

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
		LIMIT:	FINAL REPORT: Monthly
FACILITY:	Big Coppitt WWTP	FACILITY TYPE:	DW GROUP: Domestic
LOCATION:	1100 Kennedy Drive P. O. Box 1239 Key West, FL 33041	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 (Qtr 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	Sample Measurement						3.0		0		
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement						25.0 (Maximum)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				81				0		
PARM Code 51005 A Mon. Site: EFA-1	Permit Requirement				75.0 (MinTotMo)			percent		4 Days/Week	Calculated
pH	Sample Measurement				6.9		7.7		0		
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				1.0				0		
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				1.0 (Minimum)			mg/L		1 Continuous	Meter
Turbidity	Sample Measurement						8.7		0		
PARM Code 00070 B Mon. Site: EFB-1	Permit Requirement						Report (Maximum)	NTU		1 Continuous	Meter
Flow	Sample Measurement	0.150	0.138						0		
PARM Code 50050 Q Mon. Site: FLW-1	Permit Requirement	Report (Mo Avg)	0.411 (Qtr Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						34		0		
PARM Code 00180 P Mon. Site: CAL-1	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	Sample Measurement						240		0		
PARM Code 80082 Q Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Solids, Total Suspended	Sample Measurement						250		0		
PARM Code 00530 Q Mon. Site: INF-1	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.

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
		LIMIT:	FINAL REPORT: Monthly
FACILITY:	Big Coppitt WWTP	FACILITY TYPE:	DW GROUP: Domestic
LOCATION:	1100 Kennedy Drive P. O. Box 1239 Key West, FL 33041	MONITORING GROUP:	RMP-Q
		DESCRIPTION:	Biosolids Quantity
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
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
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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
Submitted by Data Entry Operator										05/26/2015	05/29/2015

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
		LIMIT:	FINAL REPORT: Monthly
FACILITY:	Big Coppitt WWTP	FACILITY TYPE:	DW GROUP: Domestic
LOCATION:	1100 Kennedy Drive P. O. Box 1239 Key West, FL 33041	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	Sample Measurement		0.096						0		
PARM Code 50050 Y Mon. Site: FLW-3	Permit Requirement		0.323 (Annl Avg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Flow	Sample Measurement	0.114	0.103						0		
PARM Code 50050 1 Mon. Site: FLW-3	Permit Requirement	Report (Mo Avg)	0.411 (Qtr 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	1.00		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					2.0			0		
PARM Code 00530 Y Mon. Site: EFA-1	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	Sample Measurement				8.0	8.0	5.20		0			
PARM Code 00530 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	
Coliform, Fecal	Sample Measurement					0.6			0			
PARM Code 74055 Y Mon. Site: EFA-1	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Bi-weekly; every 2 weeks	Grab	
Coliform, Fecal	Sample Measurement					0.6	3.0		0			
PARM Code 74055 A Mon. Site: EFA-1	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Bi-weekly; every 2 weeks	Grab	
pH	Sample Measurement				6.9		7.7		0			
PARM Code 00400 A Mon. Site: EFA-1	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab	
Chlorine, Total Residual	Sample Measurement				0.6				0			
PARM Code 50060 A Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab	
Nitrogen, Total	Sample Measurement						4.7		0			
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Maximum)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite	
Phosphorus, Total (as P)	Sample Measurement						3.9		0			
PARM Code 00665 A Mon. Site: EFA-1	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