

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Key Largo Wastewater Treatment District ADDRESS: 103355 Overseas Hwy Key Largo, FL 33037 FACILITY: Key Largo WWTP LOCATION: 103200 Overseas Highway Ste 12 Key Largo, FL 33037 COUNTY: MONROE	PERMIT NUMBER: FLA370967 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 01/01/2017 To: 01/31/2017
---	---

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0						0		
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	dry tons						1 Monthly	Calculated
Biosolids Quantity (Landfilled)	Sample Measurement		65.8						0		
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	dry tons						1 Monthly	Calculated
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jered Primicerio	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 Electronically Signed			TELEPHONE 7862364974	SUBMITTED ON 02/24/2017

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Key Largo Wastewater Treatment District	PERMIT NUMBER:	FLA370967
ADDRESS:	103355 Overseas Hwy Key Largo, FL 33037	LIMIT:	FINAL REPORT: Monthly
		FACILITY TYPE:	DW GROUP: Domestic
		MONITORING GROUP:	U-001
FACILITY:	Key Largo WWTP		
LOCATION:	103200 Overseas Highway Ste 12 Key Largo, FL 33037	DESCRIPTION:	two backup injection wells.
COUNTY:	MONROE	MONITORING PERIOD:	From: 01/01/2017 To: 01/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		NOD						0		
PARM Code 50050 1 Mon. Site: FLW-003	Permit Requirement		6.5 (Daily Mx)	MGD						1 Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					NOD			0		
PARM Code 80082 Y Mon. Site: EFA-001	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Weekly	16-hr Flow Proportioned Composite
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD	NOD		0		
PARM Code 80082 A Mon. Site: EFA-001	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Weekly	16-hr Flow Proportioned Composite
Solids, Total Suspended	Sample Measurement					NOD			0		
PARM Code 00530 Y Mon. Site: EFA-001	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Weekly	16-hr Flow Proportioned Composite
Solids, Total Suspended	Sample Measurement				NOD	NOD	NOD		0		
PARM Code 00530 A Mon. Site: EFA-001	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Weekly	16-hr Flow Proportioned Composite

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement					NOD			0		
PARM Code 74055 Y Mon. Site: EFA-001	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Weekly	Grab
Coliform, Fecal	Sample Measurement					NOD	NOD		0		
PARM Code 74055 A Mon. Site: EFA-001	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Weekly	Grab
pH	Sample Measurement				NOD		NOD		0		
PARM Code 00400 A Mon. Site: EFA-001	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		1 Continuous	Meter
Chlorine, Total Residual	Sample Measurement				NOD				0		
PARM Code 50060 A Mon. Site: EFA-001	Permit Requirement				0.5 (Minimum)			mg/L		1 Continuous	Meter
Nitrogen, Total	Sample Measurement						NOD		0		
PARM Code 00600 A Mon. Site: EFA-001	Permit Requirement						Report (Maximum)	mg/L		1 Weekly	Grab
Phosphorus, Total (as P)	Sample Measurement						NOD		0		
PARM Code 00665 A Mon. Site: EFA-001	Permit Requirement						Report (Maximum)	mg/L		1 Weekly	16-hr Flow Proportioned Composite
Flow	Sample Measurement		NOD						0		
PARM Code 50050 Y Mon. Site: FLW-001	Permit Requirement		2.3 (Annl Avg)	MGD						1 Continuous	Recording Flow Meter with Totalizer

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 P Mon. Site: FLW-001	Sample Measurement	NOD	NOD						0		
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						1 Continuous	Recording Flow Meter with Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-001	Sample Measurement						NOD		0		
	Permit Requirement						Report (3MonAvg)	percent		1 Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-001	Sample Measurement						NOD		0		
	Permit Requirement						Report (Maximum)	mg/L		1 Weekly	16-hr Flow Proportioned Composite
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-001	Sample Measurement						NOD		0		
	Permit Requirement						Report (Maximum)	mg/L		1 Weekly	16-hr Flow Proportioned Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jered Primicerio	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 Electronically Signed			TELEPHONE 7862364974	SUBMITTED ON 02/24/2017

