quali	ty or Concentration			No.	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Mınimum	Average	Maximum	Units	Ex	Analysis	Туре
STORES CODE	Sample			(03)							
FLOW	Measurement	0.10747	0.63000	MGD	******	******	*******	******	0	7 / 7	GRAB
. 20		a reform				***					SEE .
50053		NO THIS	132171717132	MGD						SERPERMITE OF	DI PERMITA
	Requirement	VAVERAGE:	ACTION STATE				Service Service		A. 18.	W 10 1 20	THE STATE OF THE S
, and the second	Sample							(19)			
CBOD5, INFLUENT	Measurement	*******	******	******	******	144.00	225.00	mg/L	0	2 /30	GRAB
	Permission	100 P	STATE OF		企 开 进 连	SECREPORTS *	PEPORT.	E 4	4.5	SERPERMIT AL	SEB .
INFLUENT GROSS VALUE	Requirement		ST. COLE			MONTHLY AVG.	DAILY-MAX.	/mg/L	(\$120°). 14	A COLOR	PERMIT
	Sample							(19)			
TSS, INFLUENT	Measurement	•••••	******	******	******	105.00	128.00	mg/L	0	2 /30	GRAB
	as reminer	A. 186			33407	REPORT	REPORT	24	2 14	SERPERMIT	SER. 1
INFLUENT GROSS VALUE	Requirement		ACCURATE OF THE PARTY OF THE PA			MONTHLY AVG.	DAILY MAX	#mg/L	A NO	Mark Assessment	PERMIT
	Sample					1 - 2 - 2	4 3 43	(19)	ا م	•	
CBOD5, EFFLUENT	Measurement	*******	******	******	******	<2.0	43.0	mg/L	0	0 /30	GRAB
80082	Po Permit Q	KO BEN SA	7-12-5	1		TREPORT T	REPORT *			SEEPERMIT	SEE -> PERMIT:
EFFLUENT GROSS VALUE	Requirement	EAST-	State of the		k, milyek	MONTHLY AVG.	DAILY MAX	# mg/L	30 m		PERMITS
	Sample							(19)			
TSS, EFFLUENT	Measurement	*******	*******	******	******	1.40	2.00	mg/L	0	2 /30	GRAB
900201	Permit P	WEST TO	本文學教育	A. 12.72	4 7 7 7	REPORT	REPORT	11250 - 127 h		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Requirement		7.1111	****		MONTHLY AVG.	DAILY MAX.	mg/L	对公主 身	200	PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	*******	******	******	<20	<20	<20		0	2 /30	GRAB
31616	Permit				JREPORT #	NE REPORTED	REPORT,	學學家			in the same
EFFLUENT GROSS VALUE	Requirement	3			WEEKLY AVG		DAILY MAX.	#/25mL	2 "	SEE PERMIT	GRAB 👀

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pri	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	50/10	305-852-5103	01/07/19

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

FDEPLIMITS (REPLACES MOR FORM)

PERMITTEE NAME MAILING ADDRESS

ATTN: Wayne Lujan

FACILITY LOCATION KeyHaven Utility

1104 Truman Avenue Key West, Fl 33040

0

Key Haven Key Haven Road PERMIT NUMBER: DO44-227439

MONITORING PERIOD:

LIMIT Final CLASS SIZE: Minor FACILITY ID 5244000469

TEST SITE.

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

Please read instructions before completing this form

*** NO DISCHARGE [] ***

GROUP. Domestic

DISCHARGE POINT #

WAFR SYSTEM ID #

Month / Year: June 2001

GMS#

The following of the C

Parameter	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Quantity of	or Loading		Quali	ty or Concentrat	don		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	Analysis	Туре
pH	Sample							(12)			T
<u> </u>	Measurement	*******	*******	******	6.3	********	********	SU	0	7.77	GRAB
900241 MINIMUM	Permit P Requirement				60 MINIMUM		********	SU		SEE PERMIT	PERMIT
pH	Sample					1		(12)	1		
	Measurement	*******	*******	******	*****	*******	7.3	SU	0	7 /7	GRAB
900242	Permit			HARMANA	-120	100	\$5 E .	Salar Street	1-12: 6	SEE PERMIT	SEE 3
MAXIMUM	Requirement	*******	********	*******	***************************************		DAILY MAX.	ិ ខ្លាប	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE RESERVE OF THE PERSON OF T	*** PERMIT*
CHLORINE, TOTAL RESIDUAL	Sample				ļ		1	(19)		1	
	Measurement	******	******	******	2.0	********	*********	mg/L	0	7 /7	GRAB
50060 EFFLUENT GROSS VALUE	Permit Requirement			*****	0.5 MINIMUM	*******	********	mg/L	4.	SEE PERMIT	SEB PERMIT
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	********	0.0	mg/L	0	0 /30	GRAB
000620	Permit P			THE T	******	************	DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	********	3.8	mg/L		2 /30	GRAB
000600	Permit A	11 July 11 11	S 25 14 15	第110年的	7 CO 80 40	18 18 18 18 18 18 18 18 18 18 18 18 18 1	REPORT.	7 4 1		SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*******	******	*	*****	********	DAILY MAX.	mg/L	ija – t	Park to the state of the state	PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	********		N.T U			
	Requirement	26 S. 1 S. 1 S. 1 S. 1 S. 1 S. 1 S. 1 S.	2		1000	*******	REPORT DAILY MAX.), N.T.U.		SEE PERMIT	SEE ?

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 possibilty of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGEN	I (Type or Prisignature of Principal executive Officer or Authorized Agent	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	Fal Care	305-852-5103	01/67/15

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

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

AMP FACILITY ID: 5244000469

FACILITY ID: 5244000469							dos	,													Three-mi	onth Ave	rage Daily	Flow:		0.10752					
Month / Year: June 2001							On a																	Daily Flow	w % of Pe	mitted (Capacity:		53.76%		
Days of the Month	1	2	3	4	5	6/	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Row (MGD) 3657	0.0930	0.0590	0.0850	0.1380	0.1020	10.6300	9.0880	0.0840	0.0610	0.0850	0.0790	0.0780	0.0580	0.0770	0.0570	0.0860	0.1020	0.0910	0.0840	0.0420	0.1220	0.0710	0.0700	0.1200	0.1180	0.1140	0.0600	0.1320	0.0860	0.1100	
Chlorine Residual after Contact(mg/L as G2)_	5.0	5.0	5.0	4.0	2.9	2.0	2.2	5.0	2.8	4.4	5.0	2.3	5.0	2.1	2.1	2.3	3.8	5.0	5.0	5.0	2.0	5.0	5.0	2.5	4.0	5.0	5.0	2.4	5.0	5.0	L
CBOOS Influent (mg/L as O2)	<u>L</u>					225.0															63.0									↓	<u> </u>
TSS Influent (mg/L)						128.0															82.0									<u> </u>	↓_
CBOOS Effluent (mg/L as O2)						< 2.0							L								<2.0									\vdash	-
TSS Effluent (mg/L)						2															0.8									↓	ļ
NO3 Effluent (mg/L as N)										L			_																	<u> </u>	<u> </u>
Total N Effluent (mg/L as N)						2.3															3.8								<u> </u>	\perp	<u> </u>
Fecal Coliform (#/100ML)						<20															_<20									<u> </u>	<u> </u>
pH effluent (SU)	7.1	7.0	7.0	7.0	7.0	6.7	6.9	6.9	7.1	7.2	6.9	7.1	7.0	7.0	7.0	7.1	7.0	6.9	7.0	6.9	7.1	6.8	6.3	6.5	6.9	7.1	7.1	6.9	6.7	6.7	
Turbidky (N.T.U.)				<u> </u>																									\bigsqcup	<u> </u>	<u> </u>
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)						G															G									<u> </u>	↓
TIME OF SAMPLE						10:30															9:45								\sqcup	<u></u>	<u></u>
Total Phosphorus (mg/L)						3.09															2.78								$oxed{oxed}$	<u> </u>	<u> </u>
<u> </u>																													'		
																													<u> </u>		
		$r \rightarrow$					1 —																						1 7		1

PLANT STAFFING

Day Shift Operator

Class:

Certificate No.:

Name:

Evening Shift Operator Evening Shift Operator

Class: N/A

Certificate No.:

Name: N/A

Certificate No.: Certificate No.:

Night Shift Operator

Class: N/A Class: C

Lead Operator

Certificate No.: 5535

Name: N/A Name: Mark Burkemper

Type of Effuent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Acityated: Yes: No:

Not Applicable: X

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

- Page 3 -

THE PARTY OF THE P

PERMITTEE NAME:

KeyHaven Utility

PERMIT NUMBER: DO44-227439

1104 Truman Avenue

MONITORING PERIOD

Month / Year: July 2001

MAILING ADDRESS:

LIMIT. Final

GROUP: Domestic

Key West, Fl 33040

CLASS SIZE Minor

GMS#

FACILITY: LOCATION. Key Haven

FACILITY ID 5244000469

DISCHARGE POINT #

TEST SITE Key Haven Road

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL, U001

ATTN: Wayne Lujan Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter		Quantity of	or Loading		Qual	ty or Concentration			No	Frequency of	Sample
STORET CODE	15.40 Care	Average	Maximum	Units	Minimum	Average	Maxımum	Units	_Ex	Analysis	Туре
	Sample			(03)							
							*******	******	0		
		REPORT	建筑建筑	300 7		A CONTRACTOR OF THE PROPERTY O	第二次				SEE
50053	Pempi :	MONTHE	TERVITTED	Mode	4		********			SSEPPERMIT	PERMIT
MONTHLY AVERAGE DAILY	Requirement		Sealy (diff)					Photo Service	1000		DESCRIPTION.
	Sample					[(19)			
CBODS, INFLUENT	Measurement	*******	******	******	******	261.00	330.00	mg/L	0	2 /30	GRAB
	Pennit			1		COREPORT.	REPORT			SEER PERMIT	SER 7
INFLUENT GROSS VALUE	Requirement		A MARKET AND		a to the	MONTHLY AVO	DAILY MAX	me	新兴	是多数的 类型	PERMIT
	Sample						i	(19)			
TSS, INFLUENT	Measurement	*******	******	******	******	357.00	412.00	mg/L	0	2 /30	GRAB
	(2 Paris)		48 W W			REPORT:	REPORT	The state of the s		SERPERMIT.	SEE
INFLUENT GROSS VALUE	Requirement	1				MONTHLY AVG	DAILY MAX	mg/E-/	1980		PERMIT / /
	Sample						1	(19)			
CBOD5, EFFLUENT	Measurement	*******	******	******	******	1.75	2.00	mg/L	0	2 /30	GRAB
80082	Permit Requirement		40 - 11	fail i		REPORT	REPORT	Later Towns Control		SEB PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement		Steller	2011		MONTHEY AVG.	DAILY MAX	mg/L			PERMIT
	Sample .							(19)			
TSS, EFFLUENT	Measurement	*******	*******	******	******	6.20	10.00	mg/L	0	2 /30	GRAB
900201	Permit "			4		REPORT	REPORT			SSEE PERMIT	SEB
EFFLUENT GROSS VALUE	Requirement	*****	ALL CONTRACTOR	*****	*****	MONTHLY AVG.	DAILY MAX	mg/L	C 34 K		PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	*******	******	******	<20	<20	<20		0	2 /30	GRAB
31616	Permit		7		REPORT	REPORT	REPORT	A 100 A		MESSES EN	
EFFLUENT GROSS VALUE	Requirement		A contract	******	WEEKLY AVG	MONTHLY AVG.	DAILY MAX.	#/25mE	15	SEE PERMIT	GRAB

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Principal Executive of Principal Executive Officer or Authorized Agent (Type of Principal Executive Officer or Authorized Agent (Type of Principal Executive Officer or Authorized Agent (Type of Principal Executive Officer or Authorized Agent (Type of Principal Executive Officer or Authorized Agent (Type of Principal Executive Officer or Authorized Agent (Type of Principal Executive Officer or Authorized Agent (Type of Principal Executive Officer or Authorized Agent (Type of Principal Executive Officer Or Authorized Agent (Type of Principal Exec	SIGNATURE DE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED TEL	LEPHONE NO DATE (YY/MM/DD)
(1) per l'allieur de l'allieur		
ED CASTLE	305-6	852-5103 0// 08/ 0/

PERMITTEE NAME. MAILING ADDRESS

ATTN: Wayne Lujan

KeyHaven Utility

1104 Truman Avenue Key West, Fl 33040

0

FACILITY LOCATION Key Haven Key Haven Road

THE PARTY OF THE P PERMIT NUMBER DO44-227439

MONITORING PERIOD:

LIMIT: Final

CLASS SIZE: Minor FACILITY ID 5244000469

TEST SITE

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

Please read instructions before completing this form

*** NO DISCHARGE [] ***

GROUP Domestic

DISCHARGE POINT #

WAFR SYSTEM ID #.

Month / Year: July 2001

GMS#

Parameter		Quantity o	r Loading		Quali	ty or Concentrati	ion	,	No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Турс
pН	Sample	i						(12)			
	Measurement	********	*******	******	6.6	*******	********	SU	0	7 /7	GRAB
		- P. C. S.		75.27		经验的	经 提出公司	Carrie Anna		300	SEE SEE SEE
900241	and the same									SEE PERMITE CO.	AN PERMIT
MINIMUM	Requirement				MINIMUM	建筑建筑	*****	SEE SUPPLY		Control of the second	经验 的社会。
pН	Sample							(12)			
	Measurement	******	******	******	******	*******	7.3	รบ	0	7 /7	GRAB
900242	PO Perman	1000					8.5	22176700	2.04	SEE PERMIT	SPR
MAXIMUM	allegmentati	STATE			d	**************************************	DATLY MAX	**************************************			PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
	Measurement	******	*******	******	0.6	*******	*******	mg/L	0	ד/ ד	GRAB
50060	REPORT OF					1 P 1 2				SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE	Requirement	4321201168	不是是是	(2) 片。文字	MINIMUM	1	**************************************	mg/L		0.50	PERMIT
NITRATE (as N)	Sample						1	(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******	0.0	mg/L	0	0 /30	GRAB
000620		***					12.0	1	***	SEE PERMIT	SEE
	*Requirements		A COLUMN	**************************************	COLUMN TO	10 12 11 M	DAILY MAX.	myly	2000年	经工作的关系	PERMIT
NITROGEN, TOTAL (as N)	Sample				1			(19)			1
(IF REQUIRED IN THE PERMIT)	Measurement	******	*******	******	******	*******	22.5	mg/L		2 /30	GRAB
000600	Name of the		$\mathcal{L}_{\mathcal{L}} \subseteq \mathcal{P}_{\mathcal{L}}$		Part of	200	REPORT		是是是一个一个	SEE PERMITS	SEE
EFFLUENT GROSS VALUE	Requirement		CONTRACT.		V 2000		DAILY MAX.	mg/L	有是数位 《法	A. State	PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******		NTU			V F 6
	A Company			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2000 M	PHENERIC	KEPORT-	STORY OF			SEB
	Requirement	X II Y Y Y Y		*****	A Tritte	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	DAILY MAX.	N.T.U.	TOTAL	SEE PERMITE	E 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 PASIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	305-852-5103	01/08/21

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

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

6 7 8 9 10 11 12 13 14 15 16 17

0 1170 | 0.0470 | 0.1400 | 0 1400 | 0.1220 | 0.0340 | 0.1400 | 0.0410 | 0.0910 | 0.1140 | 0.1220 | 0.0930 | 0.0990

5.0 5.0

6.9 6.9 6.7

5.0

6.8

7.0

FACILITY ID: 5244000469 Month / Year: July 2001

7.1 7.1 70

0.6 5.0 5.0

7.4 6.9 6.9 Thre

18

192.0

412.0

2.0

10

22.5

<20

6.7

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8:30

2.4

		Thr ee m	onth Ave	rage Dally	Flow.		0 11090					
			_		Daily Flov	% of Pe	mytted (apacity		55 45%		
19	20	21	22	23	24	25	26	27	28	29	30	31
0 0760	0 1100	0 0980	0.1000	0 1720	0 0990	0.1320	0.1390	0.1470	0.1110	0 1480	0 1090	8 1100
3.8	4.1	4.0	3.0	1.9	4.4	3.0	3.6	4.4	4.5	4.5	5.0	5.0
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6.9	7.0	7.0	7.0	6.8	6.9	6.9	7.1	7.0	7.0	7.0	71	7.2
		··-								ļ		
										L		
												

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

Type of Effluent Disposal or Reclaimed Water Reuse EORE HOLES

Days of the Month

CBOD5 Influent (mg/L as O2)

CBOD5 Effluent (mg/L as Q2)

NO3 Effluent (mg/L as N) Total N Effluent (mg/L as N)

Fecal Coliform (#/100ML)

pH effluent (SU)

Turbidity (N.T.U.)

TIME OF SAMPLE

Total Phosphorus (mg/L)

TSS Influent (mg/L)

TSS Effluent (mg/L)

Chlorine Residual after Contact(mg/L as Cl2)

TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)

Flow (MGD)

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

1 2

4.0 4.8

6.7 7.0

0.1190 0.0830 0.0890

3.402

3

3.9

7.1 7.0

4

0.0630

5

0.1150

5.0

330.0

302.0

1.5

2.4

20.0

<20

7.2

G

10:00

2.04

"Attach additional sheets if necessary to list all certified operators

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

· Page 3 ·

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

KeyHaven Utility

PERMIT NUMBER: DO44-227439

MAILING ADDRESS-

1104 Truman Avenue

MONITORING PERIOD:

Month / Year: August 2001

Key West, F1 33040

LIMIT: Final

GROUP: Domestic GMS#:

FACILITY: LOCATION: Key Haven Key Haven Road CLASS SIZE: Minor FACILITY ID: 5244000469

DISCHARGE POINT #:

TEST SITE.

WAFR SYSTEM ID #

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

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter		Quantity of	or Loading		Quali	Quantity or Loading Quality or Concentration .						
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре	
	Sample			(03)								
FLOW	Measurement	0.12931	0.21600	MGD	******	*******	*******	******	0	7 / 7	GRAB	
	1. 2. 2. 3.3	REPORT	0.2	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			15				SEE	
50053	Permit	MONTHLY	PERMITTED	MGD	400000		. ********	*******	1 1	SEE PERMIT	PERMIT	
MONTHLY AVERAGE DAILY	Requirement	AVERAGE .	CAPACITY	\$68 A. L								
	Sample							(19)				
CBODS, INFLUENT	Measurement	*******	*******	******	******	105.00	144.00	mg/L	0	2 /30	GRAB	
	Permit		1. 10 1 10 1		第四条第四条	REPORT	REPORT			SEE PERMIT	SEE	
INFLUENT GROSS VALUE	Requirement	*******	*******	*****		MONTHLY AVG.	DAILY MAX	mg/L			PERMIT	
	Sample							(19)				
TSS, INFLUENT	Measurement	*******	******	******	440000	160.67	218.00	mg/L	0_	3 /30	GRAB	
1	Permit	Jan 1955				REPORT	REPORT	, (,)		SEE PERMIT	SEE	
INFLUENT GROSS VALUE	Requirement	*******	*******	******	****	MONTHLY AVG.	DAILY MAX.	mg/L	. `		PERMIT	
	Sample						1313	(19)	1			
CBOD5, EFFLUENT	Measurement	*******	******	******	******	530	<3.0	mg/L		0 /30	GRAB	
80082	Permit			Age 1		REPORT	REPORT			SEE PERMIT	SEE	
EFFLUENT GROSS VALUE	Requirement	*******	*******	*****	*****	MONTHLY AVG.	DAILY MAX.	nig/L			PERMIT	
	Sample		-			•		(19)		-		
TSS, EFFLUENT	Measurement	*******	******	*****	*****	tv.40	12.40	mg/L	0	3 /30	GRAB	
900201	Permit	N 1 1		No. No. 1		REPORT	REPOR1			SEE PERMIT	SEE	
EFFLUENT GROSS VALUE	Requirement	******	*****	*****	*****	MONTHLY AVG.	DAILÝ MAX.	mg/L	<u> </u>		PERMIT	
	Sample							(13)				
COLIFORM, FECAL	Measurement	*******	******	******	<20	<20	<20		0	2 /30	GRAB	
31616	Permit	17 50 By 18	Control of the second		REPORT	REPORT	REPORT		٠,			
EFFLUENT GROSS VALUE	Requirement	******	****	******	WEEKLY AVG	MONTHLY AVG.	DAILY MAX.	#/25mL	` '	SEE PERMIT	GRAB	

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

			'''', , , , , , , , , , , , , , , , , ,	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AG	ENT (Type or PrISIGNATURE OF	PRINCIPAL EXECUTIVE OFFICER OR A	AUTHORIZED TELEPHONE NO.	DATE (YY/MM/DD)
			305-852-5103	Dr. 19/25
ED CASTLE			303-832-3103	

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME MAILING ADDRESS KeyHaven Utility

1104 Truman Avenue Key West, Fl 33040

0

FACILITY. LOCATION.

ATTN: Wayne Lujan

Key Haven Key Haven Road

PERMIT NUMBER: DO44-227439

MONITORING PERIOD

Month / Year: August 2001 GROUP. Domestic

LIMIT. Final CLASS SIZE: Minor GMS #:

FACILITY ID: 5244000469 TEST SITE

DISCHARGE POINT # WAFR SYSTEM ID#

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

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	, ,	Quantity o	r Loading		Quali	ty or Concentrat	1011		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
рН	Sample							(12)			
1	Measurement	*******	*******	******	6.8	*******	*******	'SU	0	7.77	GRAB
		·	1.1	13317	10.00		1.				SEE
900241	Permit			1, 1	6.0			1		SEE PERMIT	PERMIT
MINIMUM	Requirement	*****	******		MINIMUM	. *******	. ++++++++	SU			
pН	Sample							(12)			
	Measurement	*******	*****	******	******	*******	7.3	SU	0	1.7	GRAB
900242	Permit	3 5 7 1 7 4 7		3 3 3 4 3 3			8.5	1,		SEE PERMIT	SEE
MAXIMUM	Requirement	*******	******	* *******	******	*******	DAILY MAX.	SU			PERMIT
CHLORINE, TOTAL RESIDUAL	Sample	,						(19)			
i i	Measurement	*******	******	******	1.3	*******	********	mg/L	0	1.77	GRAB
50060	Permit:			Maria de la compansión de la compansión de la compansión de la compansión de la compansión de la compansión de	0.5			,		SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	******	*********	******	MINIMUM	*******	*******	mg/L			PERMIT
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	********	*******	******	******	******	0.0	mg/L	. 0	0 /30	GRAB
000620	Permit	٠.	4,50		1 1.00	,	12.0	,		SEE PERMIT.	SEE
1	Requirement	*******	******	*****	******	******	DAILY MAX.	mg/L			PERMIT
NITROGEN, TOTAL (as N)	Sample						T	(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	*****	******	*******	17.9	mg/L		3 /30	GRAB
000600	Permit			8			REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*******	******		*******(;	******	DAILY MAX.	nig/L			PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******		NTU	<u> </u>		
	Permit		, ,	1. N	1 1 1 1 1		REPORT	,	0.75		SEE
	Requirement	******	******	******	******	******	DAILY MAX	N.T.U.		SEE PERMIT	PERMIT

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Pr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	0//	305-852-5103	00/05/25

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

Three-month Average Daily Flow

0 1155

Daily Flow % of Permitted Capacity onth / Year: August 2001 24 25 26 27 28 29 30 31 14 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 5 10 11 12 13 2 3 9 ys of the Month 1 0 0900 0 0216 0 1600 0.2130/ 0.1320 0.1610 0.1230 0.2160 0.1660 0.1650 0.1450 0.1450 0.0440 4.009 0 1930 0 1910 0 2120 0 0970 0 1130 0 0550 0 0640 0 1320 0 1250 0 1320 0 1210 0 1350 (MGD) 37 3 3 35 23 30 1.3 23 5.0 5.0 50 38 26 4 5 2.8 34 3.0 28 30 32 2.9 60 nne Residual after Contact(mg/L as CI2) 144.0 66.0 <42 D5 Influent (mg/L as O2) 218 0 188 0 76 O Influent (mg/L) <3 <3. DS Effluent (mg/L as O2) <3 76 12 4 11.2 Effluent (mg/L) Effluent (mg/L as N) 17.9 15.0 17.4 I N Effluent (mg/L as N) <20 <20 <20 Coliform (#/100ML) 70 70 70 59 70 7.1 7 C 72 7.1 69 71 7.1 7.1 7.0 6.8 7.1 7.2 68 7.0 6.9 7.1 71 7.0 70 7,3 71 7.1 71 ffluent (SU) dity (N.T.U.) G G G OF SAMPLE (C=COMPOSITE, G=GRAB) 10 45 10:50 7.53 OF SAMPLE 2 03 l Phosphorus (mg/L)

IT STAFFING

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class' N/A

Certificate No.1

Name: N/A

Evening Shift Operator

Class:

Certificate No:

Name.

Night Shift Operator

Class: N/A

Certificate No.:

Name: N/A

Lead Operator

Class: C

Certificate No: 5535

Name: Mark Burkemper

of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

ed Wet Weather Discharge Activated: Yes: No:

CILITY ID: 5244000469

Not Applicable X

If Yes, cumulative days of wet weather discharge:

ich additional sheets if necessary to list all certified operators

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

- Page 3 -

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME

KeyHaven Utility

PERMIT NUMBER: DO44-227439

MAILING ADDRESS:

1104 Truman Avenue

MONITORING PERIOD

Month / Year: September 2001

Key West, FI 33040

LIMIT: Final CLASS SIZE Minor GROUP: Domestic

GMS#.

