

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

PERMITTEE NAME: Florida Keys Aqueduct Authority				PA FILE NUMBER: FLA567591004DW2P							
ADDRESS: 1100 Kennedy Drive Key West, FL 33040				PERMIT NUMBER: FLA567591							
FACILITY: Big Coppitt WWTP				LIMIT: FINAL REPORT: Monthly							
LOCATION: 1100 Kennedy Drive P. O. Box 1239 Key West, FL 33041				FACILITY TYPE: DW GROUP: Domestic							
MONROE				MONITORING GROUP: R-001							
				DESCRIPTION: the areas of Rockland, Big Coppitt, and Shark Key							
COUNTY: MONROE											
MONITORING PERIOD: From: 02/01/2015 To: 02/28/2015											
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.053	0.045						0		
PARM Code 50050 1 Mon. Site: FLW-3	Permit Requirement	Report (Mo Avg)	0.411 (Qrtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow	Sample Measurement		0.037						0		
PARM Code 50050 Y Mon. Site: FLW-3	Permit Requirement		0.323 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.0				0		
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement				20.0 (Annl Avg)			mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	1.0		0		
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Solids, Total Suspended	Sample Measurement						9.2		4		
PARM Code 00530 B Mon. Site: EFB-1	Permit Requirement						5.0 (Maximum)	mg/L		4 Days/Week	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement						3.0		0		
	Permit Requirement						25.0 (Maximum)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-1	Sample Measurement				81				0		
	Permit Requirement				75.0 (MinTotMo)			percent		4 Days/Week	Calculated
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				6.9		7.7		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.0				0		
	Permit Requirement				1.0 (Minimum)			mg/L		1 Continuous	Meter
Turbidity PARM Code 00070 B Mon. Site: EFB-1	Sample Measurement						8.7		0		
	Permit Requirement						Report (Maximum)	NTU		1 Continuous	Meter
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement	0.150	0.138						0		
	Permit Requirement	Report (Mo Avg)	0.411 (Qrtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement						34		0		
	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Q Mon. Site: INF-1	Sample Measurement						240		0		
	Permit Requirement						Report (Maximum)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Solids, Total Suspended  PARM Code 00530 Q Mon. Site: INF-1	Sample Measurement						250		0		
	Permit Requirement						Report (Maximum)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Submitted by Data Entry Operator	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	RECEIVED DATE	SUBMITTED ON	
									05/26/2015	05/29/2015	

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
00530 B	EFB-1	All of the problems at the plant consisted of three companies putting in pools in the neighborhood and dumping the groundwater down the cleanouts. The ground water was high in salinity causing the plant to get upset and kill the organisms.

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PERMITTEE NAME: Florida Keys Aqueduct Authority ADDRESS: 1100 Kennedy Drive Key West, FL 33040				PA FILE NUMBER: FLA567591004DW2P PERMIT NUMBER: FLA567591 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity						
FACILITY: Big Coppitt WWTP LOCATION: 1100 Kennedy Drive P. O. Box 1239 Key West, FL 33041				MONITORING PERIOD: From: 02/01/2015 To: 02/28/2015						
COUNTY: MONROE										
Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Received)	Sample Measurement	4.66						0		
PARM Code B0002 + Mon. Site: RMP-001	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Transferred)	Sample Measurement	0.00						0		
PARM Code B0007 + Mon. Site: RMP-002	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement	6.63						0		
PARM Code B0008 + Mon. Site: RMP-003	Permit Requirement	Report (Mo Total)	ton (d)						1 Monthly	Calculated
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								05/26/2015	05/29/2015	

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ADDRESS:	1100 Kennedy Drive Key West, FL 33040	PERMIT NUMBER:	FLA567591
FACILITY:	Big Coppitt WWTP	LIMIT:	FINAL REPORT: Monthly
LOCATION:	1100 Kennedy Drive P. O. Box 1239 Key West, FL 33041	FACILITY TYPE:	DW GROUP: Domestic
		MONITORING GROUP:	U-001
		DESCRIPTION:	Disposal to Class V Injection Wells

COUNTY: MONROE MONITORING PERIOD: From: 02/01/2015 To: 02/28/2015

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-3	Sample Measurement		0.096						0		
	Permit Requirement		0.323 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow PARM Code 50050 1 Mon. Site: FLW-3	Sample Measurement	0.114	0.103						0		
	Permit Requirement	Report (Mo Avg)	0.411 (Qrtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					1.0			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2	<2	1.00		0		
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					2.0			0		
	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				8.0	8.0	5.20		0		
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement				0.6				0		
	Permit Requirement				200.0 (Annl Avg)			#/100mL		1 Bi-weekly; every 2 weeks	Grab
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement				0.6	3.0			0		
	Permit Requirement				200.0 (Mo Geomn)	800.0 (Maximum)		#/100mL		1 Bi-weekly; every 2 weeks	Grab
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				6.9		7.7		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				0.6				0		
	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-1	Sample Measurement						4.7		0		
	Permit Requirement						Report (Maximum)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-1	Sample Measurement						3.9		0		
	Permit Requirement						Report (Maximum)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
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