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Key Largo Wastewater Treatment District	PERMIT NUMBER:	FLA370967
ADDRESS:	103355 Overseas Hwy Key Largo, FL 33037	LIMIT:	FINAL REPORT: Monthly
		FACILITY TYPE:	DW GROUP: Domestic
		MONITORING GROUP:	U-002
FACILITY:	Key Largo WWTP		
LOCATION:	103200 Overseas Highway Ste 12 Key Largo, FL 33037	DESCRIPTION:	Class I injection well
COUNTY:	MONROE	MONITORING PERIOD:	From: 01/01/2017 To: 01/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		1.31						0		
PARM Code 50050 1 Mon. Site: FLW-002	Permit Requirement		6.5 (Daily Mx)	MGD						1 Continuous	Recording Flow Meter with Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					1.5			0		
PARM Code 80082 Y Mon. Site: EFA-001	Permit Requirement					20.0 (Annl Avg)		mg/L		1 Weekly	16-hr Flow Proportioned Composite
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3	3	2		0		
PARM Code 80082 A Mon. Site: EFA-001	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		1 Weekly	16-hr Flow Proportioned Composite
Solids, Total Suspended	Sample Measurement						2.9		0		
PARM Code 00530 A Mon. Site: EFA-001	Permit Requirement						5.0 (Maximum)	mg/L		1 Weekly	Grab
Coliform, Fecal	Sample Measurement						1		0		
PARM Code 74055 A Mon. Site: EFA-001	Permit Requirement						25.0 (Maximum)	#/100mL		1 Weekly	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection PARM Code 51005 P Mon. Site: CAL-002	Sample Measurement						75		0		
	Permit Requirement						75.0 (Mo Total)	percent		1 Weekly	Calculated
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-001	Sample Measurement				2.07				0		
	Permit Requirement				1.0 (Minimum)			mg/L		1 Continuous	Meter
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-001	Sample Measurement						2.8		0		
	Permit Requirement						Report (Maximum)	mg/L		1 Weekly	Grab
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement						6.49		1		
	Permit Requirement						Report (Maximum)	mg/L		1 Weekly	16-hr Flow Proportioned Composite
pH PARM Code 00400 A Mon. Site: EFA-001	Sample Measurement				6.04		6.76		0		
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		1 Continuous	Meter
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jered Primicerio	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 Electronically Signed		TELEPHONE 7862364974	SUBMITTED ON 02/24/2017	

Parameter	Monitoring Site	Comments for Monitoring Group - U-002
00665 A	EFA-001	We received a 6.49 mg/l effluent TP lab result from Sanders Lab on 1/9/17 . We refuted the result with the fact that we do in -house labs before sending samples out to get an idea of how our uncertified bench equipment compares to the contract lab . We are usually never more than a couple of hundredths different. Although our in house result was a 0.2 mg\l this was not the result we received from the lab . We were able to bring our monthly TP average down to a 1.10 mg\l.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Key Largo Wastewater Treatment District	PERMIT NUMBER:	FLA370967
ADDRESS:	103355 Overseas Hwy Key Largo, FL 33037	LIMIT:	FINAL REPORT: Monthly
		FACILITY TYPE:	DW GROUP: Domestic
		MONITORING GROUP:	U-003
FACILITY:	Key Largo WWTP		
LOCATION:	103200 Overseas Highway Ste 12 Key Largo, FL 33037	DESCRIPTION:	two backup wells
COUNTY:	MONROE	MONITORING PERIOD:	From: 01/01/2017 To: 01/31/2017

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		NOD						0		
PARM Code 50050 1 Mon. Site: FLW-003	Permit Requirement		6.5 (Daily Mx)	MGD						1 Continuous	Meter
Duration of Discharge	Sample Measurement	NOD	NOD						0		
PARM Code 81381 P Mon. Site: OTH-001	Permit Requirement	Report (Mo Total)	500.0 (Annl Tot)	hr/mth						1 Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					NOD			0		
PARM Code 80082 Y Mon. Site: EFA-001	Permit Requirement					5.0 (Annl Avg)		mg/L		1 Weekly	16-hr Flow Proportioned Composite
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD	NOD		0		
PARM Code 80082 A Mon. Site: EFA-001	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		1 Weekly	16-hr Flow Proportioned Composite
Solids, Total Suspended	Sample Measurement					NOD			0		
PARM Code 00530 Y Mon. Site: EFA-001	Permit Requirement					5.0 (Annl Avg)		mg/L		1 Weekly	16-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				NOD	NOD	NOD		0		
PARM Code 00530 A Mon. Site: EFA-001	Permit Requirement				10.0 (Maximum)	7.5 (Wkly Avg)	6.25 (Mo Avg)	mg/L		1 Weekly	16-hr Flow Proportioned Composite
Coliform, Fecal	Sample Measurement					NOD			0		
PARM Code 74055 Y Mon. Site: EFA-001	Permit Requirement					200.0 (Annl Avg)		#/100mL		1 Weekly	Grab
Coliform, Fecal	Sample Measurement					NOD	NOD		0		
PARM Code 74055 A Mon. Site: EFA-001	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		1 Weekly	Grab
pH	Sample Measurement				NOD		NOD		0		
PARM Code 00400 A Mon. Site: EFA-001	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		1 Continuous	Meter
Chlorine, Total Residual	Sample Measurement				NOD				0		
PARM Code 50060 A Mon. Site: EFA-001	Permit Requirement				0.5 (Minimum)			mg/L		1 Continuous	Meter
Nitrogen, Total	Sample Measurement					NOD			0		
PARM Code 00600 Y Mon. Site: EFA-001	Permit Requirement					3.0 (Annl Avg)		mg/L		1 Weekly	Grab
Nitrogen, Total	Sample Measurement				NOD	NOD	NOD		0		
PARM Code 00600 A Mon. Site: EFA-001	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		1 Weekly	Grab

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-001	Sample Measurement					NOD			0		
	Permit Requirement					1.0 (Annl Avg)		mg/L		1 Weekly	16-hr Flow Proportioned Composite
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-001	Sample Measurement				NOD	NOD	NOD		0		
	Permit Requirement				2.0 (Maximum)	1.5 (Wkly Avg)	1.25 (Mo Avg)	mg/L		1 Weekly	16-hr Flow Proportioned Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Jered Primicerio	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 Electronically Signed			TELEPHONE 7862364974	SUBMITTED ON 02/24/2017