FACILITY

Key Haven

FACILITY ID 5244000469

DISCHARGE POINT #:

LOCATION Key Haven Road TEST SITE

WAFR SYSTEM ID #

Please read instructions before completing this form

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan

*** NO DISCHARGE [] ***

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

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME
MAILING ADDRESS

ATTN Wayne Lujan

KeyHaven Utility 1104 Truman Avenue

Key West, Fl 33040

0

FACILITY LOCATION Key Haven Key Haven Road PERMIT NUMBER DO44-227439

MONITORING PERIOD Month / Year: September 2001
LIMIT: Final GROUP Domestic

CLASS SIZE: Minor GMS #:

FACILITY ID 5244000469 DISCHARGE POINT #
TEST SITE: WAFR SYSTEM ID #

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

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter		Quantity o	r Loading		Quali	ty or Concentrat	ion		No	Frequency of	Sample
STORET CODE		Ауетаде	Maximum	Units		Average	Maximum	Units	Ex	Analysis	Туре
pH	Sample							(12)		1	: <i>J</i> F
·	Measurement	*******	*******	******	6.8	*********	*******	SU	0	7 /7	GRAB
											SEE
900241	Permit				6.0	1		į		SEE PERMIT	PERMIT
MINIMUM	Requirement	******	******	*****	MINIMUM	*******	*******	SU		1	
pН	Sample							(12)			
	Measurement	******	******	******	******	*******	7.3	SU	0	7 /7	GRAB
900242	Permit						8.5	-		SEE PERMIT	SEE
MAXIMUM	Requirement	******	*****	*****	******	*******	DAILY MAX.	SU			PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
	Measurement	*******	******	******	1.6	*******	*******	mg/L	0	7 /7	GRAB
50060	Permit			,	0.5				1	SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	******	******		MINIMUM	*******	******	mg/L			PERMIT
NITRATE (as N)	Sample				1	!		(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	********	0.0	mg/L	0	0 /30	GRAB
000620	Permit					ļ	12.0	ļ	1	SEE PERMIT	SEE
	Requirement	******	******	******	*****	******	DAILY MAX.	mg/L			PERMIT
NITROGEN, TOTAL (as N)	Sample		l '		ł	İ		(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	******	*******	******	******	******	13.0	mg/L		2 /30	GRAB
000600	Permit						REPORT	ļ	1	SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*******	******	******	******	*******	DAILY MAX.	mg/L			PERMIT
TRIBIDITY	Sample				1				İ		
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	*****	******	********		N T.U			one
1	Permit						REPORT		j	(T)	SEE
	Requirement	*****	******	******	******	******	DAILY MAX.	N,T,U.	<u></u>	SEE PERMIT	PERMIT

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

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

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

FACILITY ID: 5244000469

Three-month Average Daily Flow:

0.1317

Month / Year: September	r 2001
-------------------------	--------

Month / Year: September 2001 Days of the Month 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31																															
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD) 4.863	0.1400	0.2380	0.2520	0.2420	0.1590	0.1730	0.1640	0.0900	0.1150	0.0800	0.1030	0.0850	0.0142	0.2440	0.2480	0.1800	0.0480	0.1770	.211.166	0.1660	0.1520	0.1220	0.1330	0.1090	0.0970	0.1060	0.1150	0.1590	0.3000	0.3130	
Chlorine Residual after Contact(mg/L as Cl2)	3.8	4.0	3.6	3.1	5.0	4.2	5.0	4.1	3.6	5.0	3.6	3.2	3.3	2.4	2.5	3.4	3.2	1.8	2.9	3.9	2.6	2.4	2.6	2.3	2.5	1.7	2.0	2.5	1.6	2.0	
CBODS Influent (mg/L as O2)	1					ļ						78.0														156.0					
TSS Influent (mg/L)		<u> </u>			<u> </u>							120.0														88.0					
CBOOS Effluent (mg/L as O2)												<3.														<3.			Ĺ		
TSS Effluent (mg/L)												5.2														6					
NO3 Effluent (mg/L as N)		<u> </u>																													
Total N Effluent (mg/L as N)												13.0														10.3					
Fecal Coliform (#/100ML)												<20														10					
pH effluent (SU)	7.0	7.0	7.1	7.0	6.9	7.0	7.0	6.8	7.1	7.0	7.0	6.8	6.9	7.1	7.0	6.9	6.9	7.1	6.8	6.9	7.2	7.1	7.1	7.2	7.0	7.2	7.6	7.2	7.3	7.2	
Turbidity (N.T.U.)	<u> </u>														L																
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)												G														G					
TIME OF SAMPLE												11:20														10:50					
Total Phosphorus (mg/L)		L										1.86														2.36					
																	ĺ														
4																															
	-			1 —	1 -	1								1																$\overline{}$	$\overline{}$

PLANT STAFFING

Day Shift Operator

Class:

Certificate No.:

Name:

Evening Shift Operator

Class: N/A

Certificate No.:

N/A Name: N/A

Evening Shift Operator

Class:

Certificate No.:

Night Shift Operator

Class: C

Name: N/A Name: N/A

Lead Operator

Class: N/A

Certificate No.: Certificate No.: 5535

Name: Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Acitvated: Yes: No:

Not Applicable: X

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

- Page 3 -

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A CONTROL OF THE PROPERTY OF THE

PERMITTEE NAME: MAILING ADDRESS: KeyHaven Utility

1104 Truman Avenue

Key West, FI 33040

FACILITY: LOCATION

ATTN: Wayne Lujan

Key Haven

Key Haven Road

PERMIT NUMBER: DO44-227439

MONITORING PERIOD:

Month / Year: October 2001

LIMIT. Final

GROUP: Domestic

CLASS SIZE: Minor

GMS #:

DISCHARGE POINT #:

FACILITY ID 5244000469

WAFR SYSTEM ID #:

TEST SITE:

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Sample	Average	Maximum	Units	1						
· · · · · · · · · · · · · · · · · · ·				Minimum	Average	Maximum	Units	Ex.	Analysis	Туре
surement [(03)			-		<u> </u> _		
	0.15935	0.25700	MGD	******	*******	********	******	2 x	7 / 7	GRAB
	(12)(0);4-									256B
(min)	्र (क) शिवशास्त्र	igaçıstığığığı	10(0)5				(mg		STATE OF STA	PENTER
minantan d	259/112461.	12/17/10/20						28 (20)	4-74-11-14-14-14-14-14-14-14-14-14-14-14-14	
ample							(19)			
surement	*******	******	******	******	95.25	105.00	mg/L	0	2 /30	GRAB
April 1					经 有可以的关键	10000			ssusyzirivir.	er et state in e
		3.00000	£111.11	经过的过去	NO STUDY AVE	DAILYTUAN		200		PERMIT
ample							(19)			
surement	*******	******	******	******	82.50	86.00	mg/L	0	2 /30	GRAB
)-iii)					STREET, STREET	TOPRORES.			SU PARILITO S	
in the	minimal.		7.477	against a	MONTH ANY	DATE VICES	3.10 Tr			SEPTIME SEPTIME
ample							(19)			
surement	*******	******	******	******	⋖3.	_<3	mg/L	0	0 /30	GRAB
(Firm)					REFORT	1127074	证表		ist freely milety	+ SEE 7
	Summing	Spirota 1		No constitution	MONTHEWAY.Co.	DAIDY MVX	新西 唐	EXE		AS PERMITTE
ample							(19)			
surement	*******	******	*****	******	6.35	7.60	mg/L	0	2 /30	GRAB
27di - 1						REPORT			STREETVIN	SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUM
in encent		Significant	COUNTY.	Faction 2	NONTHOUNING	DAIDZIMIAZE	Elligates	100 Sept.		PERMIT
ample	***						(13)			i
surement	********	******	*******	25.00	25.00	40.00		0	2 /30	GRAB
				1(451,40):41	111-1014	1(1:1:0)(1:				
	morna	on min	Tritter.	PERSONALVO	MOSTIFIE VALVO	DAILYMAN	and the		SEED TRIVING	CRATE AND
	surement unchene unrement unple surement unple surement mple urement unple urement	surement	surement introduction introd	surement automorphism ple surement automorph	surement initial initi	ample surement	### 95.25 105.00 #################################	105.00 mg/L 105.00 mg/L		MONTHEWAYGE DAIDY MEDICAL MEDI

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of PriSIGNATURE) OF PRINCIPAL I	EXECUTIVE OFFICER OR AUTHORIZED TELE	PHONE NO DATE (YY/MM/DI
MARK HURHAMPER NAMIES SAUS	m 305-852	2-5103 01 11 27

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

PERMITTEE NAME: MAILING ADDRESS:

ATTN. Wayne Lujan

KeyHaven Utility

1104 Truman Avenue

Key West, FI 33040

FACILITY: LOCATION: Key Haven Key Haven Road

KeyHaven Utility

PERMIT NUMBER: DO44-227439

MONITORING PERIOD

LIMIT Final

CLASS SIZE. Minor

FACILITY ID. 5244000469 TEST SITE

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

Please read instructions before completing this form

Month / Year: October 2001

GROUP Domestic

GMS #

DISCHARGE POINT # WAFR SYSTEM ID#

*** NO DISCHARGE [] ***

	lan construction	0			Oual	ty or Concentrat	ion		No	Frequency of	Sample
Parameter			or Loading	1		^	Maximum	Units	Ex	Analysis	Туре
STORET CODE	A Service	Average	Maximum	Units	Mınimum	Average	Maximum			Allarysis	
pH	Sample			******				(12) SU		7 /7	GRAB
1	Measurement	*******	AND COMPANY OF THE PARTY OF THE	B 10 10 10 10 10 10 10 10 10 10 10 10 10	6.9	17-18-18-18-18-18-18-18-18-18-18-18-18-18-	485204.3244.444	50 3 - 3 - 5 - 6 - 6 - 7 - 7	-22 m2 90 mm 2	ATTENDED TO A STATE OF	
	ALC: U	40 A 10							7 - V		SEE
900241	CAST										
MINIMUM	Requirement	1		A	DWINIMUMS		The characters of the	48 . 48 UKE 194	No. of the Party o		Land to the second of the second
pH	Sample					'	1	(12)	_	7.77	GRAB
]	Measurement	******	******	******	*****	*******	7.3	SU	0	Marine Section 1	SPROVING
900242	t granicat	******					3.85			THE EXM	3 2 . No be
MAXIMUM	Requirement		2424414		Section 18	THE REAL PROPERTY.	DAILYMAX		Service Control		PERMIT
CHLORINE, TOTAL RESIDUAL	Sample						1	(19)			
	Measurement	*******	******	******	1.0	*******	*******	mg/L	0	7 /7	GRAB
50060	100	美洲大学	医校型		## (C) (P#		经验证			SEEPERMIT	SEB PERMIT
EFFLUENT GROSS VALUE	Requirement				MINIMUME	10000	2	mg/E			PERMIT
NITRATE (as N)	Sample					ľ	ł	(19)	1		
(IF REQUIRED IN THE PERMIT)	Measurement	******	******	******	*****	*******	0.0	mg/L	0	0 /30	GRAB
000620	Ber Permitten	EXECUTE 18		A 100 M		10 M	120 - S			SERPERMILE	SEE
Ĭ		Advisor.		24000E		Merrer	DAILY MAX	my/C P	建作的。2009		PERMIT
NITROGEN, TOTAL (25 N)	Sample						1	(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******	10.8	mg/L		2 /30	GRAB
000600	and the second	24.00			1		REPORTA	A CANA	WILL VERY	SEEPERMIT	NE SEE SEE
EFFLUENT GROSS VALUE	Requirement		A SECTION A			*******	DAILY MAX	mg/L			PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******		N.T.U			
1	P. Printle			# 14 E			REPORT		的过去分 数		SEE Z
	Requirement			第1000000		Extra term	DAILY MAX.	N.T.U		SEE PERMIT	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 possibilty of fine and imprisonment

	\sim	_	_/ /_				
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Principal)	SIGNATURE OF PA	NCIRAL	EXEC	TIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE	YY/MM/DD)
MARK BURKENDER ANIEL SAI)S	2).	1-5X		5.2	305-852-5103	01/	<u> 11/27</u>
71100							

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

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

- Page2 -

PART SAME LE RESULTS PART D

FACILITY ID: 5244000469 Key Haven 0 1014

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- 1				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
- 1	1450	0 1570	0 1570	0 1640	0.1590	0 1860	0 1190	0 1470	0 1690	0.1500	0 2000	0 1330	0 2570	0 1890	0 1950	0 1690	0 1030	0 1700	0 1830	0 1920	0 2220	0 1520	0 1840	0 1510	0 1730	0 0890	0 1240	0 1350	0 1130	0 126
	10	5.0	50	4.5	40	42	50	3.5	2 1	2.3	5.0	45	2.5	27	2.5	5 0	50	5.0	50	5.0	4.0	5.0	28	42	5.0	50	50	50	50	3.8
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										105 0 86.0 36.0 37.6 3.7 40 79 7.2 77 75 74 74 76 76 7.8	105 0 86.0 3. 3. 76 76 75 74 74 76 7.6 7.8 7.5 G 945	105 0 86.0 36.0 3.1 7.6 7.6 7.8 7.5 7.6 7.6 9.45 9.45	105 0 86.0 3.3 3.4 76 7.5 7.5 7.6 7.5 7.6 7.5 7.6 7.5 7.6 7.5 7.5 7.6 7.5 7.6 7.5 7.6 7.5 7.6 7.5 7.5 7.6 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5	105 0 86.0 86.0 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1	105 0 86.0 36.0 36.0 37.6 37.5 37.6 37.5 37.6 37.5 37.6 37.6 37.6 37.6 37.6 37.6 37.6 37.6	105 0 86.0	105 0 86.0	105 0 86.0	105 0	105 0	105 0	105 0	105 0	1050	1050	No. No.	No. No.	1050	No. No.	No. No.

PLANT STAFFING Day Shift Operator Class Certificate No

 Evening Shift Operator
 Class*
 N/A
 Certificate No.
 N/A
 Name: N/A

 Evening Shift Operator
 Class
 Certificate No.
 Name: Name: N/A

 Night Shift Operator
 Class*
 N/A
 Certificate No.
 N/A
 Name: N/A

Lead Operator Class C Certificate No 5535 Name: Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

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

*Attach additional sheets if necessary to list all certifled operators

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

- Page 3 -

Name

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

KeyHaven Utility

PERMIT NUMBER: DO44-227439

MAILING ADDRESS

1104 Truman Avenue

MONITORING PERIOD.

Month / Year: November 2001

GMS#

Key West, Fl 33040

LIMIT: Final
CLASS SIZE: Minor

GROUP: Domestic

FACILITY LOCATION:

Key Haven

FACILITY ID. 5244000469

DISCHARGE POINT #.

Key Haven Road TEST SITE:

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL. U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	. ,,	Quantity o	or Loading		Quali	ty or Concentration			No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Type
	Sample			(03)							
FLOW	Measurement	0.12910	0.31300	MGD	******	*******	*******	******	3	7/7	GRAB
	1,1,1,1	REPORT	0.2				81	. ,			SEE
50053	Permit	MONTHLY	PERMITTED	MGD	******	********	*******	******		SEÉ PERMIT	PERMIT
MONTHLY AVERAGE DAILY	Requirement	AVERAGE	CAPACITY	مريان و ما	<u> </u>	\$ 50 000		* *,			
	Sample							(19)			
CBOD5, INFLUENT	Measurement	*******	******	******	*****	75,75	97.50	mg/L	0	2 /30	GRAB
	Permit		1. 海道 。	13.0	. A. J. C.	REPORT	REPORT		,	SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	********	******	*****		MONTHLY AVG.	DAILY MAX.	mg/L			PERMIT
	Sample							(19)			
TSS, INFLUENT	Measurement	*******	******	******	******	170.00	232.00	mg/L	0	2 /30	GRAB
	Permit		1, 1	13 1 16	4 , 0	REPORT	REPORT			SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	******	******	******		MONTHLY AVG.	DAILY MAX.	mg/L	. 3		PERMIT
	Sample				_			(19)			
CBODS, EFFLUENT	Measurement	********	******	******	*****	<3.	<3.	mg/L	0	0 /30	GRAB
80082	Permit	, ,	1	,	11.	REPORT	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	. ********	******	******	******	MONTHLY AVG	DAILY MAX.	mg/L	î		PERMIT
	Sample							(19)			
TSS, EFFLUENT	Measurement	*******	******	******	******	3.15	4.50	mg/L	0	2 /30	GRAB
900201	Permit		, ,			REPORT	REPORT	-		SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	. ********,	******	******	*****	MONTHLY AVG.	DAILY MAX.	mg/L		·	PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	******	******	******	<20	<20	<20	l	0	2 /30	GRAB
31616	Permit	1 1 1		4 159	REPORT	REPORT	REPORT			* 3 ,	
EFFLUENT GROSS VALUE	Requirement	********	******	******	weekly avg	MONTHLY AVG.	DAILY MAX.	#/25mL	4	SEE PERMIT	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pri	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO.	DATE (YY/MM/DD)
MARK BURKEMPER	Jan Bly	305-852-5103	01-12-13

445

FDEP LIMITS (REPEACES MOR FORM)

PERMITTEE NAME KeyHaven Utility
MAILING ADDRESS. 1104 Truman Avenue

Key West, Fl 33040

0

FACILITY. LOCATION

ATTN Wayne Lujan

Key Haven Key Haven Road PERMIT NUMBER DO44-227439

MONITORING PERIOD: Month / Year: November 2001
LIMIT Final GROUP- Domestic

CLASS SIZE Minor GMS #-

FACILITY ID: 5244000469 DISCHARGE POINT #
TEST SITE: WAFR SYSTEM ID #

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

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter		Quantity of	or Loading		Quali	ty or Concentrat	10II		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Eλ	Analysis	Туре
рН	Sample							(12)			
	Measurement	*******	******	******	6.8	*******	*******	su	0	7 /7	GRAB
			· · · · · · · · · · · · · · · · · · ·			30000	11.			,	SEE
900241	Permit ,		1.23	15.5%	6.0	, " ¹¹ , "	, ,		}	SEE PERMIT	PERMIT
MINIMUM	Requirement	*******	*******	*****	MINIMUM	******	*******	SU	j .	1.	
рН	Sample							(12)		<u> </u>	
	Measurement	*******	*******	******	******	********	7.3	su	0	7/7	GRAB
900242	Permit	31.5	1 ² 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	23.00		Co Strain	8,5		4 1	SEE PERMIT	SEE
MAXIMUM	Requirement	********	*******	******	******	******	DAILY MAX.	รบ		1	PERMIT
CHLORINE, TOTAL RESIDUAL	Sample			,				(19)			·····
	Measurement	*****	*******	******	1.8	*******	*******	mg/L	0	7 /7	GRAB
50060	Permit		S. S. Margar	5	0.5	35-30	100			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*******		******	MINIMUM	******	*******	mg/L	l .	1 .	PERMIT
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	0.0	mg/L	1 0	0 /30	GRAB
000620	Permit		1. 1.4				12.0			SEE PERMIT	SEE
	Requirement	*******	*******	. *****	******	*******	DAILY MAX:	mg/L			PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******	35.5	mg/L		2 /30	GRAB
000600	Permit		5 (5, 6)	100		iler i	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*******	******	****	******	******	DAILY MAX.	mg/L	1	. 1	PERMIT
TRIBIDITY	Sample	.,									
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	*****	*******		NTU			
	, Permit'					13.27	REPORT	,		1.	SEE
	Requirement	*****	******	******	· *******	******	DAILY MAX.	N.T.U.	1	SEE PERMIT	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 faise information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARK BURKEMPER Prefix	305-852-5103	01.12.18

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

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

FACILITY ID: 5244000469

Key Haven

Three-month Average Daily Flow

0 1014

Month	Year: November 2001	and an extension of the con-	
	ICAL HOVEHIDE ZOOT	Daily Flow % of Permitted Capacity	50 68%

MOIRIT / Teat. NOVELIDE 2001							_												-					Daily Fit	W % Of I	ennicec	Сараск	у	50 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
Flow (MGD) 3,873	0 1110	0 1450	0 1690	0 1710	0 2060	0 3130	0 3010	0 1890	0 1430	0 0820	0 1480	0 1800	0 1300	0 0950	0 1610	0 0850	0 1050	0 1240	0 1480	0 1290	0.0980	0 1310	0 0640	0.0840	0 0900	0 0210	0.0930	0.0670	0 0500	0 0380	L
Chlorine Residual after Contact(mg/L as Cl2)	38	4.5	40	3.8	18	46	4 8	5.0	5.0	50	5.0	3.1	5.0	50	5 0	5.0	50	50	50	5 0	50	5.0	5.0	50	50	50	5.0	5.0	50	5.0	<u> </u>
CBODS Influent (mg/L as O2)		l		L									97.5								54 0										L
TSS Influent (mg/L)	<u> </u>												108 0								232.0										
CBOD5 Effluent (mg/L as O2)													<3								<3										
TSS Effluent (mg/L)		<u> </u>											4 5								18										
NO3 Effluent (mg/L as N)	L			<u> </u>				l																							
Total N Effluent (mg/L as N)													16.0								35.5										
Fecal Coliform (#/100ML)													< 20								<20										
pH effluent (SU)	7.0	70	7.0	71	6.8	7.0	6.9	6.8	6.9	6.9	7.0	71	70	71	70	7 1	7.1	70	71	71	69	69	7.0	69	6.9	7.0	5.9	6.9	7.0	70	
Turbidity (N T U)	l]																												
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)]						G								G										
TIME OF SAMPLE	<u></u>					L							11.30								11.10										
Total Phosphorus (mg/L)													1 57								3 37										
	<u> </u>			<u></u>																											
																				_											
																		-													

PLANT STAFFING

Day Shift Operator

Class: Class: N/A Certificate No Certificate No. Name

Evening Shift Operator

Certificate No :

N/A Name, N/A

Evening Shift Operator

Class

Name:

Night Shift Operator

Class. N/A Certificate No : N/A Name N/A

Lead Operator

Class C Certificate No. 5535

Name: Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Acityated, Yes. No

Not Applicable X

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

- Page 3 -

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

PERMITTEE NAME.

KeyHaven Utility

PERMIT NUMBER DO44-227439

MAILING ADDRESS

1104 Truman Avenue

MONITORING PERIOD

Month / Year: December 2001

Key West, Fl 33040

LIMIT Final
CLASS SIZE: Minor

GROUP: Domestic

FACILITY

Key Haven

FACILITY ID: 5244000469

GMS#
DISCHARGE POINT#

LOCATION

Key Haven Road

TEST SITE:

WAFR SYSTEM ID #1

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter		Quantity of	or Loading		Qual	ity or Concentration			No	Frequency of	Sample
STORET CODE		Аустаде	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
	Sample]	(03)							
FLOW	Measurement	0.08058	0.15700	MGD	******	******	******	******	0	7/7	GRAB
		REPORT	0.2		1.7.89	· ;				-	SEE
50053	Permit	MONTHLY	PERMITTED	MGD	******	*******	.44*****	******	}	SEE PERMIT	- PERMIT
MONTHLY AVERAGE DAILY	Requirement	AVERAGE	CAPACITY								
	Sample							(19)			
CBODS, INFLUENT	Measurement	*******	******	******	******	138.00	210.00	nig/L	0	2 /30	GRAB
	Permit	-		<i>r</i>		REPORT	REPORT			SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	******	*******	******	******	MONTHLY AVG.	DAILY MAX.	mg/L	,		PERMIT
	Sample							(19)			
TSS, INFLUENT	Measurement	*******	******	******	******	86.00	100.00	mg/L	0	2 /30	GRAB
•	Permit					REPORT	REPORT		-	SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	*******	******	******	******	MONTHLY AVG.	DAILY MAX.	mg/L			PERMIT
	Sample							(19)			
CBOD5, EFFLUENT	Measurement	*******	******	******	******	3.50	3.50	mg/L	0	1 /30	GRAB
80082	Permit			ALT ROS		REPORT	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	********	******		*******	MONTHLY AVG.	DAILY MAX.	nıg/L			PERMIT
	Sample							(19)			
TSS, EFFLUENT	Measurement	********	******	******	******	3.40	5.20	mg/L	0	2 /30	GRAB
900201	Permit				J. 22 :	REPORT	REPORT			SEE-PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*******	******	******		MONTHLY AVG.	DAILY MAX.	mg/L	ļ		PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	*******	******	******	<20	<20	<20		0	2 /30	GRAB
31616	Permit				REPORT	REPORT	REPORT			,	
EFFLUENT GROSS VALUE	Requirement	*******	*******	******		MONTHLY AVG.		#/25mL	1	SEÉ PERMIT	. GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
MARK BURKEMPER Mohysham 3	305-852-5103	0201-15

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME MAILING ADDRESS:

ATTN Wayne Lujan

FACILITY

LOCATION

KevHaven Utility 1104 Truman Avenue

Key West, FI 33040 0

MONITORING PERIOD LIMIT Final

Month / Year: December 2001 GROUP Domestic

GMS#

CLASS SIZE Minor FACILITY ID: 5244000469

DISCHARGE POINT #

Key Haven Key Haven Road

TEST SITE.

WAFR SYSTEM ID#

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

PERMIT NUMBER DO44-227439

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter		Quantity of	or Loading		Quali	ty or Concentra	tion		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Mınımum	Average	Maximum	Units	Ex	Analysis	Туре
рН	Sample							(12)			
	Measurement	*******	*******	******	6.7	*******	*******	, SU	0	7 /7	GRAB
						- 3				,	SEE
900241	Permit			, ''	6.0			!	,	SEE PERMIT	PERMIT
MINIMUM	Requirement	******	*******	******	MINIMUM	*******	******	SU			
Н	Sample							(12)			
	Measurement	*******	******	*****	******	********	7.3	SU	0	7 /7	GRAB
900242	Permit			, .		```	8.5			SEE PERMIT	SEE
MAXIMUM	Requirement	******	*******	******	****	*******	DAILY MAX.	. SU		İ	PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
	Measurement	*******	*******	******	0.5	******	*******	nig/L	0	7 /7	GRAB
50060	Pennit			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.5					SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	********	********	******	MINIMUM	*******	******	mg/L		•	PERMIT
NITRATE (as N)	Sample							(19)		İ	
(IF REQUIRED IN THE PERMIT)	Measurement	********	*******	******	*****	*******	0.0	mg/L	0	0 /30	GRAB
000620	Permit	-					12.0	1		SEE PERMIT	SEE
	Requirement	*******	******	- *******	******	*******	DAILY MAX.	mg/L			PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	29.3	mg/L	L.,	2 /30	GRAB
000600	Permit	. , ,		٠. :	-		REPORT	į		SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	******	*****	******	*****	*******	DAILY MAX.	mg/L			PERMIT
TRIBIDITY	Sample									1	
(IF REQUIRED IN THE PERMIT)	Measurement	********	******	******	******	*******		N T.U			
	Permit	y*					REPORT				SEE
	Requirement	******	*****	*****	******	*******	DAILY MAX.	N.T.U.	<u> </u>	SEE PERMIT	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 possibilty of fine and imprisonment

			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or)	PH SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
MARK BURKEMPER	mitosta	305-852-5103	02.01-15

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

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

FACILITY ID: 5244000469

Key Haven

Three-month Average Daily Flow

0 1230

Month / Year: December 2001																								Daily Flo	w % of	Permitted	Capacit	у	61 51%		
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD) 2.1198	0 0330	0 0610	0 0610	0 0520	0 0560	0 0550	0 0950	0 0720	0 0870	0 0940	0 0900	0 0220	0 0700	0 0600	0 0820	0 0850	0 0600	0 0840	0 0670	0 0850	0.0680	0 0820	0 1250	0 0790	0 0830	0 1250	0 1050	0 0970	0 0910	0 1150	0 1570
Chlonne Residual after Contact(mg/L as CI2)	5.0	40	12	0.6	1.2	50	5.0	50	50	2.4	5 0	0.5	50	50	5.0	5,0	50	4,5	50	50	4.5	50	50	49	46	50	45	5.0	3.1	2.3	18
CBOD5 Influent (mg/L as O2)		ļ			<u> </u>	210.0		ļ 			<u> </u>			<u> </u>					66 0							,					
TSS Influent (mg/L)						100 0										 			72 0											ļ	<u> </u>
CBODS Effluent (mg/L as O2)					ļ <u>.</u>	<3													3.5										Ĺ		İ.,
TSS Effluent (mg/L)						16					ļ		ļ						5 2										<u></u>		i
NO3 Effluent (mg/L as N)	<u></u>	<u> </u>																											L		
Total N Effluent (mg/L as N)						29 3													13 3												
Fecal Coliform (#/100ML)						<1													<20		•										
pH effluent (SU)	7.0	70	69	6.9	7.0	70	7.1	71	7 1	7.2	71	7.1	69	72	7.0	6 9	70	7 2	67	7.0	69	69	7.0	69	70	69	69	68	7.0	71	72
Turbidity (N T U)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)						G													G												
TIME OF SAMPLE						10 30													9 30												
Total Phosphorus (mg/L)						2 32													4 04												
																												-			

PLANT STAFFING

Day Shift Operator

Class.

