

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Florida Keys Aqueduct Authority ADDRESS: 1100 Kennedy Drive Key West, FL 33040 FACILITY: Key Haven Utility LOCATION: Key Haven Road Key West, FL 33040 COUNTY: MONROE	PERMIT NUMBER: FLA014867 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 11/01/2016 To: 11/30/2016
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0.6						0		
PARM Code B0007 + Mon. Site: RMP-01	Permit Requirement		Report (Mo Total)	dry tons						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		0.0						0		
PARM Code B0008 + Mon. Site: RMP-01	Permit Requirement		Report (Mo Total)	dry tons						1 Monthly	Calculated
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
										12/22/2016	12/30/2016

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Florida Keys Aqueduct Authority	PERMIT NUMBER:	FLA014867
ADDRESS:	1100 Kennedy Drive Key West, FL 33040	LIMIT:	FINAL REPORT: Monthly
		FACILITY TYPE:	DW GROUP: Domestic
FACILITY:	Key Haven Utility	MONITORING GROUP:	U-001
LOCATION:	Key Haven Road Key West, FL 33040	DESCRIPTION:	Three Class V wells
COUNTY:	MONROE	MONITORING PERIOD:	From: 11/01/2016 To: 11/30/2016

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					MNR			0		
PARM Code 80082 Y Mon. Site: EFF-01	Permit Requirement					5.0 (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 1 Mon. Site: EFF-01	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Solids, Total Suspended	Sample Measurement					MNR			0		
PARM Code 00530 Y Mon. Site: EFF-01	Permit Requirement					5.0 (Annl Avg)		mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Solids, Total Suspended	Sample Measurement				9.4	9.4	6.0		1		
PARM Code 00530 1 Mon. Site: EFF-01	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Coliform, Fecal	Sample Measurement					3.8			0		
PARM Code 74055 Y Mon. Site: EFF-01	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Bi-weekly; every 2 weeks	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					0.5	<1		0		
PARM Code 74055 1 Mon. Site: EFF-01	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Bi-weekly; every 2 weeks	Grab
pH	Sample Measurement				7.0		8.2		0		
PARM Code 00400 1 Mon. Site: EFF-01	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual	Sample Measurement				0.5				0		
PARM Code 50060 1 Mon. Site: EFF-01	Permit Requirement				0.5 (Minimum)			mg/L		5 Days/Week	Grab
Nitrogen, Total	Sample Measurement					MNR			0		
PARM Code 00600 Y Mon. Site: EFF-01	Permit Requirement					3.0 (Annl Avg)		mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Nitrogen, Total	Sample Measurement				19.8	12.4	14.6		5		
PARM Code 00600 1 Mon. Site: EFF-01	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Phosphorus, Total (as P)	Sample Measurement					2.1			0		
PARM Code 00665 Y Mon. Site: EFF-01	Permit Requirement					1.0 (Annl Avg)		mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Phosphorus, Total (as P)	Sample Measurement				2.4	2.4	1.9		4		
PARM Code 00665 1 Mon. Site: EFF-01	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo 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
Flow	Sample Measurement	0.108	0.109						0		
PARM Code 50050 1 Mon. Site: FLW-01	Permit Requirement	Report (Mo Avg)	0.2 (3MonAvg)	MGD						5 Days/Week	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						54		0		
PARM Code 00180 P Mon. Site: CAL-01	Permit Requirement						Report (Mo Avg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement						93		0		
PARM Code 80082 G Mon. Site: INF-01	Permit Requirement						Report (Maximum)	mg/L		1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
Solids, Total Suspended	Sample Measurement						90		0		
PARM Code 00530 G Mon. Site: INF-01	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 12/22/2016	SUBMITTED ON 12/30/2016

Parameter	Monitoring Site	Comments for Monitoring Group - U-001
00530 1	EFF-01	Waiting on administrative order from DEP.