Certificate No

Name

Evening Shift Operator

Class. N/A

Class:

Certificate No

Certificate No 5535

N/A Name N/A

Evening Shift Operator

Certificate No :

Name.

Night Shift Operator

Class: N/A Certificate No : N/A Name N/A

Lead Operator

Class C

Name. Mark Burkemper

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Acityated: Yes No.

Not Applicable: X

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

- Page 3 -

DAILY SAMPLE RESULTS - PART B

anty ID: Key Haven								-	, 1 XII		31171		CL/GC	J & J & L	, - <u>1</u> .	24/ 1	D				Thi	ree-n	nont	ı Ave	erago	Dai	ly Flo	ow:	,/25	MER
onth/Year: 1 Zooo																										l Capa		d	13%	?
ays of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	i4	15	16	17	18	19	20	21	22	2.3	24	25	26	27	28	29	30/31
aw (MGD)	141	.32	146	.128	123	1:7	.(1)	เคร	1120	.132	.110	رارا	.078	.//	2092	مەل	11:3	./30	(3)	,148	.129	.189	.103	187	77	,117	121	111.	1092	1/36
ilorine Kesidual after Contact ng/L as Cl ₂)	21	2 4	l.	(L)	25	2,	20		-			u,	U A	1' 6	2 17	مد و	1	1)	سر پ			2.1	,,	,		2		1	1, -	2.15
iOD _s influent (ng/L as O _s)	10.1	3.8	7.0	7,0	13,3	ï	3.0	5,0	נוס	315	14.1	7.6	U	טירן	2.8	1.5	30	12.2	13/2	3.1	1.75	64	1.6	12	11.1	10	1,76	1112	25	3.2
	1_			L		210									!				138									l		
S Influent (mg/_)	ľ	1				32													14											
OD, Effluent (mg/L as O)	1	1			 	42	-		ļ															\vdash	-	+		┼	 	
S Effluent (mg/L)				<u> </u>	ļ	4.8													19.0								<u>L</u>			
;						6.2													13,5				ĺ			1				
), Effluent (mg/L as N)						Ť												-	1,70					-		-		-		•••
tal N Effluent (mg/L as N)		-	\vdash			101					-							-	-				<u> </u>		-	 			\vdash	
cal Celiform (#100ML)	 		_		ļ	ļ					Ш								56						ļ		<u> </u>			
Cat Cambria (#1100ME)					1	120													120											,
l effluent	1.9	19	1.8	10	17	17	71	20	, 4	77	17	ia	18	17	10	, 0	/7			1 0	, ,			/ 3	/>	1 6	10	, ,	,0	6.7×.8
tal P Effluent (mg/l as P)	0.7	611	00	4.7	10.1	3 3	/s.L	1.0	61	1911	/ (م)	pil	4,0	4.1	410	10	(11)			616	4.7	1.1	7.1	611	4./	(44)	48	6.1	6.7	4.5
						D-[]]			293									1		
'PE OF SAMPLE (C=COMPOSITE, =GRAB)						6													G											
ME OF SAMPLE	 		_	ļ		2 ³⁵					\vdash			-i			_								_	-		- -	\vdash	
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LNT STAFFING: Day Shift (]ou=						un	N1-				_ 																		
Evening Ch		л.		CI	a22;	Cert	etical:	No.:			1	Name:	:																	

Evening Shift Operator Night Shift Operator

Lead Operator

Class: Certificate No.: Class: Certificate No.:

Class:B Certificate No.: 8959

Name: Name: Dan Stus

e of Effluent Disposal or Reclaimed Water Reuse:

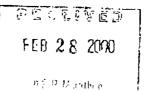
ited Wei Weather Discharge Activated: Yes: No: Not Applicable: ach additional sheets if necessary to list all certified operators.

If yes, cumulative days of wet weather discharge:

Form 62-620-910|10-, Effective November 29, 1994

.3.

Name:



DAILY SAMPLE RESULTS - PART B

.iy ID: Key Hayen Sonth/Year: 600/2000																								h Ave f Perm) ;; ;		
Days of the Month	l	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	27	21	24	25	1 26	77	28	29	30/31
low (MGD)	117	111	109	119	138	1087	111	城	.23	115	.110	1,5%	.116	, 36	113	114	,A	1,74	-25	1,7	1	.04	, lut	152	-	-	7	-76		
hlorine Residual after Contact mg/L as Cl _s)		91	121	115	72	117	, 61	7 0	į.	2	t	11/2	, 4	1513	2.2	1.5.7	111 2	1.0	100	,,,,,	1121	,13,	וטוו	1177	114	1111	1,120	,100	.127	
BOD, Influent (mg/L as O ₁)	173	1,50	1,00	11.6	613	4.1	11.21	2,0	121	11.50	1,01	20	1.7	1611			215	2.8	2.2	5.0	3,0	1.02	1.00	11:77	2.17	3,0	3.0	3.5	1.64	
SS Influent (mg/L)	112			\vdash		-					<u> </u>	-	-		785			 	ļ				-	 		-	-	ļ	188	
BOD, Effluent (mg/L as O _i)	(,)		i -	╁╌	-		-						-		100			-		_	ļ	-		ļ		 	_	-	163	
SS Effluent (ing/L)	1.0		-	-		-						_	<u> </u>		6.0			-	-	_			-	ļ	_				30	
O, Effluent (mg/L as N)	E.,		+-		 								-		ЪС		_							-	_	-			120	
otal N Effluent ang/L os N)	1.0		+		-								 		7.3					-						-		<u> </u>		
cal Coliform (#100ML)	431)		-					··	-				-				_	<u> </u>		-			-			 		-		
I effluent		1.5	4.8	4.3	74	71	1, 1,	17	1.9.	10	1 4	19	10	s or	420			1, 5	, ,	16	, ,	1 45	1 6	10		20			20	
otal P Effluent (mg/l as P)	24)	u.	14.5	9		10)	9.0	<u>41</u>	4.0	U 10	410	4-1	1,0	رونه	(1) 234	[18	Lib	(4,1	ديا، جا	48	Ceil	61	4.5	6,8	7.0	1.3	72	7.7	7.0	
YPE OF SAMPLE (C=COMPOSITE, -GRAB)	Ġ,							-							(۲														, I	
ME OF SAMPLE	101														100			-										_	<u>د</u>	
						-									700														اک	
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			<u>1</u>			<u>l</u>																								

Day Shift Operator

Evening Shift Operator

Class: Certificate No.: Class: Certificate No.:

Name: Name:

Night Shift Operator Load Operator

Class: Certificate No.:

Name:

/pe of Effluent Disposal or Reclaimed Water Reuse:

Class:B Certificate No.: 8959

Name: Dan Saus

mited Wet Weather Discharge Activated: Yes: No: Not Applicable: stach additional sheets if necessary to list all conified operators.

If yes, our milative days of wet weather discharge:

P Form 62-620:910(10), Effective November 29, 1994

-3.

RECEIVED

MAR 2 8 2000

D.E.P. Harathon

FDEP LIMITS (REPLACES MOR FORM)

LIMIT: Final

PERMITTEE NAME

KeyHaven Utility

PERMIT NUMBER DO44-227439

MAILING ADDRESS

FACILITY:

LOCATION.

1104 Truman Avenue

Month / Year: March 2000 MONITORING PERIOD

Key West, Fl 33040

GROUP. Domestic

CLASS SIZE: Minor

GMS #: DISCHARGE POINT #:

FACILITY ID. 5244000469 Key Haven Key Haven Road TEST SITE:

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL. U001

ATTN. Wayne Lujan

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter		Quantity o	r Loading		Qualit	y or Concentration			No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
	Sample			(03)							
FLOW	Measurement	(0,12287)	0.23900	MGD	*****	******	*******	******	2	7/7	GRAB
		REPORT	0.2								SEE
50053	Permit	MONTHLY	PERMITTED	MGD	*****	******	*******	******		SEE PERMIT	PERMIT
MONTHLY AVERAGE DAILY	Requirement	AVERAGE	CAPACITY								
	Sample							(19)	<u>_</u>		
CBODS, INFLUENT	Measurement	*******	******	*****	*****	152.00	172.00	mg/L	0	2 /30	GRAB
	Permit					REPORT	REPORT			SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	*****	******	*****	****	MONTHLY AVG	DAILY MAX	mg/L			PERMIT
	Sample							(19)			
TSS, INFLUENT	Measurement	*******	******	******	*****	115.00	134.00	mg/L	0	2 /30	GRAB
	Permit					REPORT	REPORT			SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	*****	*****	*****	*****	MONTHLY AVG	DAILY MAX	mg/L			PERMIT
	Sample							(19)	_		
CBOD5, EFFLUENT	Measurement	*******	******	******	*****	3.15	4.80	mg/L	0	2 /30	GRAB
80082	Permut					REPORT	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*****	******	******	*****	MONTHLY AVG	DAILY MAX	mg/L			PERMIT
	Sample							(19)]	
TSS, EFFLUENT	Measurement	******	*****	*****	*****	7.40	14.00	mg/L	0	2 /30	GRAB
900201	Permit					REPORT	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	******	*****	****	****	MONTHLY AVG	DAILY MAX	mg/L			PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	******	******	*****	<20	<20	<20		0	2 /30	GRAB
31616	Permit				REPORT	REPORT	REPORT				
EFFLUENT GROSS VALUE	Requirement	*****	*****	*****	EEKLY AVG	MONTHLY AVG	DAILY MAX	#/25mL		SEE PERMIT	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Pri	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	Edatt	305-852-5103	00/64/19

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

199-4 m

x days in month 3.80897

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME

KeyHaven Utility 1104 Truman Avenue

0

PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: March 2000

MAILING ADDRESS Key West, Fl 33040

LIMIT Final

GROUP Domestic GMS #:

FACILITY: LOCATION:

ATTN Wayne Lujan

Key Haven Key Haven Road CLASS SIZE: Minor FACILITY ID: 5244000469

DISCHARGE POINT # WAFR SYSTEM ID #

TEST SITE: PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001 Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter	T	Quantity of	or Loading		Qual	ty or Concentrat	ion		No	Frequency of	Sample
STORET CODE	l	Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
pH	Sample	71,01050				7.1.01.00	1110111111111	(12)	<u> </u>	, , , , , , , , , , , , , , , , , , , ,	
	Measurement	******	****	*****	6.4	*****	*****	SU	0	7 /7	GRAB
					<u> </u>						SEE
900241	Permit				6.0	1		1		SEE PERMIT	PERMIT
MINIMUM	Requirement	*******	*****	*****	MINIMUM	******	*****	SU			
pН	Sample	-						(12)			
	Measurement	******	*****	******	*****	******	7.3	SU	0	7 /7	GRAB
900242	Permit						8.5			SEE PERMIT	SEE
MAXIMUM	Requirement	******	******	******	*****	*******	DAILY MAX	SU			PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
	Measurement	******	******	*****	0.8	******	*******	mg/L	0	- 7/7	GRAB
50060	Permit				0,5					SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*******	****	****	MINIMUM	******	*****	mg/L			PERMIT
NITRATE (as N)	Sample				1			(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*****	*****	****	*****	*******	0.0	mg/L	0	0 /30	GRAB
000620	Permit						120			SEE PERMIT	SEE
	Requirement	*****	******		******	******	DAILY MAX	mg/L			PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)	_		
(IF REQUIRED IN THE PERMIT)	Measurement	*****	*****	*****	******	******	3.8	mg/L	0	2 /30	GRAB
000600	Permit						REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*******	*****	all all all all all all all all all all	*****	******	DAILY MAX,	mg/L			PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*****	*****	*****	*****	******		NTU]		
	Permit]	REPORT				SEE
	Requirement	******	******	*****	******	******	DAILY MAX	NIU		SEE PERMIT	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 awaie that there are significant penalties for submitting false information including the possibilty of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Prin SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/D	D)
ED CASTLE SALE	305-852-5103	80/04/1	9
		,	

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

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

FACILITY ID: 5244000469

Three month Average Daily Flow 312229

Month / Year: March 2000																							-			of Perm	itted Ca	pacity	815 27%		
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD)	0 10300	0 11100	0 10700	0 11700	0 12300	0 12200	0 12360	0 08100	6 0 7300	0 14600	0 12200	0 15000	0 23900	0 16200	0 11400	0 11900	0 09300	0 10500	U 10900	0 16100	0 11800	0 06100	0 12200	0 09600	0 09900	0 12300	0 14500	0 20200	0 11900	0 12000	0 09701
Chlorine Residual after Contact(mg/L as Cl2)	1 2	3,5	1 2	2.5	2.6	40	3.5	40	1 9	2.0	3,0	5.0	3.5	30	1.3	19	10	0.8	19	18	4.0	16	13	1.4	2.0	20	17	1.9	2 1	3.0	0.8
C8OD5 Influent (mg/L as O2)			<u> </u>			<u> </u>								172.0								<u> </u>						132.0			
TSS Influent (mg/L)										ļ.,				134.0														96 0			
CBOD5 Effluent (mg/L as O2)						ļ								1.5														48			
TSS Effluent (mg/L)			ļ											14														0.8			
NO3 Effluent (mg/L as N)			ļ					L																							
Total N Effluent (mg/L as N)					<u> </u>							:		2.8						•								38			
Fecal Coliform (#/100ML)														< 20														<20			
pH effluent (SU)	6.9	67	72	73	71	6,8	6.8	67	6 9	6.9	6.9	69	6 7	6.9	6.9	6 7	6.8	68	68	6.6	66	6.6	6.7	6.8	6 9	6 9	6 7	6.8	66	66	64
Turbidity (N T U)																															
TYPE OF SAMPLE (C = COMPOSITE, G = GRAB)			<u> </u>											G														G			
TIME OF SAMPLE			<u> </u>											12:16														11:59			
Total Phosphorus (mg/L)			<u> </u>											2.34														3 <u>81</u>			ļ
					<u> </u>																										

PLANT STAFFING

Day Shift Operator

Class

Certificate No

Name

Evening Shift Operator

Class N/A

Certificate No .

Name N/A

Evening Shift Operator

Class

Certificate No

Name

Night Shift Operator

Class N/A

Certificate No

N/A Name N/A

Lead Operator

Class C

Certificate No C9747

Name Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Acityated Yes No

Not Applicable X 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

Page 3 -

PERMITTEE NAME:

KeyHaven Utility

MAILING ADDRESS:

1104 Truman Avenue

Key West, Fl 33040

Key Haven

LOCATION:

FACILITY:

Key Haven Road

PERMIT NUMBER: DO44-227439

MONITORING PERIOD:

and the control of th

Month / Year: April 2000

LIMIT: Final

GROUP: Domestic

CLASS SIZE: Minor

GMS #:

FACILITY ID: 5244000469

DISCHARGE POINT #:

TEST SITE:

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE: EA/D3

TYPE OF EFFLUENT DISPOSAL: U001

ATTN: Wayne Lujan Please read instructions before completing this form.

*** NO DISCHARGE [] ***

mple urement	Average	Maximum	Units	Minimum				1	1	i
•				Minimum	Average	Maximum	Units	Ex.	Analysis	Туре
mement :			(03)							
at Citicality	0.11880	0,16000	MGD	******	*******	*******	******	0	7 / 7	GRAB
	(42): (0):							7 3-2 3		slativ
ām i	Moreone	mites see to be	-Xe35		Ninkini.	a const			Net District.	220000
neiten.	क्षरेशक छ।									
mple							(19)			
rement	******	******	******	******	174.50	196.00	mg/L	0	2 /30	GRAB
nin' ;					1,100014	300(0)(8)			esa pantoje	
นะแรม เ		District Control of the Control of t	10.00	The state of the	Stories Site	19) 11-1037.03				1000
mple							(19)			,
rement	********	******	******	******	154.00	160.00	mg/L	0	2 /30	GRAB
d1: ∷					(Kakalie)	រូវជាជិចរុះតិ:			Captadaption .	"สุนั
			* G ***	State of the	Message save	197.91. 1. 1. 1. 1. Ve.	101/6			200600
nple	:						(19)			
rement	*******	*******	******	******	1.40	1.60	mg/L	0	2 /30	GRAB
651					(4510)(6)	1810(10)84			and the market of the state	State 1
ien en			77 21	1 10000 11	इंट्रिक्ट कर्ने व्यक्ति	ivel stad	1820			0.000
ple							(19)		· · · · · ·	
rement	******	******	*******	******	15.20	18.80	mg/L	0	2 /30	GRAB
99 : : <u> </u>					((4940))(4	(មិនទើប)(គឺរ			(emiliarity)	N31 5
			PORTS		A Comment	DATE				
		1.7.1	** ` ;	-4. で単	the transfer out of the			•	The same of the sa	
في - الحواد		***	أي معدور		-40	* 5			2140	GRAB.
					10.00	MASS.				
						211	*			Sieve 1
						The second secon	a con Marian	\ · · · .		eg
	mple urement mple urement mple urement	mple urement mple urement mple urement mple urement mple urement mple urement	mple urement mple urement mple urement mple urement mple urement	mple wement mple wement mple wement mple wement mple wement	mple urement mple urement mple urement mple urement mple urement mple urement	mple urement 174.50 imple urement 154.00 imple urement 154.00 imple urement 1.40 imple urement 1.520	mple urement	Age of the content 174.50 196.00 mg/L	mple	mple urement

The same thank the tree parties of the new

PERMITTEE NAME:

KeyHaven Utility

MAILING ADDRESS:

ATTN: Wayne Lujan

1104 Truman Avenue

Key West, FI 33040

FACILITY: LOCATION: Key Haven Key Haven Road

A CONTRACTOR OF THE PROPERTY O PERMIT NUMBER: DO44-227439

MONITORING PERIOD:

LIMIT: Final

CLASS SIZE: Minor

FACILITY ID: 5244000469

TEST SITE:

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

Please read instructions before completing this form

Month / Year: April 2000

GROUP Domestic GMS #

DISCHARGE POINT #.

WAFR SYSTEM ID #-

*** NO DISCHARGE [] ***

Parameter	Sept. 100.00	Quantity of	or Loading		Quali	ity or Concentrat	ion		No.	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	Analysis	Туре
рН	Sample							(12)	1	T	
	Measurement	********	*******	******	6.6	*******	*******	รบ	0	7.77	GRAB
900241					6.0			11.00		seapping Medicine	and all of the control of
MINIMUM	Resilience (Fig.	Transition :			POSTIVITATE PARTY	introvie.	100000	Ŝe,			
рН	Sample							(12)	[ĺ
	Measurement	*******	*******	******	******	*******	7.3	SU	0	7 /7	GRAB
900242	100									Site 19 and App	No.
MAXIMUM	Tiken bien eine						1000 1100	442.00	1111111111		
CHLORINE, TOTAL RESIDUAL	Sample						i	(19)	ľ		{
	Measurement	******	******	******	0.6	*******	*******	mg/L	0	7 /7	GRAB
50060	THE POLITICAL SECTION AND ADDRESS.						3			edgesjankje	8/24
EFFLUENT GROSS VALUE					ા સોલ્ફોલાઇન્ડિકો		0.15.41.65				entredigities est
NITRATE (as N)	Sample						ļ	(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	******	******	*****	******	********	0.0	mg/L	0	0 /30	GRAB
000620	12 (A) (A)						: 5∀41			Santana (1)	N. W.
- · · <u>- · · · · · · · · · · · · · · · ·</u>	A CONTRACTOR	33,32,000		Schwird Sch			STATE OF THE PARTY	THE POPULATION OF THE PERSON O			STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,
NITROGEN, TOTAL (25 N)	Sample							(19)			07.7
(IF REQUIRED IN THE PERMIT)	Measurement	********	*******	******	******		9.2	mg/L	para la seguir a la como	1 /30	GRAB
000600				Constitution :						STATE OF THE STATE	
EFFLUENT GROSS VALUE	REPORT OF	THEFT					TO THE PARTY OF				TO STATE OF THE PARTY OF THE PA
TRIBIDITY	Sample			******	******	********		,,,,,,			
(IF REQUIRED IN THE PERMIT)	Measurement	********	********					N.T U			
				A Park Care						Carlo Salavia	TO TO VIE
	esterencia del			(1974) 75 YE			655715 1715	CONTACTOR OF		HODGETERWING CO.	Company of the Compan

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 possibilty of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Principal EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	305-852-5103	40/05/23

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

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

- Page2 -

FACILITY ID: 5244000469

Month / Year: April 2000

Three-month Average Daily Flow:

0.11922

Daily Flow % of Permitted Capacity: 59 61%

Mondi / Teal. April 2000					,																			Daily C	UW 76 C	y Permit	an Capa	KULY'	59 61%		
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD)	6,09900	0.10500	0.12500	0.13400	0.12000	0.16000	0.10700	0.09800	9,15500	0.13100	0.09100	0.11600	0.15400	0.05900	0.12300	8.12100	0.13700	0.12200	0.12900	0 14400	0.10300	9.11300	0.13200	0.14000	0.11500	0 12300	0.09700	0.10900	0.09100	0,10700	
Chlorine Residual after Contact(mg/L as CI2)	0.7	1.9	3.0	3.0	0.6	3.0	3.0	3.0	2.5	3.0	3.5	3.0	3.0	5.0	4.0	3.0	1.2	3.5	3.0	3.0	3.0	3.0	2.5	1.8	0.7	3.0	3.5	2.8	2.2	2.4	
CBOD5 Influent (mg/L as O2)	_				<u> </u>						196.0			<u> </u>	L			<u> </u>				ŀ			153.0	ļi					
TSS Influent (mg/L)		<u> </u>									160.0			<u> </u>									}		148.0						
CBOOS Effluent (mg/L as O2)				ļ					<u></u>		1.6														1.2						l
TSS Effluent (mg/L)				<u> </u>	<u> </u>						18.8														11.6						
NO3 Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)											9.2																				
Fecal Coliform (#/100ML)											<20														<20			\Box			
pH effluent (SU)	6.9	6.6	6.6	6.6	6.9	6.6	6.8	6.7	6.7	6.7	6.6	6.7	6.7	6.7	6.7	6.8	6.8	6.8	6.9	6.8	6.7	6.8	6.8	6.9	6.9	6.8	6.6	6.7	6.9	6.9	
Turbidity (N.T.U.)																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)											G														G						
TIME OF SAMPLE											12:05														11:15						
Total Phosphorus (mg/L)											3.6																				
						Ī									Ì					ŀ											
																													\neg	\neg	

PLANT STAFFING

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class: N/A

Certificate No.:

N/A Name: N/A

Evening Shift Operator

Class:

Certificate No.

Name.

Night Shift Operator

Class: N/A

Certificate No.: Certificate No.: C9747 Name: N/A

Lead Operator

Class. C

Name: Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse. BORE HOLES

Limited Wet Weather Discharge Acitvated; Yes. No:

Not Applicable X

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

- Page 3 -

FDEP LIMITS (REPLACES MOR FORM)

James & James PERMITTEE NAME.

KeyHaven Utility 1104 Truman Avenue PERMIT NUMBER DO44-227439 MONITORING PERIOD

Month / Year: May 2000 GROUP Domestic

MAILING ADDRESS

ATTN Wayne Lujan

Key West, FI 33040

LIMIT Final CLASS SIZE: Minor

GMS#

FACILITY LOCATION Key Haven Key Haven Road FACILITY ID 5244000469 TEST SITE

DISCHARGE POINT # WAFR SYSTEM ID#

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001 Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	A 40 12 AU	Quantity of	or Loading		Quali	ty or Concentrat	tion		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ēx	Analysis	Турс
pH	Sample					l	I	(12)			
	Measurement	*******	*******	******	6.6	*******	********	S∪	0	7 /7	GRAB
900241 MINIMUM	Permit Requirement				6.0 MINIMUM			su	Supering States	SEE PERMIT	SEE C. PERMIT
pН	Sample							(12)			
	Measurement	********	******	******	******	*******	7.3	SU	0	7 /7	GRAB
900242	Permit :	A SPECIAL	建建设	*******	1000	Carlon Land	8.5	(,4%, ^{^^} ;		SEE PERMIT	PERMIT.
MAXIMUM	Requirement				32.	*******	DAILY MAX	SU :	7.3	San to the same	PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
	Measurement	********	*******	******	1.0	********	*********	mg/L	0	7 /7	GRAB
50060 EFFLUENT GROSS VALUE	Permit			7	≥ 0.5 MINIMUM	***************************************	********	.mg/L	7.1	SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	********	0.0	mg/L	0	0 /30	GRAB
000620	Permit					******	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE/ PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	********	******	******	******	*******	14.7	mg/L		2 /30	GRAB
000600	Permit 🐯	2000年後	整 建美用	电子电子			REPORT	· Ne	# CENT #	SEE PERMIT	SEE SEE
EFFLUENT GROSS VALUE	Requirement		******			********	DAILY MAX.	mg/L	, 25,22 1 m		PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******		NTU			
	Permit.	企工证明	PACE:	25 100			REPORT		; /.·	1.0	SEE SEE
	Requirement	*********	· · · · · · · · · · · · · · · · · · ·	in the second		********	DAILY MAX.	N.T.U.		SÉE PERMIT	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 (Typ	e or Pr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	Co C Co	305-852-5103	C6/26/22

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

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

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

PERMITTEE NAME.

KeyHaven Utility

PERMIT NUMBER DO44-227439

MAILING ADDRESS

1104 Truman Avenue

MONITORING PERIOD

Month / Year: May 2000

GMS#

Key West, FI 33040

LIMIT Final CLASS SIZE Minor GROUP: Domestic

FACILITY

Key Haven

FACILITY ID 5244000469

DISCHARGE POINT #.

LOCATION

Key Haven Road

TEST SITE

WAFR SYSTEM ID #:

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

ATTN. Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter	200	Quantity	or Loading		Qual	ity or Concentration			No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
1	Sample			(03)							
FLOW	Measurement	0.11690	0.17700	MGD	******	*******	********	******	0	7 / 7	GRAB
	**	REPORT	200	242	100	A Translation	BANK CO-		37.9		SEB
50053	Permit	MONTHLY	PERMITED	Mon		*********	7.000000000000000000000000000000000000	******	泛洲	SEE PERMIT	PERMIT
MONTHLY AVERAGE DAILY	Requirement	The second second	CAPACITY							2 (Table 1 80	
	Sample							(19)			<u> </u>
CBODS, INFLUENT	Measurement	*******	******	******	******	100.00	108.00	mg/L	0	2 /30	GRAB
	Permit	2000	产于1980年,	30° .33	to the	REPORT	REPORT			SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	- *************************************		******	A 200000	MONTHLY AVG.	DAILY MAX	mg/L	-:,"		PERMIT
	Sample					[(19)			
TSS, INFLUENT	Measurement	*******	******	******	******	113.00	114.00	mg/L	0	2 /30	GRAB
	Permit	4-1 Cart 18-1	typin keen	4.00m		REPORT	REPORT			SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	******	*****	******	*****	MONTHLY AVG.	DAILY MAX.	mġ/L,			SEE PERMIT
	Sample							(19)			· ·
CBOD5, EFFLUENT	Measurement	*******	*******	******	******	2.00	2.00	mg/L	0	2 /30	GRAB
80082	Permit 5				ME STEEL SEE	REPORT	REPORT	,		SEÉ PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	*********		*****	***************************************	MONTHLY AVG.	DAILY MAX.	mg/L	· 5		PERMIT
	Sample					-		(19)			
TSS, EFFLUENT	Measurement	********	******	******	******	12.40	19.20	mg/L	0	2 /30	GRAB
900201	Permit			Sis.	TO SERVE	REPORT	REPORT		· 44	SEE PERMIT	SEB
EFFLUENT GROSS VALUE	Requirement	********	*******	******		MONTHLY AVG.		mg/L	1 5 %	S. A. COMMAN.	PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	*******	*******	******	<20	<20	<20		0	2 /30	GRAB
31616	Permit	, a	4.4		, REPORT	" :REPORT	REPORT		٠	,	
EFFLUENT GROSS VALUE	Requirement	*********	*******		. ;-	MONTHLY AVG.	•*	#/25mL		SEE PERMIT	GRAB
			· · · · · · · · · · · · · · · · · · ·						`		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pr	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	co/16/11

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



DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Three-month Average Daily Flow 0 11952 Month / Year: May 2000

Daily Flow % of Permitted Capacity 59 76%

3 4 0 04200 0.11900 2.8 2.5	1 1		.]			- 1		0 10000	0 11500		û 10100	0 11900	0 12300	8 11000	0 12700	0 09900	0 13000	6 10200	2.5	1.0	0 10500	1					
+	1 1		.]		2.8 92.0	- 1						i							2.5	1.0							
2.8 2.5	2.4	4.4	4.1	3.5	92.0	2.5	1.8	2.5	3.0	2.5	2.8	2.8	1.4	2.5	2.5	2.5	1.3	2.8			2.5	2.8	3.0	2.5	3.0	1.4	3.0
															i				i [Ι					
					112.0	i	1	ł												108.0	<u> </u>						
			İ																	114.0							
		l i			2.0		i													2.0							
					5.6															19.2							
					14,7	İ														11.1							
					<20															<20					}		
6.7 6.7	6.7	6.8	7.0	6.8	6.6	6.7	6.6	6.8	6.6	6.6	6.7	6.9	6.9	6.9	6.9	6.9	7.0	6.7	6.7	6.9	6.8	6.7	6.7	6.7	6.7	6.8	6.8
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					3.4															3.68]		
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	6.7 6.7	6.7 6.7 6.7	6.7 6.7 6.8	6.7 6.7 6.8 7.0	6.7 6.7 6.7 6.8 7.0 6.8	6.7 6.7 6.8 7.0 6.8 6.6 G	6.7 6.7 6.8 7.0 6.8 6.6 6.7 G I:00	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 G G 1:00	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 G G G G G G G G G G G G G G G G G G G	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 G G G G G G G G G G G G G G G G G G	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.6 G.7 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.6 G.8 G.8 G.6 G.8 G.8 G.6 G.8 G.8 G.8 G.8 G.8 G.8 G.8 G.8 G.8 G.8	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 G. G. G. G. G. G. G. G. G. G. G. G. G.	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 G 1:00	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 G	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 G	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 7.0	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.9 6.9 6.9 7.0 6.7 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.7 6.7 6.7 6.9 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.7 6.7 6.7 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.6 6.7 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.8 G G G G G G G G G G G G G G G G G G G	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.8 6.7 6.7 6.9 6.8 6.7 6.8 6.7 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.8 6.7 6.7 6.7 6.7 6.9 6.9 6.9 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.8 6.7 6.7 6.7 6.7 6.9 6.8 6.7 6.7 6.7 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9 6.9	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.8 6.7 6.7 6.7 6.7 6.7 6.7 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.8 6.7 6.7 6.7 6.7 6.7 6.7 6.7 6.7 6.7 6.7	6.7 6.7 6.8 7.0 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.6 6.8 6.6 6.7 6.9 6.9 6.9 6.9 7.0 6.7 6.7 6.9 6.8 6.7 6.7 6.7 6.8 6.7 6.8 6.7 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8 6.8

PLANT STAFFING

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

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Activated: Yes No:

Not Applicable X

If Yes, cumulative days of wet weather discharge

*Attach additional sheets if necessary to list all certified operators

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

- Page 3 -

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

PERMITTEE NAME

FACILITY:

LOCATION

KeyHaven Utility MAILING ADDRESS

1104 Truman Avenue

Key Haven

Key Haven Road

Key West, FI 33040

PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: June 2000

GMS#

LIMIT Final

GROUP Domestic

CLASS SIZE Minor

FACILITY ID 5244000469

DISCHARGE POINT #

TEST SITE

WAFR SYSTEM ID #

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

	in the same	Quantity	or Loading		Qual	ity or Concentration			No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
i	Sample	j		(03)						7.1.2.75.5	1,7,70
FLOW	Measurement	0.14663	0.21000	MGD	******	******	********		1 1	7/7	GRAB
1	- Cu-	REPORT	02	7.4		***				1	SEE
50053	Permit :	MONTHEY	PERMITTED	MGD		***************		******		SEE PERMIT	PERMIT
MONTHLY AVERAGE DAILY	Requirement.	AVERAGE	CAPACITY					,			1. The second se
1	Sample							(19)	<u> </u>		Fine Dark .
CBOD5, INFLUENT	Measurement	*******	******	******	******	113.00	138.00	mg/L	0	2 /30	GRAB
	le Permit		第一次	8.3	(1) 更高高	REPORT	REPORT	1		SEE PERMIT	SEE 7
INFLUENT GROSS VALUE	Requirement	********		******	***************************************	MONTHEY AVG.		mg/L	1		PERMIT
	Sample							(19)			THE TELEVISION OF THE PERSON O
TSS, INFLUENT	Measurement	•••••	******	******	*****	92.00	112.00	mg/L	0	2 /30	GRAB
	Permit	图 冷藏	1 44.75	14 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- W 10-17	REPORT	REPORT			SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	B	Liver.	****		A REPORT	DAILY MAX.	mg/L			PERMIT
	Sample							(19)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
the state of the s	Measurement	******	*******	•••••	******	3.20	5.20	mg/L	0	2 /30	GRAB
80082	Permit			1	4 2 3 3 3 3	REPORT :	REPORT		7 3	to make adoption to the	E. J. San L. 927 (U
EFFLUENT GROSS VALUE	Requirement					MONTHEY AVG.	DAILY MAX.	mg/L	200		PERMIT
	Sample	ĺ						(19)			Pro
	Measurement	*******	******	******	******	7.90	11.20	mg/L	0	2 /30	GRAB
900201	Permit St.	學科技工艺艺	64300	4.6	7 7 7 7 7	REPORT	REPORT	3.5	1 1	SEÉ PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement:	***************************************		***			DAILY MAX.	me/L		A Section 1	PERMIT
1	Sample							(13)			
	Measurement	******	******	******	<20	<20	<20		0	2 /30	GRAB
31616	r Permit	经验证证	N. A.		REPORT	REPORT	REPORT				36.05***
	Requirement	20,000		*******	VĚEKLÝ AVG	MONTHLY AVG.	DAILY MAX.	#/25mL		SEE PERMIT	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Principal EXECUTIVE OFFICER OR AUTHO	RIZED TELEPHONE NO	DATE (YY/MM/DD)
	TELEFACINE NO	DATE (TT/MM/DD)
ED CASTLE	305-852-5193	00/02/24
		17 377 27

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME KeyHaven Utility MAILING ADDRESS

1104 Truman Avenue Key West, FI 33040 0

FACILITY LOCATION

ATTN: Wayne Lujan

Key Haven Key Haven Road PERMIT NUMBER DO44-227439

MONITORING PERIOD LIMIT Final

FACILITY ID 5244000469

Month / Year: June 2000 GROUP Domestic

GMS#

DISCHARGE POINT # WAFR SYSTEM ID #

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

Please read instructions before completing this form

CLASS SIZE Minor

*** NO DISCHARGE [] ***

Parameter	T	Quantity of	or Loading		Quali	ty or Concentrat	10n		No	Frequency of	Sample
STORET CODE	, ,	Average	Maximum	Units	Mınimum	Average	Maximum	Units	Ex	Analysis	Турс
рН	Sample							(12)			
	Measurement	********	******	******	6.7	********	********	S∪	0	177	GRAB
900241 MINIMUM	Permit Requirement				60 MINIMUM		*********	Su.		SEE PERMIT	SEE PERMIT
рН	Sample			22 30 16 18 18 18	1-1-1-1	4.4 100		(12)			
	Measurement	********	******	******	******	********	7.3	su	1 0	7 /7	GRAB
900242 MAXIMUM	Permit ** Requirement		1				ABS ASS	The state and		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
	Measurement		*******	******	0.9	*******		mg/L	0	777	GRAB
50060 EFFLUENT GROSS VALUE	Permit at		37.112		0.5 MINIMUM			mg/Li		SEE PERMIT	SEE AND
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	*******	******	******	*******	0.0	mg/L	0	0 /30	GRAB
000620	Permiti ;						12.0 DAILY MAX.	A		SEEPERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	******	*******	******	******	********	11.5	mg/L		2 /30	GRAB
000600	Permit	V 18 19 19 19 19 19 19 19 19 19 19 19 19 19	2012	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	第 3条系	18 1 A 18 18 18 18 18 18 18 18 18 18 18 18 18	REPORT	4. 4 6.	3	SEE PERMIT	SEE: SEE
EFFLUENT GROSS VALUE	Requirement		J				DAILY MAX.	mg/Line			PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	•••••	******	*****		NTU			
	Requirement			100		********	, REPORT DAILY MAX	N.T.U.		SEE PERMIT	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 (T	ype or Pr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	Sol Coats	305-852-5103	00/67/24

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

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

Y SA E RES

FACILITY ID: 5244000469

Three-month Average Daily Flow.

0 12744

Month / Year: June 2000			т —							1		_	7		_	_								Daily Flox					63 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
Flow (MGD)	0.1630	0.1260	0.1760	0.1870	0.1880	0.1670	0.1540	0.1340	0.1760	0.1660	0.1450	0.1400	0.1890	0.0980	0.1390	0.1190	0.1460	0.1480	0.1590	0.1720	0.0670	0.1410	0.0950	0.1000	0.1160	0.1370	0.1400	0.1590	0.1420	0.2100	
Chlorine Residual after Contact(mg/L as CI2)	3.0	1.1	2.0	1.9	2.0	2.8	1.5	1.7	2.5	2.8	2.5	2.5	2.2	###	3.2	3.0	3.0	4.2	3.5	3.2	3.0	2.8	3.0	2.5	2.0	3.0	1.0	0.9	1.8	2.5	_
CBOD5 Influent (mg/L as O2)			<u> </u>			88.0														138.0								-			_
TSS Influent (mg/L)	_					72.0														112.0										_	_
CBOO5 Effluent (mg/L as O2)						1.2						<u> </u>								5.2		ļ							<u> </u>		
TSS Effluent (mg/L)						4.6														11.2										<u> </u>	_
NO3 Effluent (mg/L as N)									_																				<u> </u>		
Total N Effluent (mg/L as N)						11.5														9.8											_
Fecal Coliform (#/100ML)						<20														<20	•										
pH effluent (SU)	6.7	6.9	7.0	6.9	6.8	6.7	6.9	6.8	6.8	6.8	6.8	6.8	6.8	6.9	6.8	6.9	6.8	6.9	7.0	7.0	6.9	6.8	6.8	6.9	6.9	6.9	7.1	7.0	7.0	6.9	<u></u>
Turbidity (N.T.U.)		<u> </u>																													
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)						G														G											
TIME OF SAMPLE						13:00														15:45			_								
Total Phosphorus (mg/L)						2.58														2.39											
								\neg																							

PLANT STAFFING

Day Shift Operator

Class:

Certificate No.:

Name:

Evening Shift Operator

Class: N/A

Certificate No.:

N/A Name: N/A

Evening Shift Operator

Class:

Certificate No.:

Night Shift Operator

Class: N/A

Name:

Certificate No.:

N/A Name: N/A

Lead Operator

Class: C

Certificate No.: C9747

Name: Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Acitvated: Yes: No:

Not Applicable: X

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

- Page 3 -

PERMITTEE NAME

KeyHaven Utility

FDEP LIMITS (REPLACES MOR FORM)

MAILING ADDRESS

ATTN: Wayne Lujan

1104 Truman Avenue

MONITORING PERIOD

PERMIT NUMBER DO44-227439

LIMIT Final

GROUP Domestic

Month / Year: July 2000

Key West, Fl 33040

CLASS SIZE Minor

GMS# **DISCHARGE POINT #**

FACILITY LOCATION-

Key Haven

LANGUAGES, 70° CE |

FACILITY ID 5244000469

TEST SITE Key Haven Road

WAFR SYSTEM ID #.

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Parameter		Quantity	or Loading		Qual	ty or Concentration			No	Frequency of	Sample
STORET CODE	A CANA	Average	Maximum	Units	Мілітит	Average	Maximum	Units	Ex.	Analysis	Туре
	Sample		Ì	(03)				Į.	l		
FLOW	Measurement	0.13652	0.21800	MGD	•••••	*******	*******	*******	1	7 / 7	GRAB
		REPORTS	1.00			1. J. W. 18.	1182.72.7				SEE N. S
50053		S. Orienta	เรารับสุดเลย เพื่อเลย	V(c)s	a turbin	Providence is			1433	STORED WITH A	PERMIT
MONTHLY AVERAGE DAILY	Requirement	AVERAGE	in Autoria			1 2 2 4 5		1			
	Sample							(19)			
CBOD5, INFLUENT	Measurement	*******	******	******	*****	88.50	105.00	mg/L	0	2 /30	GRAB
			86 4 3 4 4	100		1000000	REPORT			SHEPERVITE	第二章 部
INFLUENT GROSS VALUE	Requirement		emonts.		t de la constant	MONTHLYAVG	DAILY MAX.	. mg/L	1		PERMIT
	Sample					-		(19)			
TSS, INFLUENT	Measurement	*******	******	******	******	118.00	160.00	mg/L	0	2 /30	GRAB
	Paril 5	100			5.50	San Shrift	REPORT			Kidenami e	187 TE 3.3
INFLUENT GROSS VALUE	and the second	100	i varravii	11/100		MONTHLY AVE	DATEYMAX	me/Est			PERMIT
	Sample	1						(19)		,	
CBODS, EFFLUENT	Measurement	********	******	******	******	1.65	1.80	mg/L	0	2_/30	GRAB
80082	Reinte :		200	3.		REFORD	₹ REPORT			SEPREMINATE SE	SEE
EFFLUENT GROSS VALUE	ike mienen.	S.C. CARRE	elmin ve			MONTHEY AVG	DAILY MAX.	mg/L			PERMIT
	Sample							(19)			
TSS, EFFLUENT	Measurement	******	******		******	4.40	5.20	mg/L	0	2 /30	GRAB
900201						CHEROR PAR	REPORT		1000	SEE PERMIT	資業 Stb 企業
EFFLUENT GROSS VALUE	Remutement		intoir.	win	# 50 M	MOSTILL AVG	DAILY MAX.	mg/L			PERMIT
	Sample				100			(13)			
COLIFORM, FECAL	Measurement	*******	******		<20	<20	<20		0	2 /30	GRAB
31616					1352080	distinon de	REPORT	10.00			
	Redurenent			#7.188	HELYAVS	MONTHLYAVO	DAILYMAX	#/25mL		SEE PERMITE	GRAB

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

	1	T
MAME/TILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of PASIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO.	DATE (YY/MM/DD)
	1 1 2 2 2 1 1 1 2 1 1 2 1 1 2 1 1	21.1.2
ED CASTLE	305-852-5103	00/18/20
	1	1 7 7 7 7 7 7

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



· FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME MAILING ADDRESS

ATTN Wayne Lujan

KeyHaven Utility 1104 Truman Avenue

Key West, F1 33040 0

FACILITY LOCATION Key Haven Key Haven Road PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: July 2000 LIMIT: Final GROUP Domestic GMS#

CLASS SIZE Minor FACILITY ID 5244000469

WAFR SYSTEM ID# TEST SITE

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

Please read instructions before completing this form

*** NO DISCHARGE [] ***

DISCHARGE POINT #

Parameter	() () () () () () () () () ()	Quantity of	or Loading		Quali	ty or Concentrati	ion		No	Frequency of	Sample
STORET CODE	1	Average	Maximum	Units	Minimum	~		Units	Ex	Analysis	Туре
pН	Sample							(12)			
·	Measurement	********	*******	******	6.7	********	********	. s∪	0	- 1П	GRAB
	# 3 A	2 B				15 TH 22	THE TANK	14		A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A	# PASER
900241				(considerable	100		* * * * * * * * * * * * * * * * * * *		图 建热力	SEBPERMIT	PERMIT
MINIMUM	Keruranan	. Out the	di nin	THE STATE OF	MATERIAL SECTION OF THE SECTION OF T			SUSSE	21. 18 10 10 10 10 10 10 10 10 10 10 10 10 10		1440
pН	Sample							(12)			
1	Measurement	********		******	******	*******	7.3	SU	0	7 /7	GRAB
900242	第一种前线				的 为最 活动	50多年晚日	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			阿斯斯斯 斯亚卡克	E SECTION A
MAXIMUM					Section 1		DATLYXXX	A SUN A	A Committee		FERMITE S
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
1	Measurement	*******	******	******	0,6	********	*******	mg/L	0	7 /7	GRAB
50060		F - W - V			科学 (15)	10 m			***	SER PERKUT 245	A LOSSEE . A
EFFLUENT GROSS VALUE	TRAILED AND	E Comment			MINIMPME		******	mg/that	1		PERMITA IN
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	0.0	mg/L	0	0 /30	GRAB
000620	September 1		No.		100		12.000			SEE PERMIT	TO SEEL
	新加油的		STATE OF THE PARTY	TO A COLUMN		E TOWNS TO	DAILY MAX	分后。	3 (1) (1) (1)	A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T	PERMITONE
NITROGEN, TOTAL (as N)	Sample						-	(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	12.3	mg/L		2 /30	GRAB
000600	於中國領域						* REPORTE		B 104 E	SEE PERMIT	ALL SEED N
EFFLUENT GROSS VALUE	Continued and	10101107					DAILY MAX	mg/L			AL PERIMUTATE
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******		N.T.U			
							REPORT	E-F-FFE	64 (4)		THE SERVICE
	requirement.	en de la constante de la const		THE PERSON		THE PARTY OF THE P	DAILY MAX	NTU	A CONTRACTOR	SEE PERMIT	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 penalities for submitting false information including the possibilty of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or PHSIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	305-852-5103	00/18/25

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

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

FACILITY ID: 5244000469

Three-month Average Daily Flow

Month / Year: July 2000																								Daily Flov	% of P	ermitted	Capacit	У	66 64%		
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGO)	0.1390	0.1520	0.1700	0,1860	0.1300	0.0820	0.0730	0.0990	0.1830	0,1190	0.1760	0.2180	0.1340	0.1450	0.1230	0.1120	0 1430	0.1660	0.1300	0.1030	0 1080	0,0820	0.1400	0.1440	0.1340	0.1330	0 1500	0 1430	0.1570	0 1830	0 075
Chlorine Residual after Contact(mg/L as CI2)	3.0	3.2	3.0	3.2	3.2	3.0	2.5	2.5	2,5	2.2	2.1	2.5	1.7	1.1	0.8	1.0	1.1	1.1	1.0	0.6	3.2	3.0	3.0	3.0	3.2	3,0	3.2	2.8	3.2	3.0	4.0
CBOD5 Influent (mg/L as O2)				ļ		105.0						<u> </u>	ļ	ļ	<u> </u>			ļ	72.0										ļl	ļ	ļ
TSS Influent (mg/L)			ļ			76.0	ļ							ļ					160.0						-				 		├
CBOO5 Effluent (mg/L as O2)			ļ		ļ	1.8								ļ					1.5										اــــا	├—	
TSS Effluent (mg/L)						3.6						<u> </u>	ļ	ļ	ļ <u></u>			ļ	5.2											-	-
NO3 Effluent (mg/L as N)				<u> </u>									ļ	<u> </u>					ļ										 		├
Total N Effluent (mg/L as N)				<u> </u>		12.3	ļ						<u> </u>	<u> </u>	ļ			 	9.1	ļ					-				 	 	+
Fecal Coliform (#/100ML)		ļ		<u> </u>		<20	ļ		_				ļ		ļ				<20		ļ;								ļ	ļ <u>.</u>	├
pH effluent (SU)	6.8	6.8	6.7	6.7	6.7	6.7	6.7	6.7	6.8	6.8	6.7	6.7	6.7	7.0	7.0	7.1	7.2	7.3	7.0	7.2	6.7	6.8	6.8	6.7	6.7	6.7	6.7	6.7	6.8	6.8	6.8
Turbidity (N.T U.)		<u> </u>				ļ	ļ					<u></u>		<u> </u>		ļ													 		 -
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)			<u> </u>			G		<u> </u>				ļ <u></u> .	ļ	<u> </u>	ļ				G										\vdash	├	-
TIME OF SAMPLE			ļ			11:50						 		 		_			2:45										\vdash		ļ
Total Phosphorus (mg/L)	_					2.76						ļ	<u> </u>	ļ					2.12											-	<u> </u>
			<u> </u>									ļ	<u> </u>	ļ	<u> </u>	ļ													├	-	
			ļ									<u> </u>		ļ						ļ <u> </u>									 	<u> </u>	ļ
						ļ						ļ	<u> </u>	<u> </u>		<u> </u>									_ -					 	
												<u> </u>		<u> </u>	<u> </u>														 	<u> </u>	
																				<u> </u>					-						
	1]								1	L																L

PLANT STAFFING

Day Shift Operator

Class

Class

Class C

Certificate No

Name

Evening Shift Operator

Class N/A

Certificate No

Certificate No. C9747

N/A Name: N/A

Evening Shift Operator

Certificate No :

Night Shift Operator Lead Operator

Certificate No Class: N/A

N/A Name: N/A

Name Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Acrtvated: Yes: No

Not Applicable, X

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

- Page 3 -

With the Control of t

で発音されていたので、大変を含むではFDEP LIMITS (REPLACES MOR-FORM) ファック・カールを含むことを変わる 大き (本語)

PERMITTEE NAME

KeyHaven Utility

PERMIT NUMBER DO44-227439

MAILING ADDRESS

FACILITY

LOCATION

1104 Truman Avenue

MONITORING PERIOD

Month / Year: August 2000

GMS#

Key West, FI 33040

LIMIT. Final CLASS SIZE Minor GROUP: Domestic

Key Haven

Key Haven Road

FACILITY ID 5244000469

DISCHARGE POINT #

TEST SITE

WAFR SYSTEM ID #

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

ATTN Wayne Lujan

Please read instructions before completing this form.

*** NO DISCHARGE [] ***

Parameter	李	Quantity of	or Loading		Qual	ity or Concentration			No	Frequency of	Sample
STORET CODE	25 GB	Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
	Sample	İ		(03)	i						
FLOW	Measurement	0.12955	0.18500	MGD_	******	*******	**********		0	7/7	GRAB
	17.5	REPORT	0.2	1			0.0		ie. 3 's		SEE
50053	Permit	MONTHLY	PERMITTED	MGD	2.0			******	100 915	SEE PERMIT	PERMIT
MONTHLY AVERAGE DAILY	Requirement	AVERÁGE	CAPACITY	2000	MALE PARTY		(E)	* * * * * * * * * * * * * * * * * * * *		[新华]。 "这一块有	gradient of
	Sample							(19)			
CBOD5, INFLUENT	Measurement	********	******	******	******	123.00	225.00	mg/L	0	3 /30	GRAB
	Permit	3.2	1. June 3. 18.54	354		REPORT	REPORT	* 7	***	SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement			*****	1	MONTHLY AVG.	DAILY MAX.	mg/L	धर्म गर्द		PERMIT
	Sample							(19)			·
TSS, INFLUENT	Measurement	******	******	******	******	68.67	78.00	mg/L	0	3 /30	GRAB
<u> </u>	Permit	Service Service		を記るが	を いいい	REPORT	REPORT		5/3/ - v	SEE PERMIT	SEE :
INFLUENT GROSS VALUE	Requirement		******	******	B	MONTHLY AVG.	DAILY MAX	mg/L			PERMIT
	Sample							(19)			
CBODS, EFFLUENT	Measurement	*****	*******	******	******	1.37	2.20	mg/L	0	3 /30	GRAB
80082	Permit	. :		12		REPORT	REPORT		ê;- · · · · · · · · · ·	SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement		*****	****		MONTHLY AVG.	DAILY MAX.	mg/L·	€ 1/2		PERMIT
	Sample							(19)			
TSS, EFFLUENT	Measurement	*********	•••••	******	******	8.00	18.00	mg/L	0	3 /30	GRAB
900201	Permit	7		190 M	第四 别	· REPORT	REPORT			SEE PERMIT	SEE,
EFFLUENT GROSS VALUE	Requirement	********	******	******	******	MONTHLY AVG.	DAILY MAX.	mg/L		1 .	PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	******	******	******	<20	<20	<20		0	2 /30	GRAB
31616	Permit		2. 4.	ا تا اخ ۱۰	REPORT	REPORT.	REPORT				
EFFLUENT GROSS VALUE	Requirement	*******	*******			MONTHLY AVG.	!	#/25mL		SEE PERMIT	GRAB
											

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pr SIGNATURE	OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE		305-852-5103	00/09/26
			- ,

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

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME. MAILING ADDRESS

KeyHaven Utility 1104 Truman Avenue Key West, Ft 33040

FACILITY: LOCATION: Key Haven Key Haven Road PERMIT NUMBER: DO44-227439

MONITORING PERIOD

LIMIT Final CLASS SIZE: Minor

FACILITY ID 5244000469

TEST SITE

GMS #. DISCHARGE POINT # WAFR SYSTEM ID#

GROUP: Domestic

Month / Year: August 2000

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

ATTN Wayne Lujan

Please read instructions before completing this form

*** NO DISCHARGE [] ***

Sample Measurement	Average	Maximum	Units							Sample
			Cinits	Minimum	Average	Maximum	Units	Ex.	Frequency of Analysis	Туре
Measurement I							(12)			1
- reasurement	********	******	******	6.6	*******	********	SU	0	777	GRAB
4,637		SEA SEAS			AND SALES	MARKET !	3 6 C. of 1	A 25.36	AND AND STATE	SEE
Permit	310			6.0	学	THE PROPERTY OF	100	Santa Santa	SEE PERMIT	PERMIT
Requirement	********	*********		MINIMUM.	*********	2.	SU 3	into to		32 2 × 1
Sample	- 1			}			(12)			
Measurement	*******	******	******	******	*******	7.3	SU	0	1 //	GRAB
Permit		200		E63696 3.35		8.5	1.45 3.26	The state of the s	SEE PERMIT	SEE.
Requirement	********	44.000 CO.	********			DAILY MAX.	SÚ	A. C. S. S.	经验的 的复数	PERMIT
Sample							(19)			
Measurement	*******	*******	******	0.7	*******	*******	mg/L	0	7 /7	GRAB
Permit	\$ 1.0 ***********************************	Section 1	E HE	454 CO 55	Participation of the second	Carlo March Land	11 - 17-77	12.3	SEE PERMIT	SEB.
Requirement	****	***	********	MINIMUM	********		mg/L		公司,从 企业的	PERMIT
Sample										323
Measurement	********	*******	******	******	********	0.0		0 1	0 /30	GRAB
Permit	2000年1000年	SUMMERS TO	The state of	Barrier Annah -	BANK TENTON	12.0		1-4-16- Car (2)		SEE
Requirement					********	DAILY MAX.	me/L			
Sample									7	
Aeasurement	********	•••••	******	******	*******	18.8		ļ	3 /30	GRAB
Permit	SF ASSAMPLE T	THE SECTION OF THE SE	TO MAKE THE PARTY	(图84) 中华		REPORT		· 5 - 55 10 13		AND SEE
(equirement	********			/	******			- ""	2 /1 / happy - 10 - 1	PERMIT
Sample								:-:-		Lactrizi.
1easurement	*******	******	*******	******	******	1	NTU	!		
Permit	istak want	ALCOHOL:	OT LEBS	**************************************	128 (ps	N. REPORT		₹200 × 1 × 100	3.73 E 1255	SEE
equirement	*********		2. 南南南南南南南 · · · ·	20.0000000		· 1	N.T.U.			PERMIT
MANUEL MERCHANIST AND AND AND AND AND AND AND AND AND AND	Sample easurement Permit Sample easurement Permit Sample easurement Permit Permit Sample easurement Permit Supple easurement Permit Supple easurement Permit Supple easurement Permit Supple easurement Permit Supple easurement Permit Supple easurement Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit Permit	Sample leasurement Permit Capurement Sample Casurement Permit Capurement Sample Casurement Permit Courrement Permit Courrement Permit Courrement Sample Casurement Permit Courrement Sample Casurement Permit Cour	Sample leasurement Permit Coquirement Sample Casurement Permit Coquirement Sample Casurement Permit Coquirement Permit Coquirement Sample Casurement Permit Coquirement Sample Casurement Permit Coquirement Permit Coq	Sample leasurement Permit Coquirement Sample Casurement Permit Coquirement Permit	Sample leasurement Permit courr	Sample leasurement Permit Sample easurement Control of the contr	Sample leasurement 7.3 Permit 9.00 Permit	Sample leasurement 7.3 SU Permit Sample leasurement 0.7 SU Sample leasurement 0.7 SU Sample leasurement 0.7 SU Sample leasurement 0.7 SU MINIMUM 1.7 SU	Sample leasurement 7.3 SU 0 Permit Continue To To To To To To To To To To To To To	Sample

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 EVECUTIVE OFFICER OR AUTHORITED ACTIVE		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of PT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	305-852-5103	185/26

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

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

LY SAME RESEARCE - PAR

FACILITY ID: 5244000469 Three-month Average Daily Flow a

Month / Year: August 2000 Daily Flow % of Permitted Capacity 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 26 | 27 | 28 | 29 | 30 | 31 7 8 9 20 21 22 23 24 25 Days of the Month 1 2 3 4 5 6 0.1820 0.1680 0.1580 0.1690 0.1560 0.1560 0.1270 0.1080 0.1010 0.1420 0.1210 0.1210 0.1500 0.1600 0.1790 0.1280 0.0970 0.0990 0.0990 0.0460 0.0930 0 0940 0.1850 0.1040 0 1340 0 1390 Flow (MGD) 0.1030 0.1470 0.1440 0.1210 0.1130 0.1310 2.3 2.8 3.0 2.8 3.0 3.2 2.5 2.0 2.5 2.8 3.0 3.0 2.5 3.0 2.8 2.5 0.7 1.9 Chlorine Residual after Contact(mg/L as Cl2) 2.8 3.0 2.8 2.5 1.8 CBOOS Influent (mg/L as O2) 225.0 96.0 48.0 TSS Influent (mg/L) 78.0 74.0 54.0 1.5 CBOD5 Effluent (mg/L as O2) 2.2 0.4 18 TSS Effluent (mg/L) NO3 Effluent (mg/L as N) Total N Effluent (mg/L as N) 18.8 7.2 Fecal Coliform (#/100ML) <20 <20 <20 7.2 pH effluent (SU) 6.7 7.0 7.0 6.9 6.7 6.8 6.7 6.7 6.7 6.7 6.7 6.9 6.8 6.7 6.7 6.7 6.7 6.7 6.8 6.9 Turbidity (N T U) G TYPE OF SAMPLE (C=COMPOSITE, G=GRAB) G G 10:55 3:55 1:10 TIME OF SAMPLE 1.87 2.74 2.62 Total Phosphorus (mg/L)

PLANT STAFFING

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

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

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

*Attach additional sheets if necessary to list all certified operators

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

Page 3 -

Royale Stone

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME

FACILITY

LOCATION

MAILING ADDRESS

KeyHaven Utility

1104 Truman Avenue

Key West, Fl 33040

Key Haven Key Haven Road PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: September 2000 GROUP Domestic

LIMIT Final

CLASS SIZE Minor

GMS#

FACILITY ID 5244000469

DISCHARGE POINT #. WAFR SYSTEM ID #.

TEST SITE

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

ATTN: Wayne Lujan

Please read instructions before completing this form

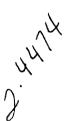
*** NO DISCHARGE [] ***

Parameter		Quantity	or Loading		Qual	ity or Concentration			No	Frequency of	Sample
STORET CODE	-	Average	Maximum	Units	Мілітшт	Average	Maximum	Units	Ex	Analysis	Туре
	Sample			(03)							
FLOW	Measurement	0.08158	0.13800	MGD	******	*******	*******	*****	0	7 / 7	GRAB
	1. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	REPORT	0.2	1 de .		1				,	SEE
50053	Permit	MONTHLY	PERMITTED	MGD.	******	********	*******	******		SEE PERMIT	PERMIT
MONTHLY AVERAGE DAILY	Requirement	AVERAGE	CAPACITY	alita asin :		a Star				·	- -
	Sample							(19)			
CBODS, INFLUENT	Measurement	*******		******	******	67.50	81.00	mg/L	0	2 /30	GRAB
	Permit.		公共 (1)	20 K	2.4.	REPORT	REPORT			SEE PERMIT	SEE :
INFLUENT GROSS VALUE	Requirement	*******	******	*****	*******	MONTHLY AVG.	DAILY MAX.	mg/L	٠.		PERMIT
	Sample				{			(19)			
TSS, INFLUENT	Measurement	*******	*******	******		17.20	19.60	mg/L	0	2 /30	GRAB
	Permit		1.7 A.P. (4)	夏 蒙心。	2000	REPORT	REPORT	·		SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement		7	****		MONTHLY AVG.	DAILY MAX.	riig/L	-		PERMIT
	Sample				Ī			(19)		}	
CBODS, EFFLUENT	Measurement	*******	******	******	*****	1.55	2.10	mg/L	0	2 /30	GRAB
80082	Permit	*		"蒙"。	·	REPORT	REPORT	`		SEE PERMIT	· SEE
EFFLUENT GROSS VALUE	Requirement		******	******	. ******	MONTHLY AVG.	DAILY MAX.	mg/L			PERMIT
	Sample							(19)			
TSS, EFFLUFNT	Measurement	*******	*******	******	******	3.60	4.40	mg/L	0	2 /30	GRAB
900201	Permit	, w	groser, we can			REPORT	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	******	*******	******	******	MONTHLY AVG.	DAILY MAX.	mg/L			PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	******	******	******	<20	<20	<20		0	2 /30	GRAB
31616	Permit	- 1 2 2 3 1 N	19. 3. 44 . 56		REPORT	REPORT	REPORT	•			•
EFFLUENT GROSS VALUE	Requirement	******	g ;##########	******	WEEKLY AVG	MONTHLY AVG.	DAILY MAX.	#/25mL		SEE PERMIT	GRAB

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

			T
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pr	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TLLEPHONE NO	DATE (YY/MM/DD)
		105 HET 5107	MINIX
ED CASTLE		105-652-5105	1- 7/7/1

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



FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME MAILING ADDRESS

ATTN. Wayne Lujan

KeyHaven Utility 1104 Truman Avenue

Key West, Fl 33040

FACILITY Key Haven LOCATION Key Haven Road PERMIT NUMBER DO44-227439

FACILITY ID 5244000469

MONITORING PERIOD LIMIT Final

Month / Year: September 2000 GROUP Domestic

GMS#

DISCHARGE POINT # WAFR SYSTEM ID#

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

Please read instructions before completing this form

CLASS SIZE Minor

TEST SITE

*** NO DISCHARGE [] ***

Parameter	10 1 1	Quantity (or Loading		Quali	ty or Concentrat	ion		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Турс
pH	Sample	1					1	(12)		· · · · · · · · · · · · · · · · · · ·	***
· ·	Measurement	*******	*******	******	6.4	*******	*******	su	0	7 /7	GRAB
900241 MINIMUM	Permit	********			6.0 MINIMUM		*******	SU	, 1,3, 1,3,	SEE PERMIT	șee Permit
pH	Sample							(12)			
1	Measurement	*******	******	******	******	*******	7.3	SU	0	7 /7	GRAB
900242	Permit "	数层13 等	The wife of	2000年末	建 键性 4.500	高 数 (1.3)	8.5	1 11 12 12	· * .	SEE PERMIT	SEE
MAXIMUM	Requirement	*********	*******	*******	Marin Ban C		DAILY MAX.				. PERMIT
CHLORINE, TOTAL RESIDUAL	Sample						1	(19)			
	Measurement	*******	*******	******	0.6	*******	*******	mg/L	0	7 /7	GRAB
50060 EFFLUENT GROSS VALUE	Permit.	******	*********				*************	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample					47-4		(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	******	******	******	******	*******	0.0	mg/L	0	0 /30	GRAB
000620	Permit	1.12		The state of the s	2	J. J. X. 15 /	12.0	<u> </u>		SEE PERMIT	SEE
1	Requirement	********	*****		27.000.000		DAILY MAX.	mg/L	x 1	igye.	PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	11.0	mg/L		2 /30	GRAB
000600	Permit **		1.27.4.52	""	(,,,,,	20 m m	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	********		******	2:000000	*******	DAILY MAX.	mg/L	·,	, .	PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	********	******	******	******	********		NTU			
	Permit	,	Care on the F	* *	, ,	··· `.	REPORT				SEE
	Requirement	********	. *******	******	******	********	DAILY MAX.	N.T.U.		SEE PERMIT	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 of Prisignature of Principal Executive Officer or Authorized Agent telephone NO D	ATE (YY/MM/DD)
	1112 (11111)
ED CASTLE 305-852-5103	0/10/18

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

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Three-month Average Daily Flow: 0.11588

Month / Year: September 2000																								Daily Flor	w % of P	ermitted	Capacit	y:	57.94%		
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD)	0.1140	0.1000	0.1120	0.1050	0.0810	0.0840	0.0990	0.0620	0.0490	0.0870	0.0720	0.1070	0.1310	0.0760	0.0550	0.1220	0.1000	0.1380	0.1040	0.0940	0.0820	0.0740	0.0540	0.0065	0.0630	0.0500	0.0510	0.0470	0.0650	0.0630	
Chlorine Residual after Contact(mg/L as CI2)	2.5	1.0	0.6	3.0	1.3	3.0	2.1	2.0	2.0	2.0	5.0	1.8	2.5	2.2	4.0	2.8	1.9	0.9	1.4	1.7	3.0	3.2	3.0	3.1	0.8	4.0	1.7	3.0	2.5	3.0	
CBOOS Influent (mg/L as O2)													54.0														81.0			\longrightarrow	
TSS Influent (mg/L)													14.8														19.6		-		
CBOD5 Effluent (mg/L as O2)				_									2.1														1.0				
TSS Effluent (mg/L)													4.4														2.8		\longrightarrow	\rightarrow	_
NO3 Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)													7.5													_	11.0				
Feral Coliform (#/100ML)													<20														<20		-		
pH effluent (SU)	6.8	7.1	7.2	7.0	6.7	7.0	6.8	6.9	6.9	6.9	6.5	6.8	6.7	6.7	6.5	6.7	6.9	7.1	6.8	6.7	6.4	6.6	6.7	6.6	6.8	6.5	6.6	6.7	6.8	6.8	
Turbidity (N.T.U.)																														-	
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)													G														G		-	_	
TIME OF SAMPLE													12:45														10:55				
Total Phosphorus (mg/L)													2.22				<u> </u>										2.69				
																															_
																													$\overline{}$	\rightarrow	
1																															

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

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Acityated: Yes: No:

Not Applicable: X

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

Page 3 -

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME

KeyHaven Utility

PERMIT NUMBER DO44-227439

MAILING ADDRESS:

ATTN. Wayne Lujan

1104 Truman Avenue

MONITORING PERIOD

Month / Year: October 2000

Key West, Fl 33040

LIMIT Final CLASS SIZE Minor GROUP: Domestic GMS#

FACILITY LOCATION Key Haven Key Haven Road FACILITY ID 5244000469

DISCHARGE POINT #:

TEST SITE

WAFR SYSTEM ID #

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

Please read instructions before completing this form

*** NO DISCHARGE [] ***

\wedge	
$\mathcal{A}_{\mathcal{O}}$	
γ	
<i>γ</i> .	

	 	T			 					·	
Parameter		Quantity of	or Loading		Qual	ity or Concentration	,		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
	Sample			(03)					1		
FLOW	Measurement	0.13897	0.25600	MGD	******	*******	*******	******	0	7 / 7	GRAB
	**************************************	REPORT	0.2 PERMITTED	MGD	The state of the s	MARKET SERVE	1				SEE
50053	Permit	MONTHLY	PERMITTED	MGD		***************************************		*******	· .	SEE PERMIT	PERMIT
MONTHLY AVERAGE DAILY	Requirement	AVERAGE	CAPACITY	様な。こ	Life Contract	grafing and	1	·\$.			
· · · · · · · · · · · · · · · · · · ·	Sample							(19)			
CBOD5, INFLUENT	Measurement	*******	******	******	******	79.50	87.00	mg/L	0	2 /30	GRAB
	Permit:	10 mg 10 mg	公本		All Control	REPORT	REPORT,			SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	******		*****		MONTHLY AVG.	DAILY MAX.	mg/L			PERMIT
	Sample							(19)			
TSS, INFLUENT	Measurement	•••••	******	******		73.00	84.00	mg/L	0	2 /30	GRAB
	Permit of	A 1		****** **		REPORT	REPORT)		SEE PERMIT	SEE
INFLUENT GROSS VALUE	Requirement	*******	****	*****	(A	MONTHLY AVG.	DAILY MAX.	mg/L			PERMIT
	Sample							(19)			
CBODS, EFFLUENT	Measurement	•••••	******	******		2.75	3.40	mg/L	0	2 /30	GRAB
80082	Permit	a. 3/1	101423	13 × 17 × 1		REPORT	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement		******	******	******	MONTHLY AVG.	DAILY MAX.	mg/L		-7.	PERMIT
	Sample							(19)			-
TSS, EFFLUENT	Measurement	*******	•••••		******	14.00	18.00	mg/L	0	2 /30	GRAB
900201	Permit				<i>t-</i> .	REPORT	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	********	*******	******	******	MONTHLY AVG.	DAILY MAX.	mg/L			PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	*******	******	******		580.00	1140.00		1	2 /30	GRAB
31616	Permit	, 5,		•	REPORT	REPORT	REPORT				
EFFLUENT GROSS VALUE	Requirement	*******	******	******	WEEKLY AÝG	MONTHLY AVG.	DAILY MAX.	#/25mL		SEE PERMIT	GRAB

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pr SIGNATURE) OF PRINCIPAL EXECUTIVE	VE OFFICER OR AUTHORIZED TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	305-852-5103	0911/14

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

NVIKONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME MAILING ADDRESS

KeyHaven Utility

1104 Truman Avenue

Key West, FI 33040

0

Kev Haven Key Haven Road

FDEP LIMITS (RÉPLACES MOR FORM) PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: October 2000 LIMIT Final GROUP Domestic CLASS SIZE Minor

GMS#

DISCHARGE POINT # WAFR SYSTEM ID #

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

ATTN Wayne Lujan

FACILITY

LOCATION

Please read instructions before completing this form

FACILITY ID 5244000469

*** NO DISCHARGE [] ***

Parameter		Quantity of	or Loading		Quali	ty or Concentrat	tion		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex	Analysis	Туре
рН	Sample							(12)			
·	Measurement	********	*******	•••••	6.5	********	*******	su	0	7 /7	GRAB
900241	Permit	新宝·	44. A. A. A. A. A. A. A. A. A. A. A. A. A.	7	6.0					SEE PERMIT	SEE PERMIT
MINIMUM	- Requirement	********	*******	*****	MINIMUM	*******	********	SU _	-		
рН	Sample							(12)			
·	Measurement	********	*******	******	******	*******	7.3	SU	0	7 /7	GRAB
900242	Permit **	Marin Carlo	常外海绵		Carlot Banks and Carlot	海常教等 。	8.5		- 3	SEE PERMIT	SEE
MAXIMUM	Requirement	*******		******	******	****	DAILY MAX.	SU			PERMIT
CHLORINE, TOTAL RESIDUAL	Sample					_		(19)			
į	Measurement	********	*******	******	0.8	********	*******	mg/L	0	7 /7	GRAB
50060 EFFLUENT GROSS VALUE	Permit Requirement		Z	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.5 A	X	********	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	********	0.0	mg/L	0	0 /30	GRAB
000620	Permit Requirement	********	15 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	15.44 15.44 15.44 16.44	,	1m2	12.0 DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample	*	, v, v _k	47.27	7,1			(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	******	*******	******		********	9.0	mg/L		0 /30	GRAB
000600	/- Permit.2	-5 755	1. 3000000	ه المجمولة في سواد و.	A 10 37 5 1	24,0	REPORT			SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Requirement	**********	*******		*******	********	DAILY MAX.	mg/L			PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******		NTU			
,	Permit*	खुन्य १	ANSE SERVICE	(A) 10 A		A STATE OF THE STA	REPORT				SEE,
	Requirement	· · · · · · · · · · · · · · · · · · ·	*******	******	******	*******	DAILY MAX.	N.T.U.		SEE PERMIT	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 Prisignature of Principal Executive Officer or Authorized Agent	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	00000	305-852-5103	00/11/19
			77

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

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

Y SA .. _ RESL ... PAR.

FACILITY ID: 5244000469

Three-month Average Daily Flow: 0.11670

Month / Year: October 2000																								Daily Flo	w% of F	ermitte	1 Capaci	ty:	58.35%		
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD)	0.0580	0.1630	0.2560	0.2560	0.2200	0.1240	0.0946	0.0900	0.1020	0.1250	0.0430	0.1100	0.0960	0.1460	0.1600	0.1450	0.1460	0.1260	0.0880	0.0900	0.0870	0.0950	0.1150	0.1220	0.1250	0.2000	0.2040	0.1450	0.2300	0.2140	0.1330
Chiorine Residual after Contact(mg/L as Cl2)	2.8	2.5	2.2	2.0	1.1	1.3	2.0	2.0	1.9	1.1	2.5	1.5	0.8	1.9	1.1	1.3	1.4	1.4	1.3	1.6	2.0	2.0	5.0	2.8	3.2	2.9	2.0	2.5	2.8	5.0	5.0
CBOOS Influent (mg/L as O2)								_				87.0							72.0		ļ,				-					<u> </u>	
TSS Influent (mg/L)												62.0							84.0			ļ			<u> </u>					_	
CBOD5 Effluent (mg/L as O2)							_	<u> </u>			ļ	3.4				<u> </u>			2.1								_	_			
TSS Effluent (mg/L)	↓											18							10					ļ	-	_	_				-
NO3 Effluent (mg/L as N)													L									_			-					<u> </u>	-
Total N Effluent (mg/L as N)	<u> </u>		<u></u>								L -	9.0		-					4.1		_			<u> </u>	-					<u></u> '	├—
Fecal Coliform (#/100ML)								ļ				1140							<20						ļ _	_				-	
pH effluent (SU)	6.8	6.9	7.0	6.9	7.2	7.1	7.0	7.0	6.9	7.1	7.0	6.9	6.8	6.9	7.1	6.9	7.0	6.9	6.9	6.9	6.9	6.9	7.0	6.9	6.9	6.8	6.9	6.9	6.8	6.5	6.5
Turbidity (N.T.U.)							_	 												_	ļ				1						<u> </u>
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)	1											G	ļ	\vdash					G					_	+						<u> </u>
TIME OF SAMPLE												3:30	ļ						9:30			_			-						
Total Phosphorus (mg/L)												2.59							2.0	_					-	_					-
																									↓ _	_	_			-	<u> </u>
	· .						_														_	<u> </u>			-					\vdash	-
																						-			_	_					_
	1	_																							-	_	_			-	-
																			_			<u> </u>			-		-				_

PLANT STAFFING

Day Shift Operator

Class:

Certificate No.:

Name:

Evening Shift Operator

Class: N/A

Certificate No.:

Name: N/A

Evening Shift Operator

Class:

Class: C

Certificate No.: Certificate No.: Name:

Night Shift Operator

Class: N/A

Certificate No.: C9747

Name: Dave Oakes

Lead Operator

N/A Name: N/A

Limited Wet Weather Discharge Acitvated: Yes: No:

Not Applicable: X

If Yes, cumulative days of wet weather discharge:

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

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

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

Page 3

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

PERMITTEE NAME. MAILING ADDRESS:

FACILITY:

LOCATION

KeyHaven Utility

1104 Truman Avenue

Key West, FI 33040

PERMIT NUMBER DO44-227439

MONITORING PERIOD

Month / Year: November 2000

LIMIT Final

GROUP Domestic

CLASS SIZE Minor

GMS#

Key Haven

Key Haven Road

FACILITY ID 5244000469

DISCHARGE POINT # WAFR SYSTEM ID #1

TEST SITE

PLANT SIZE/TREATMENT TYPE EA/D3

TYPE OF EFFLUENT DISPOSAL U001

ATTN: Wayne Lujan

91,500

Please read instructions before completing this form

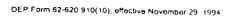
*** NO DISCHARGE [] ***

Parameter	200	Quantity	or Loading		Qual	ity or Concentration			No	Frequency of	Sample
STORET CODE	A COLUMN	Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	Analysis	Туре
	Sample	mgd		(03)			İ		1		
FLOW	Measurement	0.09150	0.17600	MGD	******	******	*******	•••••	0	1/7	GRAB
	**************************************	PHEORIE	02.0	21.	RESCUE OF THE PROPERTY OF THE	NO. CALL	12314	200	18 To 1		- ELSEPHER
50053		100 THE	। श्रम्भार श्री स्थाप	MGD	3		vurent:			STREET	PERMIT
MONTHLY AVERAGE DAILY	Requirement	AVERAGE	C7.2(315)				10 C 20 C	2114	200	Mark Hall	Section 1
	Sample							(19)		_	
CBODS, INFLUENT	Measurement		******	******	•••••	147.00	204.00	mg/L	0	2 /30	GRAB
		100	BEET TO	经验	348	REPORT	REPORTA	NEW		See Party III	Section 5
INFLUENT GROSS VALUE	Requirement	200 Ta				MONTHEY AVG	DAILYMAX	and the		The second second	
	Sample							(19)			
TSS, INFLUENT	Measurement	********	******	******	*****	116.50	124.00	mg/L	0	2 /30	GRAB
	33 (1983)	300	*****	200	22.00	REPORT AVO	REPORTE		2000	SEE REDAIT SA	AND THE PARTY OF
INFLUENT GROSS VALUE	Requirement					MONTHLY AVO	DAILY MAX	Cing/L			AT THE PERMIT BY
	Sample							(19)			
CBODS, EFFLUENT	Measurement	*******	*******	******	******	1.95	2.10	mg/L	0	2 /30	GRAB
80082				2%	7.7	REPORT	REPORT			SEB PERMIT	- CLISEBIA
EFFLUENT GROSS VALUE	*Requirements					MONTHLY AVO.	DAILYMAX	mg/L	24.0	AND TO SERVICE AND THE PARTY OF THE PARTY O	PERMIT
	Sample							(19)			
TSS, EFFLUENT	Measurement	•••••	******	******	******	3.10	3.40	mg/L	0	2 /30	GRAB
900201	Per Permit N	***	经 事件	1	1	REPORTS MONTHLY AVG.	REPORT	Sant Con	W Park	SER PERMIT	PERMIT
EFFLUENT GROSS VALUE	Requirement		2			MONTHLY AVG.	DAILY MAX	mg/L			PERMIT
	Sample							(13)			
COLIFORM, FECAL	Measurement	*******	*******	•••••	<20	<20	<20		0	2 /30	GRAB
31616	Penning	120 m		M704	REPORT	REPORT	REPORT	و فرا الم	1)	OTTE DEDIVET	
EFFLUENT GROSS VALUE	Requirement				10.4 (0.32 5.14 - 1.41	MONTHLY AVO.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#/25mL	SAME .	SEE PERMIT	GRĀB

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 inimediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that are significant penalties for submitting false information including the possibilty of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of PI SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED 161 LPHONE NO DATE (YY/MM/DD) LED CASTLE JOS-852-5103 FEY (2/2)		
ED CASTLE 305-852-5103 44/2/21	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Pr. SIGNATUBE, OF PRINCIPAL EXEC	JIEVE OFFICER OR AUTHORIZED TELEPHONE NO DATE (YY/MM/DD)
	ED CASTLE	2- 305-852-5103 05/2/21

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







DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A THE REPORT OF THE PARTY OF THE

PERMITTEE NAME

KeyHaven Utility

MAILING ADDRESS:

ATTN: Wayne Lujan

1104 Truman Avenue Key West, FI 33040

0

FACILITY: LOCATION: Key Haven Key Haven Road PERMIT NUMBER DO44-227439

MONITORING PERIOD:

LIMIT Final

CLASS SIZE Minor

FACILITY ID 5244000469

TEST SITE

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

Please read instructions before completing this form

Month / Year: November 2000 GROUP Domestic

GMS#

DISCHARGE POINT #

WAFR SYSTEM ID #

*** NO DISCHARGE [] ***

	Marketon Survey.										
Parameter	数数数数		or Loading			ty or Concentrat			No.	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	Analysis	Туре
рН	Sample						ŀ	(12)			
A	Measurement	*******	*******	******	6.4	*******	********	SŲ	0	1.0	GRAB
A		2007 (2007)		2002			17 L	A PROPERTY.	*********	建 2000年,在1900年	Service Service
900241	1600000			100 King S	100	A STATE OF THE STA			7337 533	SEBPERMIT	A PERMIT
MINIMUM	Requirement	Similar Control	35.77.77.78	NAME OF	MUNIMUM		42.000	SUMM	32. 22. 3	THE REAL PROPERTY.	WASHING TO
pН	Sample	i .						(12)			
i	Measurement	*******	******	******	******	*******	7.3	SU	0	1 //	GRAB
900242	and Country	************************************	200	200400		3000000000000000000000000000000000000	经通过基础	******	建作的 -金融	SERPERMITE	200 A275
MAXIMUM		common		V-200XXX	2000		DAILYMAX	AFRICAL STATE	4 7 2 2	AND GREEKE TO	PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
i	Measurement	********	******	******	1.5	******	•••••	mg/L	0	7 /7	GRAB
50060	A COURSE	SEC. (2)	经验	建筑建筑	學(20)(新海	建建 基金	**************************************	The same of the sa	244	SEBPERMIT : /2	SER
EFFLUENT GROSS VALUE	The second second		ALTERNATION OF THE PARTY OF THE		SANATATOR			400	经济产业	C C C C C C C C C C C C C C C C C C C	AND PERMITANA
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	0.0	mg/L	0	0 /30	GRAB
000620	美国国际		STATE OF THE PARTY.	No.	2000年1000年1000年1000年1000年1000年1000年1000	1	12.0	发现公司	MI STEEL	SEBPERMIT AC	SE SE SE SE SE SE SE SE SE SE SE SE SE S
	a Kequirens at			*************************************	Section 19		DAILLMAX	2000年	200 100		PERMIT
NITROGEN, TOTAL (25 N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	22.8	mg/L		2 /30	GRAB
000600	Permit		4578.00	200 (102-202年	ACT #16	75.7 Sec. 2010	REPORT	1	地位 二次经验	SEEPERMIT	HIS SEPTICE
EFFLUENT GROSS VALUE	Requirement				200000	2,,,,,,,,,		mg/L			SAN PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	********	*******	•••••	******	•••••		N.TU	ı		
1	Pednit Ba	SA TO 160 24	TO THE PARTY	建筑等	19. T. S. S. S. S. S. S. S. S. S. S. S. S. S.		REPORT	建筑工作	\$7.52m \$4.55	1927年192	SEEK ST
	3 Requirement			1	5.00		DAILY MAX.	100000		SEE PERMIT	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/ LITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Pr SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE	305-852-5103	00/12/21

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

DAILY SAMPLE RESULTS - PART B

FACILITY ID: 5244000469

Three-month Average Daily Flow.

0.06233

Month / Year: November 2000												•												Daily Flow	w % of P	ermitte	Capaci	y:	31.16%		
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3:
Plow (MGD)	0.1260	0.093	0.0840	0.0550	0.1230	0.1760	0.0280	0.0630	0.9780	0.0970	6.0980	0.1150	0.1290	0.1230	0.0780	0.1580	0.0850	0.0430	0.0740	0.1040	0.0470	0.0700	0.0570	0.0850	0.0700	0.1140	0,1030	0.0550	0,0820	0,1020	,
Chlorine Residual after Contact(mg/L as Cl2)	3.6	3.9	5.0	5.0	3.2	4.2	5.0	4.6	4.9	4.4	4.2	4.5	4.4	4.0	1.5	2.6	3.3	3.0	2.6	3.8	3.9	4.0	5.0	5.0	4.0	4.0	3.3	5.0	5.0	5.0	\perp
CBODS Influent (mg/L as O2)									90.0												204.0							<u> </u>		ــــــ	\perp
TSS Influent (mg/L)		<u> </u>							109.0												124.0							<u> </u>		<u> </u>	\perp
CBODS Effluent (mg/L as O2)					<u></u>				2.1												1.8							<u> </u>		<u> </u>	\vdash
TSS Biffuent (mg/L)									3.4												2.8				_			_	<u> </u>	<u> </u>	\vdash
NO3 Effluent (mg/L as N)																										<u> </u>			_	<u> </u>	-
Total N Effluent (mg/L as N)		_							13.2												22.8									-	<u> </u>
Fecal Coliform (#/100ML)									<20												<20	<u> </u>				<u> </u>		<u> </u>		<u> </u>	<u> </u>
pH effluent (SU)	6.7	6.9	6.9	6.9	6.9	6.8	6.5	6.8	6.6	6.8	6.7	6.7	6.6	6.9	7.1	7.1	7.0	7.0	7.0	6.8	6.8	7.0	6.8	6.8	6.8	6.8	6.9	6.7	6.9	6.4	_
Turbidity (N.T.U.)																													<u> </u>	<u> </u>	_
TYPE OF SAMPLE (C=COMPOSITE, G=GRA8)			_						G												G							<u> </u>	<u> </u>	<u> </u>	\perp
TIME OF SAMPLE		<u> </u>							10:20												7:25				_				<u> </u>	<u> </u>	\vdash
Total Phosphorus (mg/L)									2.86												3.04								<u> </u>	_	<u> </u>
			<u> </u>																											<u> </u>	L
																													\bigsqcup	<u> </u>	L
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		L																							<u> </u>				\square	<u> </u>	<u> </u>
																														<u> </u>	
																												. 1		1	

PLANT STAFFING

Day Shift Operator

Class:

Name: N/A Name: N/A

Evening Shift Operator Evening Shift Operator

Class: N/A Class:

Certificate No.: Certificate No.:

Certificate No.:

Certificate No.:

Name:

Night Shift Operator

Class: N/A

N/A Name: N/A

Lead Operator

Class: C

Certificate No.: C9747

Name: Dave Oakes

Type of Effluent Disposal or Reclaimed Water Reuse: BORE HOLES

Limited Wet Weather Discharge Acitvated: Yes: No:

Not Applicable: X

If Yes, cumulative days of wet weather discharge:

*Attach additional sheets of necessary to list, all certified operators.

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

- Page 3 -

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME

KeyHaven Utility

MAILING ADDRESS:

1104 Truman Avenue

Key West, Fl 33040

FACILITY: LOCATION Key Haven

Key Haven Road

or Loading

Maximum

0.16900

Units

(03)

MGD

Mınımum

......

FDEP LIMITS (REPLACES MOR FORM) PERMIT NUMBER DO44-227439

MONITORING PERIOD

LIMIT Final

CLASS SIZE Minor

FACILITY ID: 5244000469

TEST SITE.

Quality or Concentration

Average

151.50

REPORT

MONTHLY AVG.

129.50

MONTHLY AVG.

2.70

REPORT

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

Maximum

153.00

REPORT

DAILY MAX

141.00

DAILY MAX

*** NO DISCHARGE [] ***

2 /30

2 /30

2 /30

Month / Year: December 2000

Frequency of

SEE PERMIT

SEE PERMIT

Analysis

GMS#

Νo

Ex

Units

(19)

mg/L

mg/L·· (19)

mg/L

mg/L

(19)

mg/L

GROUP Domestic

DISCHARGE POINT #

WAFR SYSTEM ID #

last word 52.852 199

Sample

Туре

GRAB

.

GRAB

PERMIT

GRAB

SEET -

PERMIT

GRAB

SEE PERMIT

> GRAB SEE PERMIT

GRAB

GRAB

SEE

SEE PERMIT -

ATTN: Wayne Lujan

104,42 × 1000,000

Please read instructions before completing this form

	Parameter	ALCOHOLD !	Quantity
	STORET CODE		Average
SV		Sample	104,
\mathcal{U}	FLOW	Measurement	0.10442
1			REPORT
1	50053	Permi	MONTHLY
	MONTHLY AVERAGE DAILY	Requirement	AVERAGE
		Sample	
	CBODS, INFLUENT	Measurement	*******
		Permit &	4.76
	INFLUENT GROSS VALUE	Requirement	500000000000000000000000000000000000000
		Sample	
	TSS, INFLUENT	Measurement	******
		Permit acti	
	INFLUENT GROSS VALUE	Requirement	12000
		Sample	
	CBOD5, EFFLUENT	Measurement	********
	80082	Permit 5	
	EFFLUENT GROSS VALUE	Requirement	********

- 11	CDODS, ELLECTIVI	1-1-capactinent	1								
	80082	Permit 5		11077	X STATE		REPORT	1744			SEE PERMIT
- [EFFLUENT GROSS VALUE	Requirement	*******	********		28.00000	MONTHLY AVG.	DAILY MAX.	'mg/L	Applite Applit	题等以表达
		Sample							(19)		
	TSS, EFFLUENT	Measurement	********	*******	******	*****	2.60	2.80	mg/L	0	2 /30
	900201	Permit			A STATE	17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	REPORT	REPORT.			SEE PERMIT
1	EFFLUENT GROSS VALUE	Requirement	********	Secondary.	******	43 ******	MONTHLY AVG.	DAILY MAX.	mg/L		
		Sample							(13)		
	COLIFORM, FECAL	Measurement	********	•••••••	******			10.00		0	2 /30
ľ	31616	Permit	THE WAST	4 14 2 14 14	海里 电弧	REPORT	REPORT	REPORT			No. of the second
	EFFLUENT GROSS VALUE	Requirement	*********	*********	*****	WEEKLY AVG	MONTHLY AVG.	DAILY MAX.	#/25mL		SEE PERMIT
					-					-	
1	certify under penality of law that I have perso	anally examined as	ed am famelear week	the information s	ubmitted her	ein, and based on o	ny manury of those indi	viduals immediate	lv		
	sponsible for obtaining the information, I be								,		
10	sponsione for obtaining the information, i be	mere are shoulder	a mitorinamon is uc	ic, accurate and co	inpiece i ain	aware mar are sign	anicam penames for sin	mine and			

information including the possibilty of fine and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of PrISIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED) TELEI		
	TEPHONE NO TOX LE	E (YY/MM/DD)
ED CASTLE 305-852	-852-5103	11/22

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 KeyHaven Utility
MAILING ADDRESS 1104 Truman Avenue

Key West, Fl 33040

0

FACILITY Key Haven
LOCATION Key Haven Road

ATTN Wayne Lujan

PERMIT NUMBER DO44-227439

MONITORING PERIOD

TYPE OF EFFLUENT DISPOSAL U001

Month / Year: December 2000 GROUP Domestic

Bully Made State State

LIMIT Final GROUP
CLASS SIZE Minor GMS #

FACILITY ID 5244000469

TEST SITE
PLANT SIZE/TREATMENT TYPE: EA/D3

Please read instructions before completing this form

*** NO DISCHARGE [] ***

DISCHARGE POINT # WAFR SYSTEM ID #

Parameter	海流流流 流流	Quantity of	r Loading		Quali	ry or Concentrat	ion		No	Frequency of	Sample
STORET CODE		Average	Maximum	Units	Mınimum	Average	Maximum	Units	Ex.	Analysis	Туре
рН	Sample							(12)			
	Measurement	********	******	******	6.2	*******	*******	S.U	0	7 /7	GRAB
900241 MINIMUM	Permit Requirement				6.0 MINIMUM		*******	SU		SEE PERMIT	SEE
pН	Sample						i	(12)			
ŀ	Measurement	********	******	******	******	*******	7.3	SU	0	7 /7	GRAB
900242	Permit .			430		********	DAILY MAX.	"		SEE PERMIT	SEE
MAXIMUM	Requirement	· · · · · · · · · · · · · · · · · · ·	*********	*****	*****	********	DAILY MAX.	SU 🗥	\$3.50 P.	5 X	PERMIT
CHLORINE, TOTAL RESIDUAL	Sample							(19)			
<u>J</u>	Measurement	*******	******	******	0.9	*******	*******	mg/L	0	1 /1	GRAB
50060 EFFLUENT GROSS VALUE	Permit Requirement				A O S		*******	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	0.0	mg/L	0	0 /30	GRAB
000620	Permit ** Requirement	4	32			*********	DAILYMAX.	mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample							(19)			
(IF REQUIRED IN THE PERMIT)	Measurement	*******	******	******	******	*******	10.5	mg/L		2 /30	GRAB
000600	Permit 1	建设在边路	第三次	Tall the Tall	NORS ST	· · · · · · · · · · · · · · · · · · ·	REPORT:	· · ·	ないない	SEE PERMIT	SEE
EFFLUENT GROSS VALUE	Permit Requirement	***********	*******	******	******	*******	DAILY MAX.	mg/L	The Town State Control	See to the	PERMIT
TRIBIDITY	Sample										
(IF REQUIRED IN THE PERMIT)	Measurement	********	******	******	******	*******		NTU			
li i	Permit >	The way	Secretary.		为		REPORT		の記録でき	金をなる	SEE SEE
	Requirement	********	*******	C ingenior &	*********	********	DAILY MAX.	N.T.U.		SEE PERMIT	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 P	SIGNATURE OPPRING	IPAL-EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
ED CASTLE			305-852-5103	01/01/22

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

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

DATE Y SAMPLE RESULTS - PART &

FACILITY ID: 5244000469

Three-month Average Daily Flow

0 06994

Month / Year: December 2000																								Daily Flov	v % of P	ermitte	1 Capaci	γ	34 97%		
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD)	0 0970	0 0200	0.1100	0.1320	0 1020	0 0880	0 0800	0.0950	0 0540	0.1120	0.1610	0.1690	0.0890	0.1150	0.0950	0 0830	D 1150	0 1190	0 0430	0 1380	0 1080	0.1140	0 0750	0.0980	0.1570	0 1180	0 1050	0.1020	0 1490	0 1130	0 101
Chlorine Residual after Contact(mg/L as Cl2)	4.1	3.9	3.0	4.1	38	3 6	3.0	4.4	4.0	4.0	1.3	2.9	3.0	5.0	4.3	3.5	5.0	3.9	0.9	5.0	5.0	50	4.5	5.0	5.4	5.0	4.6	4.6	50	4.5	4 5
CBODS Influent (mg/L as O2)					153 0	ļ	ļ <u>-</u> .							<u> </u>							150.0				L			ļ			<u> </u>
TSS Influent (mg/L)					141.0	ļ								ļ				<u> </u>			1180						<u> </u>		ļ	ļ	<u> </u>
CBODS Effluent (mg/L as O2)	_[ļ	<u> </u>	1.5	ļ		<u> </u>		<u> </u>							L				3.9									<u> </u>	<u> </u>
TSS Effluent (mg/L)				<u> </u>	2.8					<u> </u>				L				L			2.4									ļ	
NO3 Effluent (mg/L as N)										l																					<u> </u>
Total N Effluent (mg/L as N)					5.3																10.5							<u></u>	<u> </u>	<u> </u>	
Fecal Coliform (#/100ML)					10			1											l		<20									<u> </u>	
pH effluent (SU)	6.7	6.7	6.8	6.7	6.7	6.6	5.6	6.2	6.3	6.2	6.5	6.6	6.5	6.8	6.6	6.7	6.7	6.5	7.3	6.2	6.9	6.6	6.7	6.6	6.8	7.0	6.9	7.2	7.0	7.0	7.0
Turbidity (N.T U.)								l					l																	<u></u>	<u> </u>
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)					G																G										
TIME OF SAMPLE					12:45																12:00						<u> </u>			<u> </u>	
Total Phosphorus (mg/L)					2_39																2.71								<u></u>	ļ	
																	ļ —	Γ													
		1	1							\Box				1																	ĺ
				1						 																					
	_		1	†		†					 							1						-							
V 100 (1.00		1	†	 	1	\vdash								1								 									

PLANT STAFFING

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

Type of Effluent Disposal or Reclaimed Water Reuse BORE HOLES

Limited Wet Weather Discharge Acitvated Yes No

Not Applicable X

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

Page 3



Governor

Department of Environmental Protection

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

David B. Struhs Socretary

October 31, 2001

Wayne Lujan 1104 Truman Avenue Key West, Florida 33040

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

Dear Mr. Lujan;

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

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

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

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

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

Sincerely,

Nancy Brooking

Environmental Specialist II

cc: Keith Kleinmann, DEP Ft. Myers Synagro Southeast

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

	WASTEWATERS FACILITY AND		CEINSPECTION CTION INFOR		G = Optional
Name and Physical Locatio		WAFR		County	Entry Date/Time
KEY HAVEN UTILITY	U.	FLAO	14867	Monroe	Oct. 12, 2001
Koy Haven Road		Project	Number.		@ Exit Date/Time
Key West, FL 33040		63450			
Name(s) of Field Represent	tative(s)	Title			Phone
Name and Addross of Porm Representative	uttoo or Designated	Title			Phone
Key Haven Utility Corpora	ation	Owner			
1104 Truman Avenue		(Wayne	Lujan)		
Key West, FL 83040					
Inspection Type C E I	Samples Take	n (Y/N):	@ Sample ID#:	Samı	ples Split (Y/N):
Domestic Indu	strial Photos Taker	n(Y/N):	Field Notes Log Boo	k Volume: 12	Page: 110
	State of the state	inor V=1 in form of the latest terms of the la	Gut-Of-Complien	St Dyalust of State of Significant Signifi	TARESS OF SHEET U.S
Name(s) and Signature(s) o	f Inspector(s)		District Office/Phon	e Number	Date
Nancy L. Brooking	lu Brook	ine	Marathon (305)	289-2310	October 19, 2001
@ Signature of Reviewer		\sim	District Office/Phon	e Number	Date
Transaction Code		ITIONAL NP	harger Instruction YR/MO/DA LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	insp Type	Inapactor Fac Type 2 8
Interestion Type (Field 1). A importion Code (Staid 2). Easility Type (Oradice): [#5]	SCAROR (I—Jour BPAC Limicipal (Publish Own Brunibaral (4=Belbiel	inte EPA le	i, Reri 14. T-Joldi Sinje/CP,	** COST 1570CO CO 1264W 580	P41 44-74-30-11-11-11-11-11-11-11-11-11-11-11-11-11

WASTEWATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

FACILITY: Key Haven Utility
DATE: October 12, 2001 DATES OF PREVIOUS INSPECTIONS: May 23, 2001; February 18, 2000, September 27, 1999, Dec. 15, 1998
CAPACITY & TYPE: 0.20 MGD (TMADF) extended peration process
OPERATOR: Synagro
OPERATION LOG: times: S Q: S pH: S TRC: S Type of Flow Measurement: effluent meters with recorder
LIFT STATION: # of pumps 2 type of pumps 3" Gorman Rupp ton side pumps
AERATION: # of blowers 4 19 for facilities and one for surge tankl On X Off Even Uneven Weak
NORTH FACILITY (blower off)
MIXED LIQUOR: Brown _ Tan X Gold/Orange _ Groon _ Black/Septic _ Thin _ Thick _ Normal _ Heavy foam
Light foam _ Mod Foam _ Soapy foam
CLARIFIERS:
Clear Luth Hv/tb X FVgr Fl/sl X Hv/bk PF Full of Sludge Other Stilling baffles FULL of solids
Otom
SOUTH FACILITY (AKA Texaco plant)
MIXED LIQUOR: Brown _ Tan X Gold/Orange _ Green _ Black/Septic _ Thin _ Thick _ Normal _ Heavy foam
Light foam _ Mod Foam _ Soapy foam
CLARIFIER:
Clear _ Lt/tb _ Hv/tb X FVgr _ FVsl X Hi/bk _ PF _ Full of Sludge _ Other stilling baffles FULL of solids
ALL FOUR CLARIFIERS RUN IN PARALLEL
CHLORINE CONTACT CHAMBER: FILTERS:
Clear X. Lt tb X. Hv th Fl Gr _ SlBldup _ PU _ SSL _ In operation _X Out of Service
CHLORINATION: SUPPLY:
Liquid Gas X Tabs Adeq X Inad Inoperative
Residual: 2.8 mg/L, from 10/11 log entry
ACCESS CONTROL:
Fenced X Remote _ Other None
EFFLUENT:
Satisfactory X Marginal Unsatisfactory pH: 7.5 SU
EFFLUENT DISPOSAL:
Class V Wells: X # of Wells: 6 Outfall: FL# D/F: Reuse
Clabs V Wens. A. Will William, Pull Dir Rease
COMMENTS: The most recent flow (10/11) was 0.15 MGD. The August 2001 DMR was returned to the operating
company for clarification of flow data. The July 2001 DMR indicates that the facility is at 56% of the 0.2 TMADF
permitted capacity. The eleven August 2001 flow data provided in the operations log indicate the facility is operating
at 76% of 0.2 MGD.
20 10 n of 0.2 1 n o o .
The south clarifiers' (Texaco) stilling baffles have been replaced.
The appearance of the facility from the surge tank (green) to the clarifier weirs is poor. The mixed liquor is almost
white, all 4 clarifiers were operating in an upset condition, and the weirs all exhibited excessive algal growth.
At the time of the inspection, the effluent (post filtration) was satisfactory.
A request for an updated schedule for the completion of the collection system work and a reminder that the facility
operation should not be negatively impacted from the work will be sent.
CICATOR WIZMONEL -
SIGNED: Willowking, ES II
ATRICUL A'AVVINABLADA A I I



Department of Environmental Protection COF

Lawton Chiles Governor

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

Virginia B Werherell Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Key Haven Utility Corporation Mr. Wayne Lujan President 1104 Truman Avenue Kcy West, FL 330+0

FACILITY:

Key Haven Utility Corporation WWTF Kcy Haven Road Monroe County Key West, FL 33040 Latitude: 24° 34' 23" N Longitude: 81° 44' 08" W PERMIT NUMBER: ISSUANCE DATE: **EXPIRATION DATE:**

FACILITY I.D. NO:

FLA014867-001-DW2P December 30, 1997 December 29, 2002 FLA014867

10.4.99 DEParth. to operate fac.

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

TREATMENT FACILITIES:

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

EFFLUENT DISPOSAL:

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

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions as set forth Protect, Conserve and Manage Florida's Environment and Natural Resources Total File Protect, Fl in Pages 1 through 17 of this permit.

PERMITTEE

Key Haven Utility Corporation

1104 Truman Avenue Key West, FL 33040 PERMIT NUMBER.
EXPIRATION DATE:

FLA014867-001-DW2P December 29, 2002

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Underground Injection Control Systems

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

				EMvent L				Mondoring Requirements		(
Parameter	Units	Niez/Ni(a	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Total Nitrogen (N)	mg/L	Minimum	·	-	•	-	Annually	Grab	EFA-1	See Cond.1.A.6
Carbonaceous Biochemical Oxygen Demand (3 day)	nig'L	Mayonum	20.0	30.0	45.0	60 0	Every Two Weeks	B-hour flow proportioned composite	EFA-1	
Total Suspended Solids	mg().	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	efa-1	
fίq	sid, units	Range	·			6.0 to 8.5	5 Davs/Weck	Grab	EFA-)	
Feeal Coliform Bacteria			See Permit Co	ondition I.A.4.	L	,	Every Two Weeks	Grab	EFA-I	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	•		·	0.5	S Days/Week	Grab	EFA-I	See Cond.I.A.5

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

PEF NUMBER: EXPIRATION DATE

FLA014867-001-DW2P December 29, 2002

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

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

- Grab samples shall be collected during periods of minimal treatment plant pollutant removal
 efficiencies or maximum hydraulic and/or organic loading. [Rule 62-600.740 (1) (a) 2]
- 4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mi of effluent sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of effluent each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-600.440(4)(c), 6-8-93]
- 5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-600.440(4)(b)], 6-8-931
- 6 Total nitrogen (N) shall be sampled within 60 days of this permit and at 12 months intervals thereafter. All grab samples shall be obtained during peak hourly flow conditions. The time, date and type of samples shall be clearly indicated on the DMR.



B., Other Limitations and Monitoring and Reporting Requirements

PERMITTEE: Key I 1104 Key I			RMIT NUM PIRATION		FLA014867-001-December 29, 200					
B., Other Limita 1 During the influence		ning on the is	ssuance date	and lasting	through the	e expiratio toe as spec	n date of this permit ified below:	i, the treatment facility	shall be limited a	nnd
				Limite	itions			Monkoring Requirements		
Paranieter	Units	nit Avel A	Annual Average	Limita Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	MonMoring Requirements Sample Type	Mordtoring Location Site Number	Notes
Parameter Flow	Units mgd	Max/Min Maximum		Monthly	Weekly	, -			Monitoring Location Site	Notes S Cond.
	mgd			Monthly Average 0.2 Three	Weekly Average	, -	Frequency	Sample Type	Monitoring Location Site Number	S



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4. The wastewater treatment facility permittee shall be responsible for proper handling, use, and disposal of its residuals and will be held responsible for any disposal violations that occur unless the permittee can demonstrate that it has delivered residuals that meet the chemical criteria and appropriate stabilization requirements of this permit and that the disposer (e.g. hauler, contractor, or disposal/land application site owner) has legally agreed in writing to accept responsibility for proper disposal. [62-640.300(3), 3-1-91]

5. Should the mainland WWTF require studge analysis of residuals or the hauling of residuals to the mainland WWTF for treatment discontinue, the permittee shall sample and analyze the residuals at least once every 6 months. All samples shall be representative and shall be taken after final treatment of the residuals but before use or disposal. Sampling and analysis shall be in accordance with the U.S. Environmental Protection Agency publication - POTW Studge Sampling and Analysis Guidance Document, 1989. The following parameters shall be sampled and analyzed:

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

- * The annual application rate for cadmium shall not exceed 0.5 pounds/acre/year.
- ** 40 CFR Part 503 increases the number of heavy metals to be tested for. The additional metals are: Arsenic, Chromium, Mercury, Molybdenum and Selenium. The pollutant limits are found in 40 CFR 503.13(b)(1),(2),(3) and (4). Pollutant limits in 40 CFR Part 503 are more stringent for Lead, Cadmium, Nickel and Zinc than F.A.C. Rule 62-640.700(2). Until Chapter 62-640, FAC is modified and the permittee notified, both the metals to be sampled and the maximum concentrations required by the Department shall be as specified in the above table. However, the permittee is reminded of the necessity to comply with the pertinent regulations of any other regulatory agency, as well as the U.S. EPA. This permit should not be construed to imply compliance with the rules and regulations of other regulatory agencies.

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

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

- 3. The three-month average daily flow to the treatment plant shall not exceed 0.2 mgd.
- 4 Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4), 5-31-93]
- 5. Flow meters shall be utilized to measure flow and calibrated at least annually, [62-601,200(17) and .500(6), 5-31-93]
- 6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18), 11-29-94]
- 7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5), 5-31-93]
- 8. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis. Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the South District Office at the address specified in Permit Condition I.B 9 by the swenty-eighth (28th) of the month following the month of operation.

[62-620.610(18), 11-29-94][62-601.300(1), (2), and (3), 5-31-93]

Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Branch Office at the address specified below:

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

Phone Number - (305) 289-2310

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

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IL RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal for this facility is to aerobically digest the residuals, transfer to residual drying beds to dry and then remove and store (accumulate) for eventual shipment to a Class one landfill.

2. Another method of residuals use or disposal for this facility is as follows: This facility participates in the Monroe County area-wide residuals disposal program. This program currently operates under O.G.C. Case Number 92-2117. The county contractor is hauling residuals to the mainland for treatment at another wastewater treatment facility.

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

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

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IIL GROUND WATER MONITORING REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Section IV is not applicable to this facility.

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

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

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

- A certified operator shall be on call during periods the plant is unattended. [62-699.311(1), 5-20-92]
- The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5), 6-8-93]
- The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1), 6-8-93]
- 5 The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken.
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e A copy of the current permit.

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- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g A copy of the facility record drawings;
- h Copies of the licenses of the current certified operators; and
- i Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

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

VL SCHEDULES

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

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

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

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625 500, 11-29-94]

VIIL OTHER SPECIFIC CONDITIONS

- Prior to placing the new facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620 910(12), Notification of Completion of Construction for Domestic Wastewater Facilities (62-620.630(2), 11-29-94)
- Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form [62-620.630(7), 11-29-94]

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3. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620 410(5), 11-26-94]

- 4 Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of rectained water or residuals from this facility.
- In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. [62-600.410(8), 6-8-93]
- The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater, or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited. [62-604.130(3), 5-31-95]
- 7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604 550, 5-31-93] [62-620,610(20), 11-29-94]
- 8 The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels, or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment, or
 - d Which result in treatment plant discharges having temperatures above 40°C

[62-604 130(4), 5-31-93]

9 The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons [62-600.410, 6-8-93]

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 Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-7.540, 12-10-85]

- 11. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

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

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

IX. GENERAL CONDITIONS

- 1 The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1), 11-29-94]
- This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department [62-620 610(2), 11-29-94]
- As provided in Subsection 403 087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3), 11-29-94]

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This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title (62-620.610(4), 11-29-94)

- 5. This permit does not relieve the permittee from hability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit [62-620.610(5), 11-29-94]
- If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit [62-620.610(6), 11-29-94]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7), 11-29-94]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition [62-620.610(8), 11-29-94]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit,
 - b. Have access to and copy any records that shall be kept under the conditions of this permit,
 - 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

[63-620 610(9), 11-29-94]

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10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules [62-620.610(10), 11-29-94]

- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11), 11-29-94]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12), 11-29-94]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13), 11-29-94]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620,340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620 610(14), 11-29-94]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandomical of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandomient [62-630 610(15), 11-29-94]
- 16 The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620,300, 62-620 420 or 62-620,450. F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620,300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620,300, F.A.C. [62-620.610(16), 11-29-94]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information.

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

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

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4 246. Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620 910(10)
 - b If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health and Rehabilitative Services (DHRS) under Chapter 10D41, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chloring residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 61E12-41, F.A.C.
 - c. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

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

- 19. Reports of compliance or noncompliance with, or any progress reports on, unterim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date: [62-620 610(19), 11-29-94]
- 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.

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- a. The following shall be included as information which must be reported within 24 hours under this condition:
 - 1 Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters
- b. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

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

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit [62-620.610(21), 11-29-94]

22 Bypass Provisions

- a Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - 3 The permittee submitted notices as required under Permit Condition IX, 22 b of this permit.
- b If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX 20 of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times, if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

PERMITTEE: Key Haven my Corporation 1104 Truman Avenue Key West, FL 33040 PERMIT NUMBER: EXPIRATION DATE. FLA014867-001-DW2P December 29, 2002

- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22 a. 1, through 3, of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX, 22, a. through c of this permit.

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

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1 An upset occurred and that the permittee can identify the cause(s) of the upset,
 - 2 The permitted facility was at the time being properly operated;
 - The permittee submitted notice of the upset as required in Permit Condition IX. 20 of this permit; and
 - The permittee complied with any remedial measures required under Permit Condition IX.
 of this permit.
- b In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review

[62-620.610(23), 11-29-94]

- 24. In the case of an underground injection control permit, the following permit conditions also shall apply:
 - a. All reports or information required by the Department shall be certified as being true, accurate and complete
 - b Reports of compliance or noncompliance with, or any progress reports on, requirements contained in any compliance schedule of this permit shall be submitted no later than 14 days following each schedule date.
 - c Notification of any noncompliance which may endanger health or the environments hall be reported verbally to the Department within 24 hours and again within 72 hours, and a final written report provided within two weeks

D.E.P. Marathon, FL

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PERMITTEE:

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The verbal reports shall contain any monitoring or other information which indicate that
any contaminant may endanger an underground source of drinking water and any
noncompliance with a permit condition or malfunction of the injection system which may
cause fluid migration into or between underground sources of drinking water.

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

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

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DATE: 12-30-97

17



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

STATE OF FLORIDA NOTICE OF PERMIT

In the matter of an Application for Permit by:

Key Haven Utility Corporation Wayne Lujan, President 1104 Truman Ave Key West, Florida 33040 Monroe County - DW Key Haven Utility Corp WWTF

DEP File Number: FLA014867-001-DW2P

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

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

Executed in Ft. Myers, Florida

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

DATE: 12-30-97

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CERTIFICATE OF SERVICE

Clerk Stamp

FILING AND ACKNOWLEDGMENT

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

Sasar Muiling 12/3/197
(Clerk) (Date)

ABA/MHR/klm

Copies furnished to:

Gus Rios FDEP Marathon Glen Boe P.E.



Department of Environmental Protection

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

Virginia B. Wetherell Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Key Haven Utility Corporation Mr. Wayne Lujan President 1104 Truman Avenue Key West, FL 33040 PERMIT NUMBER: ISSUANCE DATE: EXPIRATION DATE: FACILITY I.D. NO:

FLA014867-001-DW2P December 30, 1997 December 29, 2002 FLA014867

FACILITY:

Key Haven Utility Corporation WWTF Key Haven Road Monroe County Key West, FL 33040

Latitude: 24° 34' 23" N Longitude: 81° 44' 08" W

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

TREATMENT FACILITIES:

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

EFFLUENT DISPOSAL:

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

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

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L RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Underground Injection Control Systems

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

				Effluent L	imitations			Monitoring Requirements		· · · · · · · · · · · · · · · · · · ·
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Total Nitrogen (N)	mg/L	Minimum	_	-	-	-	Annually	Grab	EFA-1	See Cond.I.A.6
Carbonaceous Biochemical Oxygen Demand (5 day)	mg/L	Maximum	20 0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Total Suspended Solids	mg/L	Maximum	20.0	30.0	45.0 -	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
рН	std units	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Fecal Coliform Bacteria			See Permit Co	ondition I.A.4.	·	<u> </u>	Every Two Weeks	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond.I.A.5

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

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

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

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B. Other Limitations and Monitoring and Reporting Requirements

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

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

PERMITTEE:

Key Haven Utility Corporation

1104 Truman Avenue Key West, FL 33040

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

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

- The three-month average daily flow to the treatment plant shall not exceed 0.2 mgd.
- 4. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4), 5-31-93]
- 5. Flow meters shall be utilized to measure flow and calibrated at least annually. [62-601.200(17)] and .500(6), 5-31-93]
- 6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. /62-620.610(18), 11-29-941
- 7. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5), 5-31-93]
- 8. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department on a monthly basis Discharge Monitoring Report(s) (DMR), Form 62-620.910(10), as attached to this permit. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the South District Office at the address specified in Permit Condition I.B.9. by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18), 11-29-94][62-601.300(1), (2), and (3), 5-31-93]

9. Unless specified otherwise in this permit, all reports and notifications required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Branch Office at the address specified below

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

Phone Number - (305) 289-2310

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

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II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal for this facility is to aerobically digest the residuals, transfer to residual drying beds to dry and then remove and store (accumulate) for eventual shipment to a Class one landfill.

2. Another method of residuals use or disposal for this facility is as follows: This facility participates in the Monroe County area-wide residuals disposal program. This program currently operates under O.G.C. Case Number 92-2117. The county contractor is hauling residuals to the mainland for treatment at another wastewater treatment facility.

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

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

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The wastewater treatment facility permittee shall be responsible for proper handling, use, and disposal of its residuals and will be held responsible for any disposal violations that occur unless the permittee can demonstrate that it has delivered residuals that meet the chemical criteria and appropriate stabilization requirements of this permit and that the disposer (e.g. hauler, contractor, or disposal/land application site owner) has legally agreed in writing to accept responsibility for proper disposal. [62-640.300(3), 3-1-91]

5. Should the mainland WWTF require sludge analysis of residuals or the hauling of residuals to the mainland WWTF for treatment discontinue, the permittee shall sample and analyze the residuals at least once every 6 months. All samples shall be representative and shall be taken after final treatment of the residuals but before use or disposal. Sampling and analysis shall be in accordance with the U.S. Environmental Protection Agency publication - <u>POTW Sludge Sampling and Analysis Guidance Document</u>, 1989 The following parameters shall be sampled and analyzed:

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

- * The annual application rate for cadmium shall not exceed 0.5 pounds/acre/year.
- ** 40 CFR Part 503 increases the number of heavy metals to be tested for. The additional metals are: Arsenic, Chromium, Mercury, Molybdenum and Selenium. The pollutant limits are found in 40 CFR 503.13(b)(1),(2),(3) and (4). Pollutant limits in 40 CFR Part 503 are more stringent for Lead, Cadmium, Nickel and Zinc than F.A.C. Rule 62-640.700(2). Until Chapter 62-640, FAC is modified and the permittee notified, both the metals to be sampled and the maximum concentrations required by the Department shall be as specified in the above table. However, the permittee is reminded of the necessity to comply with the pertinent regulations of any other regulatory agency, as well as the U.S. EPA. This permit should not be construed to imply compliance with the rules and regulations of other regulatory agencies

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IIL GROUND WATER MONITORING REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Section IV is not applicable to this facility.

V. OPERATION AND MAINTENANCE REQUIREMENTS

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

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

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

- 2. A certified operator shall be on call during periods the plant is unattended. [62-699.311(1), 5-20-92]
- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5), 6-8-93]
- 4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1), 6-8-93]
- 5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;

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f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;

- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

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

VL SCHEDULES

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

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

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

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

VIII. OTHER SPECIFIC CONDITIONS

- Prior to placing the new facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. 162-620.630(2), 11-29-941
- 2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. [62-620.630(7), 11-29-94]

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3. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. 162-620.410(5), 11-26-941

- 4. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility.
- 5. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. [62-600.410(8), 6-8-93]
- 6. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited. [62-604.130(3), 5-31-93]
- 7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550, 5-31-93] [62-620.610(20), 11-29-94]
- 8. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4), 5-31-93].

9. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-600 410, 6-8-93]

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10. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-7.540, 12-10-85]

- 11. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

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

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

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1), 11-29-94]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department [62-620.610(2), 11-29-94]
- 3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3), 11-29-94]

PERMITTEE: Key Haven Utility Corporation 1104 Truman Avenue

Key West, FL 33040

PERMIT NUMBER: EXPIRATION DATE:

FLA014867-001-DW2P

December 29, 2002

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4), 11-29-94]

- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5), 11-29-94]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6), 11-29-94]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7), 11-29-94]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8), 11-29-94]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules

[62-620 610(9), 11-29-94]

PERMITTEE: Key Haven Utility Corporation 1104 Truman Avenue

Key West, FL 33040

PERMIT NUMBER: EXPIRATION DATE:

FLA014867-001-DW2P December 29, 2002

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10), 11-29-94]

- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11), 11-29-94]
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12), 11-29-94]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13), 11-29-94]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14), 11-29-94]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15), 11-29-94]
- The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16), 11-29-94]
- 17 The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information.

PERMITTEE: Key Haven Utility Corporation 1104 Truman Avenue

Key West, FL 33040

PERMIT NUMBER: EXPIRATION DATE:

FLA014867-001-DW2P December 29, 2002

a. A description of the anticipated noncompliance;

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

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

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health and Rehabilitative Services (DHRS) under Chapter 10D41, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 61E12-41, F.A.C.
 - e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

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

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19), 11-29-94]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance

PERMITTEE: Key Haven Utility Corporation 1104 Truman Avenue Key West, FL 33040 PERMIT NUMBER: EXPIRATION DATE:

FLA014867-001-DW2P December 29, 2002

a. The following shall be included as information which must be reported within 24 hours under this condition:

- 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
- 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
- 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
- 4. Any unauthorized discharge to surface or ground waters.
- b. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

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

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21), 11-29-94]
- 22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 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
 - 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.

1104 Truman Avenue Key West, FL 33040 PERMIT NUMBER: EXPIRATION DATE:

FLA014867-001-DW2P December 29, 2002

c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

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

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23), 11-29-94]

- 24. In the case of an underground injection control permit, the following permit conditions also shall apply:
 - a. All reports or information required by the Department shall be certified as being true, accurate and complete.
 - b. Reports of compliance or noncompliance with, or any progress reports on, requirements contained in any compliance schedule of this permit shall be submitted no later than 14 days following each schedule date.
 - c. Notification of any noncompliance which may endanger health or the environment shall be reported verbally to the Department within 24 hours and again within 72 hours, and a final written report provided within two weeks.

PERMITTEE:

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

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

1. The verbal reports shall contain any monitoring or other information which indicate that any contaminant may endanger an underground source of drinking water and any noncompliance with a permit condition or malfunction of the injection system which may cause fluid migration into or between underground sources of drinking water.

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

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

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Abdul B. Ahmadi, Ph.D., P.E.

Water Facilities Administrator

DATE: 12-50.97

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

NOTICE OF PERMIT

CERTIFIED MAIL # P 048 052 368 RETURN RECEIPT REQUESTED

In the matter of an Application for Permit by:

A. Wayne Lujan, President Key Haven Utility Corp. F.O. Box 2067 Key West, Florida 33045 DER File No. # 5244P00469 Monroe County - UIC Key Haven Utility

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

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

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

Philip R. Edwards

Director of

District Management South District Office

2295 Victoria Avenue

Fort Myers, Florida 33901

(813) 332-6975



Florida Department of Environmental Regulation

South District
Lawton Chiles, Governor

2295 Victoria Avenue, Suite 364 •

Fort Myers, Florida 33901

Carol M. Browner, Secretary

PERMITTEE: Key Haven Utility Corp. P. O. Box 2067 Key West, FL 33045 I.D.No: 5244P00469 Permit/Certification

Number: UC44-209653, UC44-209655

& UC44-209659

Date of Issue: November 2, 1992 Expiration Date: November 2, 1997

County: Monroe

Latitude: 24° 34′ 23" N Longitude: 81° 44′ 08" W

Section/Town/Range: 26/67S/25E Project: Key Haven Utility Additional Class V Wells

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

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

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

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

I.D. Number: 5244P00469

Permit/Cert. No.: UC44-209653

UC44-209655 UC44-209659

Date of Issue: November 2, 1992 Expiration Date: November 2, 1997

GENERAL CONDITIONS:

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

- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
- 3. As provided in Subsections 403.087(6) and 403.722(5) F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in the permit.
- 4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
- 5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by any order from the Department.
- 6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to

I.D. Number: 5244P00469

Permit/Cert. No.: UC44-209653

UC44-209655

UC44-209659

Date of Issue: November 2, 1992 Expiration Date: November 2, 1997

GENERAL CONDITIONS:

achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

- 7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credential or other documents as may be required by law, and at reasonable times, access to the premises where the permitted activity is located or conducted to:
- a. Have access to and copy any records that must be kept under the conditions of the permit;
- Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

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

- 8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
- a. A description of and cause of non-compliance; and
- b. The period of non-compliance, including dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or revocation of this permit.
- 9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the Department, may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by

I.D. Number: 5244P00469

Permit/Cert. No.: UC44-209653

UC44-209655

UC44-209659

Date of Issue: November 2, 1992 Expiration Date: November 2, 1997

GENERAL CONDITIONS:

Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

- 10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 17-3.051, shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard.
- 11. This permit is transferable only upon Department approval in accordance with F.A.C. Rules 17-4.120 and 17-30.300, F.A.C. as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
- 12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
- 13. This permit also constitutes:
- (a) Determination of Best Available Control Technology (BACT)
- (b) Determination of Prevention of Significant Deterioration (PSD)
- (c) Certification of compliance with State Water Quality Standards (Section 401, PL 92-500)
- (d) Compliance with New Source Performance Standards
- 14. The permittee shall comply with the following:
- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically, unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring

PERMITTEE:

Key Haven Utility Corp.

I.D. Number: 5244P00469

Permit/Cert. No.: UC44-209653

UC44-209655

UC44-209659

Date of Issue: November 2, 1992 Expiration Date: November 2, 1997

GENERAL CONDITIONS:

instrumentation), required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report or application unless otherwise specified by Department rule.

- (c) Records of monitoring information shall include:
 - the date, exact place, and time of sampling or measurements;
 - the person responsible for performing the sampling or measurements;
 - 3. the dates analyses were performed;
 - 4. the person responsible for performing the analyses;
 - 5. the analytical techniques or methods used;
 - 6. the results of such analyses.
- 15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

SPECIFIC CONDITIONS:

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

I.D. Number: 5244P00469

Permit/Cert. No.: UC44-209653

UC44-209655 UC44-209659

Date of Issue: November 2, 1992 Expiration Date: November 2, 1997

SPECIFIC CONDITIONS:

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

- c. Bureau of Geology, 903 N. Tennessee Street, Tallahassee, Florida 32307.
- 4. In the event a well must be plugged or abandoned, the permittee shall obtain a permit from the Department as required by Chapter 17-28, F.A.C.
- 5. The permittee shall notify the Department and obtain approval prior to any well work or modification.
- 6. The permittee is reminded of the necessity to comply with the pertinent regulations of any other regulatory agency, as well as any county, municipal, and federal regulations applicable to the project. These regulations may include, but are not limited to, those of the Federal Emergency Management Agency in implementing flood control measures. This permit should not be construed to imply compliance with the rules and regulations of other regulatory agencies.
- 7. The permittee shall notify the Department and obtain approval prior to any well work or modification.

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

Issued this 3 day of November, 1992

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

Philip R. Edwards

Director of

District Management

PRE/VNM/klm

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UC44-209655

UC44-209659
Date of Issue: November 2, 1992

Expiration Date: November 2, 1997

SPECIFIC CONDITIONS:

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

- c. Bureau of Geology, 903 N. Tennessee Street, Tallahassee, Florida 32307.
- 4. In the event a well must be plugged or abandoned, the permittee shall obtain a permit from the Department as required by Chapter 17-28, F.A.C.
- 5. The permittee shall notify the Department and obtain approval prior to any well work or modification.
- 6. The permittee is reminded of the necessity to comply with the pertinent regulations of any other regulatory agency, as well as any county, municipal, and federal regulations applicable to the project. These regulations may include, but are not limited to, those of the Federal Emergency Management Agency in implementing flood control measures. This permit should not be construed to imply compliance with the rules and regulations of other regulatory agencies.
- 7. The permittee shall notify the Department and obtain approval prior to any well work or modification.

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

Issued this 3 day of November, 1992

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

Philip R. Edwards

Director of

District Management

PRE/VNM/klm

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

NOTICE OF PERMIT ISSUANCE

CERTIFIED MAIL # P 021 151 007 RETURN RECEIPT REQUESTED

In the matter of an Application for Permit by:

Key Haven Utility Corp. 1104 Truman Avenue Key West, FL 33040 DER File No. 5244P00469

<u>Monroe County - DW</u>

Key Haven Utility Corp.

Class V Well Rehabilitation (3)

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

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

The Petition shall contain the following information;

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

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

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

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

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

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

Philip R. Edwards

Director of

District Management South District Office

2295 Victoria Avenue, Suite 364

Fort Myers, Florida 33901

(813) 332-6975

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT and all copies were mailed before the close of business on May 4/992 to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT

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

Karen L. Maly 5-4-92 (Date)

PRE/VNM/jrh

Enclosures

Copies furnished to:

G. Boe, P.E.

H. Rios, FDER-Marathon



Florida Department of Environmental Regulation

South District •
Lawton Chiles, Governor

2295 Victoria Avenue, Suite 364

Fort Myers, Florida 33901

Carol M. Browner, Secretary

PERMITTEE:

Key Haven Utility Corp. 1104 Truman Avenue Key West, FL 33040 I.D. No: 5244P00469 Permit/Certification

Number: UC44-212336, UC44-212337

and UC44-212338

Date of Issue: May 4, 1992 Expiration Date: May 4, 1997

County: Monroe

Latitude: 24° 34′ 23" N Longitude: 81° 44′ 08" W

Section/Town/Range: 52/67S/25E
Project: Key Haven Utility Class

V Well Rehabilitation (3)

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

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

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

Page 1 of 6

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

GENERAL CONDITIONS:

- 1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
- 3. As provided in Subsections 403.087(6) and 403.722(5) F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in the permit.
- 4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
- 5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by any order from the Department.
- 6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve

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

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

- 7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credential or other documents as may be required by law, and at reasonable times, access to the premises where the permitted activity is located or conducted to:
- a. Have access to and copy any records that must be kept under the conditions of the permit;
- Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

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

- 8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
- a. A description of and cause of non-compliance; and
- b. The period of non-compliance, including dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or revocation of this permit.
- 9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the Department, may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

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Date of Issue: May 4, 1992
Expiration Date: May 4, 1997

GENERAL CONDITIONS:

10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

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

- 11. This permit is transferable only upon Department approval in accordance with F.A.C. Rules 17-4.120 and 17-30.300, F.A.C. as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
- 12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
- 13. This permit also constitutes:
- (a) Determination of Best Available Control Technology (BACT)
- (b) Determination of Prevention of Significant Deterioration (PSD)
- (c) Certification of compliance with State Water Quality Standards (Section 401, PL 92-500)
- (d) Compliance with New Source Performance Standards
- 14. The permittee shall comply with the following:
- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically, unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report or application unless otherwise specified by Department rule.

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

GENERAL CONDITIONS:

- (c) Records of monitoring information shall include:
 - the date, exact place, and time of sampling or measurements;
 - the person responsible for performing the sampling or measurements;
 - the dates analyses were performed;
 - the person responsible for performing the analyses;
 - 5. the analytical techniques or methods used;
 - 6. the results of such analyses.
- 15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

SPECIFIC CONDITIONS:

- 1. Drawings, plans, documents or specifications submitted by the Permittee, not attached hereto, but retained on file at the South Florida District Office, are made a part hereof.
- 2. The well completion report DER Form 17-1.209(2) shall be submitted by the licensed well driller within fifteen (15) days after completion of construction and prior to placement in operation.
- 3. Copies of well completion report are to be mailed to the following:
- a. Department of Environmental Regulation, South Florida District, 2295 Victoria Ave., Suite 364, Fort Myers, FL 33901
- b. South Florida Water Management District, Water Use Division, Post Office Box 24680, West Palm Beach, Florida 33416-4680.
- c. Bureau of Geology, 903 N. Tennessee Street, Tallahassee, Florida 32307.

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

SPECIFIC CONDITIONS:

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

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

Issued this 4th day of May, 1992.

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION

Philip R. Edwards

Director of

District Management

PRE/VNM/jrh

		7	,

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Governor

Department of Environmental Protection

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

July 24, 2002

David B. Struhs Secretary

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

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

Dear Mr. Lujan;

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

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

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

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

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

Sincerely,

Nancy Brooking

Environmental Supervisor IJ

cc: Keith Kleinmann, DEP Ft. Myers Synagro Southeast



Lawton Chiles

Governor

Department of Environmental Protection

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

July 16, 1997

Virginia B. Wetherell Secretary

Wayne Lujan 1104 Truman Avenue Key West, FL 33040

> Re: Monroe County-DW Key Haven Utility WWTP FLA014867

Dear Mr. Lujan:

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

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

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

- 2. The facility log contains flow data indicating continued infiltration/intrusion in the collection system. The Operation & Maintenance Performance report submitted with the draft application identifies infiltration as a "continuing problem requiring constant vigilance and frequent repairs". According to the Capacity Analysis Report, infiltration usually accounts for more than 20% of the facility flow. This level of infiltration is excessive and should be reduced to ensure the proper operation of the plant.
- 3. It has been brought to the Department's attention that the Utility plans to connect a proposed development project to the treatment plant in the near future. This proposed connection was not addressed in the Capacity Analysis Report submitted with the draft application. Please be advised that the proposed connections may require a collection system permit from the Department in accordance with F.A.C. Chapter 62-604.

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

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

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

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

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

Sincerely,

Gra Rivo

Gus Rios

Environmental Specialist

GR/im

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

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



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

Complaints

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COLLECTION SYSTEM EVALUATION REPORT

For the

KEY HAVEN SANITARY SEWERS

Prepared for

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

Prepared by

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

March 2001

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EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

COLLECTION SYSTEM EVALUATION

A-DISTRICT

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

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

B-DISTRICT

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

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

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

C-DISTRICT

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

D-DISTRICT

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

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

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

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

E-DISTRICT

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

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

F-DISTRICT

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

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

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

KEY HAVEN ROAD

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

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

KEY HAVEN TERRACE

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

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

MANHOLES

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

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

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

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

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

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

Key Haven Manholes Recommended for Slip-lining

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

SCHEDULE OF REPAIRS

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

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

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

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

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

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

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

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

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

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

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

Bamboo Terrace	N/A	275 feet, estimated
Manhole 7B to clean out		
Cypress Avenue	2	1,850 feet, entire length
Manhole 26 to Lift Station C		
West Cypress Terrace	3	590 feet, entire length
Manhole 27 to 30		_
Cypress Terrace	0	520 feet, entire length
Manhole 26 to 28		
Coconut Drive	2	320 feet, entire length
Manhole 22 to 22A		
Cactus Drive	4	350 feet
Manhole 21 to 21A		
Driftwood Drive	5	575 feet
Manhole 5 to the end		
Driftwood Drive	0	220 feet
Manhole 6 to 7		
Driftwood Drive	0	20 feet, single crack 10 feet
Manhole 8 to Lift Station D		outside of the manhole
Key Haven Road	2	400 feet
Manhole 9 to 10		
Key Haven Road	1	50 feet from manhole 11,
Manhole 10 to 11	•	to seal cracked service
Key Haven Road	0	25 feet, longitudinal cracks
Manhole 13 to 14		25 root, rongituariur crucks
Key Haven Terrace	1	50 feet from manhole 108
Manhole 106 to 108	•	to stop water intrusion
		from hole and repair joint
Key Haven Terrace	0	10 feet from manhole 107
Manhole 107 to 108	-	70 feet from manhole 108
		to repair cracks
Key Haven Тегтасе	6 (estimate replacement	750 feet, estimate
Manhole 108 to end	of all service laterals)	755 reet, estimate
mamiole roo to ond	or all service faterals)	

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

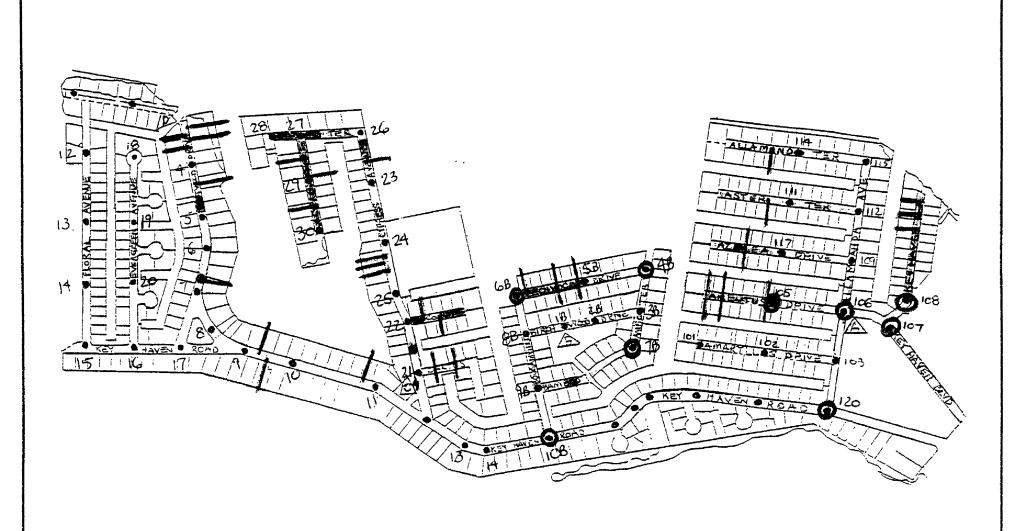


FIGURE 1. COLLECTION SYSTEM SITE PLAN

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

COLLECTION SYSTEM EVALUATION
FOR
KEY HAVEN DEVELOPMENT

WEC THE WEILER ENGINEERING

1777 TAMIAMI TRAIL SUITE 304 MURDOCK, FLORIDA 33948 Table 2. Gravity Sewer Mains with Leaking Joints

District Identification	Location of Leaking Joints	Leaking Joint Footage
A-District Leaking Joints	Azalea Drive,	247,
Ü	MH117:Clean-out	257 w/root intrusion,
		266 w/root intrusion,
		272 w/root intrusion,
		282 w/root intrusion,
		202 Wiloot indusion,
B-District Leaking Joints	Bamboo Terrace,	210 w/root intrusion,
	МН9В:СО	214
C-District Leaking Joints	W. Cypress Terrace,	17 44 77 102 102 100
C District Deaking Joints	MH30:MH29	17,44, 77, 123, 133, 139, 150,
		178 w/root intrusion,
		183, 210
	W. Cypress Terrace,	6, 17, 28, 41, 46, 52, 38,
	MH29:MH27	17, 91, 124, 157, 163,
		181 w/root intrusion,
		192
		258 w/root intrusion
	Cypress Terrace, MH28:MH27	70, 92, 116, 151, 157
	Cypress Terrace, MH27:MH26	65, 871
	Cypress Avenue, MH26:MH23	70
	Cypress Avenue, MH22:MH21	122, 196 or 210
	Cypress Avenue,	36, 39, 45, 52, 56, 100,
	MH21:Lift Station	111, 160, 167, 196, 207
	Coconut Drive MH7:MH10	33, 265, 281, 292
D-District Leaking Joints	Driftwood Drive MH4:Stubout	NONE
	Driftwood Drive MH4:MH5	219
	Driftwood Drive	MONIC
	MH5:MH6	NONE
	Driftwood Drive	141 w/root intrusion
	MH6:MH7	MONTO
	Driftwood Drive MH7:MH8	NONE

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

Table 3. Cracked or Damaged Gravity Sewer Mains

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

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

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

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

Table 4: Cracked or Damaged Service Laterals

Location of Service Lateral	Footage from Manhole	Clock Orientation
Allamanda Terrace, MH114:Clean-out	154	9:00
Aster Terrace, MH111:Clean-out	105	9:00
Arbutus Drive, MH105:MH104	38	3:00 & 9:00*
Arbutus Drive, MH105:MH104	285 leaking	3:00 & 9:00
Arbutus Drive, MH105:MH104	398 broken	3:00
Arbutus Drive, MH105:MH104	400 broken & leaking	9:00
Azalea Drive MH117:Clean-out	184 root intrusion	3:00 & 9:00
Beechwood Drive MH5B:MH6B	46	9:00 & 3:00
Beechwood Drive MH5B:MH6B	145	9:00 & 3:00
Beechwood Drive MH5B:MH6B	302	3:00
W. Cypress Terrace, MH30:MH29	175	9:00
W. Cypress Terrace, MH29:MH27	34	3:00
W. Cypress Terrace, MH29:MH27	179	9:00
Cypress Avenue, MH3:MH4	238 oceanside lot	9:00
Cypress Avenue, MH5:MH6	48 cracked service	12:00
Cypress Avenue, MH5:MH6	204	2:00
Cypress Avenue, MH5:MH6	253	12:00
Coconut Drive MH7:MH10	90	9:00
Coconut Drive MH7:MH10	194	3:00
Cactus Drive, MH21:MH21A or	126, cracked service	3:00 & 9:00
МН8:МН32		
Cactus Drive, MH21:MH21A or	248, cracked service	3:00 & 9:00
MH8:MH32		
Driftwood Drive MH4:Stubout	103	9:00
Driftwood Drive MH4:Stubout	199 leaking	3:00
Driftwood Drive MH4:Stubout	257 leaking	9:00
Driftwood Drive MH4:Stubout	281 leaking vacant lot	3:00
Driftwood Drive MH4:MH5	100	9:00
Driftwood Drive MH5:MH6	NONE	

Driftwood Drive MH7:MH8	NONE	
Key Haven Drive MH17:MH16	NONE	
Key Haven Drive MH17:MH9	NONE	
Key Haven Drive MH9:MH10	163 cracked service 263 cracked service	9:00 3:00
Key Haven Drive MH10:MH11	340 / 246 cracked service	9:00
Key Haven Drive MH9:MH8	NONE	
Key Haven Drive MH13:MH14 (127:128)	NONE	
Key Haven Terrace MH106:MH108	NONE	
Key Haven Terrace MH107:MH108	NONE	
Key Haven Terrace MH108:Clean-out	508 leaking 612 rocks in lateral 686 rocks in lateral	9:00 3:00 9:00
	<u> </u>	1

^{*}Service may be plugged-off.

Table 5: Active Service Laterals

Location of Service Lateral	Footage from Manhole	Clock Orientation
Arbutus Drive, MH105:MH104	38	9:00
Arbutus Drive, MH105:MH106	216	2:00
A - L - D - MIII 17.Cl	(7	2000000
Azalea Drive, MH117:Clean-out	67	3:00 & 9:00
Azalea Drive, MH117:Clean-out	184 cracked w/roots	3:00 & 9:00
Azalea Drive, MH117:Clean-out	301	3:00 & 9:00
Azalea Drive, MH117:Clean-out	345	9:00
Azalea Drive, MH117:Clean-out	397	3:00
Aster Terrace, MH111:Clean-out	107	3:00
Allamanda Terrace, MH114:Clean-out	32	11:00
W. Cypress Terrace, MH30:MH29	Service in Manhole 30	NA

W. Cypress Terrace, MH30:MH29	82, hammer tap	2:00
W. Cypress Terrace, MH30:MH29	175	3:00
W. Cypress Terrace, MH29:MH27	Service in Manhole 29	NA
W. Cypress Terrace, MH29:MH27	34	3:00
W. Cypress Terrace, MH29:MH27	179	9:00
Cypress Avenue, MH3:MH4	238 oceanside lot	9:00
Cypress Avenue, MH5:MH6	48 cracked service	12:00
Cypress Avenue, MH5:MH6	204	2:00
Cypress Avenue, MH5:MH6	253	12:00
Coconut Drive MH7:MH10	90	9:00
Coconut Drive MH7:MH10	194	3:00
Cactus Drive, MH21:MH21A or	126 / 119 cracked service	3:00 & 9:00
МН8:МН32		
Cactus Drive, MH21:MH21A or	248 / 237 cracked service	3:00 & 9:00
MH8:MH32		
Driftwood Drive MH4:Stubout	199 .	3:00
	257	9:00
	281	3:00
Driftwood Drive MH4:MH5	96	9:00
Driftwood Drive MH4:MH5	188	3:00
Driftwood Drive MH5:MH6	9 vacant lot	9:00
Driftwood Drive MH5:MH6	72	3:00
Driftwood Drive MH5:MH6	207	9:00
Driftwood Drive MH6:MH7	NONE	
Driftwood Drive MH7:MH8	NONE	
Evergreen Avenue MH20:MH19	336	9:00
Evergreen Avenue MH19:MH18	87	3:00
71 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Floral Avenue MH15:MH14	95	3:00
Floral Avenue MH15:MH14	223	3:00
Floral Avenue MH15:MH14	352	3:00
Di la Maria Maria	200	
Floral Avenue MH14:MH13	208	3:00
Floral Avenue MH14:MH13	336	3:00

Floral Avenue MH12	Service in Manhole 12	9:00
	NOVE	
Key Haven Drive MH17:MH16	NONE	
Key Haven Drive MH17:MH9	NONE	
Key Haven Drive MH9:MH10	163	9:00
Key Haven Drive MH9:MH10	328	9:00
Key Haven Drive MH10:MH11	NONE	
Key Haven Drive MH9:MH8	NONE	
Key Haven Drive MH13:MH14 (127:128)	NONE	
Key Haven Terrace MIII106 MIII108	211	12:00
Key Haven Terrace MH107:MH108	NONE	
Key Haven Terrace MH108:Clean-out	45 hammer tap - 205 hammer tap	12:00 11:00
	258	9:00
	323 hammer tap	12:00
	405 hammer tap	12:00
	549 hammer tap	12:00

SERVICE LATERAL FOOTAGES

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

Table 6: Locations of Service Laterals

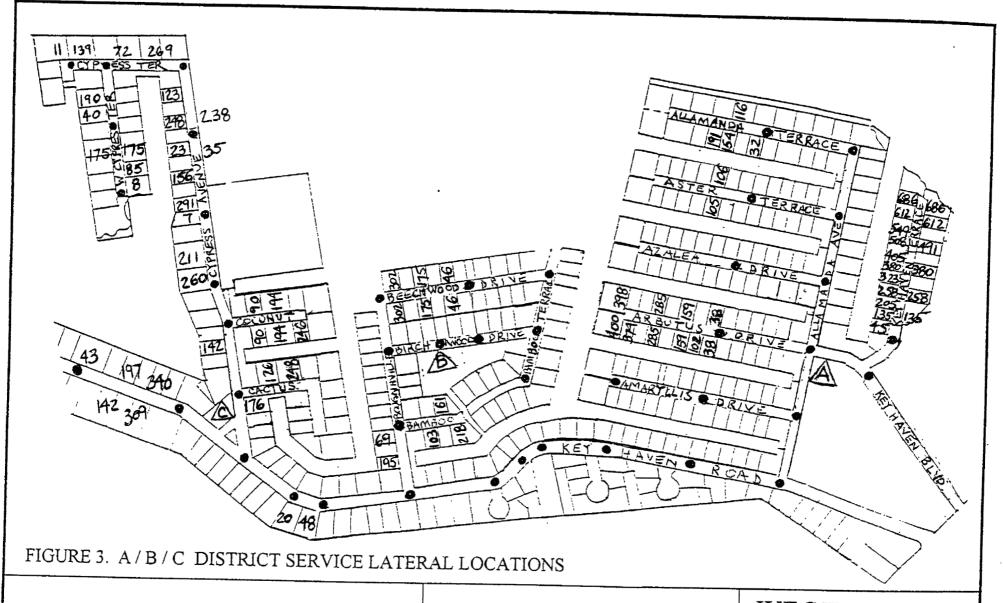
Street Location	Footage	Orientation
Arbutus Drive	38	3:00 & 9:00
Manhole 105 to the end	102	9:00
401' starting at +5.0'	159	3:00 & 9:00
<u>-</u>	285	3:00 & 9:00
	375	9:00
	398	3:00
	400	9:00

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

Cypress Terrace	11	9:00
Manhole 28 to 27	139	9:00
165' starting +7.7'		7.00
West Cypress Terrace	40	3:00 & 9:00
Manhole 29 to 27	190	3:00 & 9:00
304' starting +1.0	1.20	3.00 tc 3.00
West Cypress Terrace	8	3:00
Manhole 30 to 29	85	2:00
276' starting +7.4	175	3:00 & 9:00
Coconut Drive	90	3:00 & 9:00
Manhole 22 to 22A	194	3:00 & 9:00 3:00 & 9:00
318' starting +7.8'	246	2:00
Cactus Drive	126	
Manhole 21 to 21A	248	3:00 & 9:00
346' starting +5.1'	240	3:00 & 9:00
540 Starting ±5.1		
Driftwood Drive	37	2.00
	Į.	3:00
Manhole 4 to cleanout	103	9:00
291' starting +7.0	199	3:00
	257	9:00
	281	3:00
Driftwood Drive	42	3:00
Manhole 4 to 5	100	9:00
280' starting +7.0'	194	3:00
Driftwood Drive	16	3:00
Manhole 6 to 5	149	9:00
214' starting +7.0	205	3:00
Driftwood Drive	58	3:00
Manhole 7 to 6	83	9:00
220' starting +3.0	156	12:00
	210	9:00
Driftwood Drive	40	3:00
Manhole 7 to 8		
151' starting +3.0		İ
8		
Key Haven Road	39	3:00
Manhole 9 to 8	226	3:00
239' starting +4.0'		2.00
200 00000000000000000000000000000000000		
Key Haven Road	99	3:00
Manhole 9 to 10	163	9:00
445' starting +7.1'	263	3:00
	328	9:00
	428	3:00
	3	5.00

Van Havan Daad	42	10.00
Key Haven Road	43	10:00
Manhole 10 to 11	142	3:00
404' starting +1.8'	197	9:00
	309	3:00
	340	9:00
Key Haven Road	20	3:00
Manhole 13 to 14 (127:128)	48	3:00
112' starting 0		
Key Haven Road	60	3:00
Manhole 17 to 9	176	2:00
203' starting +3.0		
Key Haven Drive	2	3:00
Manhole 17 to 16	58	9:00
218' starting +1.0	166	3:00
3	188	9:00
		7.00
Evergreen Avenue	56	3:00
Manhole 18 to 19	181	3:00
385' starting +1.4'	303	
363 Starting 11.4	305	3:00
T. A		9:00
Evergreen Avenue	46	3:00
Manhole 19 to 20	170	3:00
405' starting +4.7'	243	9:00
	293	3:00
Evergreen Avenue	8	3:00
Manhole 20 to 16	130	3:00
465' starting +2.3'	143 (plugged)	9:00
	255	3:00
	379	3:00
Floral Avenue	95	3:00
Manhole 15 to 14	222	3:00
394'	352	3:00
Floral Avenue	78	3:00
Manhole 14 to 13	208	3:00
390'	336	3:00
Floral Avenue	76	
Manhole 13 to 12		3:00
	335	3:00
395'		

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



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

COLLECTION SYSTEM EVALUATION
FOR
KEY HAVEN DEVELOPMENT

WEC THE WEILER ENGINEERING

1777 TAMIAMI TRAIL SUITE 304 MURDOCK, FLORIDA 33948

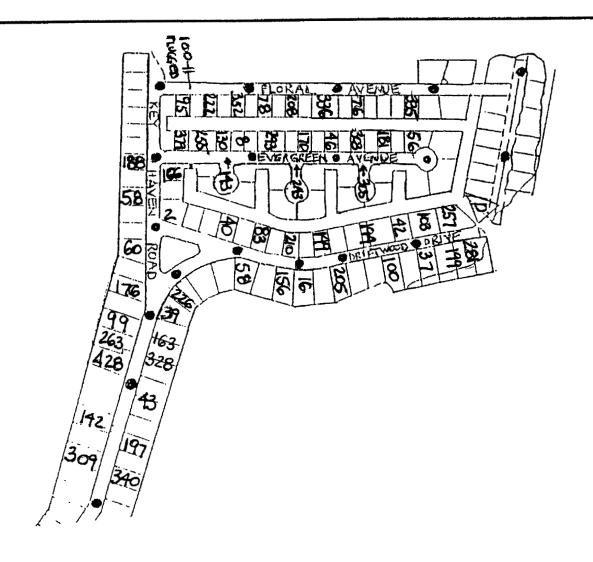


FIGURE 4. E / F DISTRICT SERVICE LATERAL LOCATIONS

NOTE: ALL DISTANCES ARE APPROXIMATE

AND BASED ON THE VIDEO TAPE FOOTA JE.

COLLECTION SYSTEM EVALUATION
FOR
KEY HAVEN DEVELOPMENT

WEC THE WEILER ENGINEERING

1777 TAMIAMI TRAIL SUITE 304 MURDOCK, FLORIDA 33948



KEY HAVEN COLLECTION SYSTEM PRIORITY LISTING

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

WEC THE WEILER ENGINEERING

PRIORITY	LOCATION	CONDITION	COMMENTS
2	Allamanda Terraces	clay pipe; 21% of the pipe is cracked and leaking	1 active service
PROPUSED	MH114 to the end 77772	two sections of pipe are broken	l cracked service
,,	,		191 feet of pipe filmed,
			televising blocked by hammer
			tap into pipe
PROPOSED	Azalea Drive	clay pipe; 20% of the pipe is cracked, broken and	2 cracked service laterals
PROMOSED	MH117 to end マジケラ	leaking, fifteen lengths of pipe are broken,	8 active service laterals
2	Beechwood Drive	clay pipe; 40% of the pipe is cracked and leaking	6 cracked service laterals
PROPOSED	MH5B to MH6B	four lengths of pipe are broken and sheared	j
2	Driftwood Drive	clay pipe; cracked pipe and two sections of broken	1 cracked service lateral
PROPOSED	MH6 to MH7 35847	pipe (rocks are visible) PVC to clay off-set	
2	Bamboo Terrace	clay pipe; at least 20% of the pipe is cracked	unable to completely televise,
PROPOSED	MH7B to the end 5%70		camera blocked by debris
1144			
3	West Cypress Terrace	clay pipe; one section of cracked pipe and leaking	2 cracked service laterals
	MH27 to MH29	joints, PVC to clay off-sets	1 active service lateral
3	Cactus Drive	clay pipe; cracked pipe and leaking joints	2 cracked and active services
ł			
4	Key Haven Terrace	clay pipe; 2 sections of cracked pipe, leaking	1 off-set section PVC to clay
1	MH107 to MH108		of pipe
4	Bamboo Terrace	clay pipe; 2 leaking joints; root intrusion & missing	3 off-set sections of pipe
	9B to the end	gasket	
4	Key Haven Road	clay pipe; cracked pipe and leaking joints	2 active services
1	MH9 to MH10		2 cracked services
4	Key Haven Road	clay pipe; 25 feet of cracked PVC to clay off-sets	2 active services
	MH13 to MH14		

WEC THE WELLER ENGINEERING

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

L. C. W. w. C. In Linguis Com.

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

THE WEILER ENGINEERING CORPORATION

June 10, 2002

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

RE: Sanitary Sewer Collection System Evaluation

Dear Mr. Lujan:

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

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

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

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

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

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

Very Truly Yours,

Elizabeth Ignoffoi

Project Engineer

JUN 1 7 REC'D

Bee Brothers Development Inc.

8362 Pines Boulevard Suite 258 Pembroke Pines, FL 33024



Estimate

Date	Estimate #	
6/26/2001	27	

Name / Address		
Elizabeth Ignoffo, E.1.T. Wealer Engineering		

Project
Key Haven Terrace

Item	Description	Qty	Unit	Rate	Total
Manholc	(0-6)	2	EA	4,500.00	9,000.00
Manhole	(6-8)	3	EA	5,500 00	16,500.00
8" PVC	(0-6)	752	LF	62.00	46,624.00
8" PVC	(6-8)	353	LF	73.00	25,769.00
Wye	8x6	18	EA	200.00	3,600.00
Box & Clean Out		22	EA	300.00	6,600.00
PVC Sleeve	8"	60	LF	12.00	720.00
PVC Lateral	6"	430	LF	42.00	18,060.00
MOT		. 1	LS	1,500.00	1,500.00
Repair	Concrete	300	CF	7.00	2,100.00
Asphalt	Overlay	6,310	SY	8.00	50,480.00
Stripping	Thermo (2000' x 6")	2,000		2.00	4,000.00
Discount	2.5%	184,953		-0 025	-4,623.83

Total

\$180,329.17

BEE BROTHERS DEVELOPMENT INC.

8562 Pines Boulevard, Suite 258 Pembroke Pines, FL 33024 954) 983-2849 Office (954) 983-8298 Fax 954) 214-4196 Cell

JAMES D. BURNS
PRESIDENT
CC# 83-784
CU-CO 56687
BEEBROSDEVINC@AOL.COM

1151 Coral Cour Sugarloaf Key, Fl. 33042 (305) 744-3480 Office (305) 745-3828 Fax (305) 797-0915 Cel

\ugust 7, 2001

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

SUMMARY

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

REAKDOWN

1. West Cypress Terrace - #29 to #30

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

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

DESCRIPTION	QTY	UNIT			RATE		A	MOUNT
Manhole (6-8)	2	EA	@	\$	5,500.00	=	\$	11,000.00
8" PVC (6-8)	175	LF	@	\$	73.00	=	\$	12,775.00
6" PVC Lateral	55	LF	@	\$	42.00	=	\$	2,310.00
8x6 Wye	1	EA	@	\$	200.00	=	\$	200.00
Clean Out and Box	2	EA	<u>a</u> :	\$	300.00	=	\$	600 00
МОТ	1	LS	@	\$	1,500.00	=	S	1,500.00
Concrete Repair	50	SF	@	S	7.00	=	\$	350.00
Asphalt Overlay	889	SY	<u>(w</u>	S	8.00	==	\$	7,112.00
TOTAL						=	\$	35,847.00

3. Astor Terrace - MH#110 to MH#111

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

4. Allamanda Drive – MH#113 to MH#114

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

5. Azalea Drive – MH#116 to MH#117

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

6 Beechwood Drive – MH#5B to #6B

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

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

DESCRIPTION	QTY	UNIT	a a	RAT	E		12 34	AMOUNT
Manhole (0-6)	2	ΈA	@	\$ 4,50	00.00	=	\$	9,000.00
8" PVC (0-6)	290	LF	@	\$	62.00	=	\$	17,980.00
6" PVC Lateral	250	LF	@	\$	42.00	=	\$	10,500.00
8" PVC Sleeve	35	LF	@	\$	12.00	==	\$	420.00
8x6 Wye	6	EA	@	\$ 20	00.00	=	\$	1,200.00
Clean Out and Box	12	EA	@	\$ 30	00.00	=	\$	3,600.00
MOT	1	LS	@	\$ 1,50	00.00	=	\$	1,500.00
Concrete Repair	600	SF	@	\$	7.00	=	\$	4,200.00
Asphalt Overlay	690	SY	@	\$	8.00	=	\$	5,520.00
TOTAL						=	\$	53,920.00