Facility Name: BCUD/South Central Regional Monitoring Well ID: MWB-1 Background well @ Duran Golf Course

Permit Number: FL0102679019DW1 Well Type: Background Report Frequency: Quarterly Facility County: BREVARD Program: Domestic

Office: CD

Monitoring Period: From: 04/01/2021 To: 06/30/2021
Was the well purged before sampling? Yes Sample Date: 04/28/2021 Sample Time: 10:40 AM

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	25.08	Report (Maximum)	ft	In Situ	1 Quarterly	n/a	calculation	peristaltic pump	N
Nitrogen, Nitrate, Total (as N)	00620	.025	Report (Maximum)	mg/L	Grab	1 Quarterly	0.025	EPA353.2	peristaltic pump	N
Solids, Total Dissolved (TDS)	70295	2300	Report (Maximum)	mg/L	Grab	1 Quarterly	20	SM2540C	peristaltic pump	N
Chloride (as Cl)	00940	529	Report (Maximum)	mg/L	Grab	1 Quarterly	12.5	EPA300.0	peristaltic pump	N
Coliform, Fecal	74055	<1	Report (Maximum)	#/100mL	Grab	1 Quarterly	1.0	CFU/100mL	peristaltic pump	N
рН	00400	6.61	Report (Maximum)	s.u.	Grab	1 Quarterly	0.01	SM4500H+B	peristaltic pump	N
Turbidity	00070	3.1	Report (Maximum)	NTU	Grab	1 Quarterly	0.20	EPA180.1	peristaltic pump	N
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.										

Facility Name: BCUD/South Central Regional Monitoring Well ID: MWB-1-WET BCUD South Central Wetlands MW-1 Upgradient

Permit Number: FL0102679019DW1 Well Type: Background Report Frequency: Quarterly

Facility County: BREVARD Program: Domestic

Office: CD

Monitoring Period: From: 04/01/2021 To: 06/30/2021
Was the well purged before sampling? Yes Sample Date: 04/27/2021 Sample Time: 11:00 AM

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	20.98	Report (Maximum)	ft	In Situ	1 Quarterly	n/a	calculation	peristaltic pump	N
Nitrogen, Nitrate, Total (as N)	00620	.056	Report (Maximum)	mg/L	Grab	1 Quarterly	0.025	EPA353.2	peristaltic pump	N
Solids, Total Dissolved (TDS)	70295	716	Report (Maximum)	mg/L	Grab	1 Quarterly	10	SM2540C	peristaltic pump	N
Chloride (as Cl)	00940	214	Report (Maximum)	mg/L	Grab	1 Quarterly	12.5	EPA300.0	peristaltic pump	N
Coliform, Fecal	74055	10	Report (Maximum)	#/100mL	Grab	1 Quarterly	1.0	CFU/100mL	peristaltic pump	N
рН	00400	7.39	Report (Maximum)	s.u.	Grab	1 Quarterly	0.01	SM4500H+B	peristaltic pump	N
Turbidity	00070	13.0	Report (Maximum)	NTU	Grab	1 Quarterly	0.20	EPA180.1	peristaltic pump	N
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 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. I CERTIFY UNDER PENALTY OF LAW THAT THIS PENALTY OF LAW THAT THIS POSSIBILITY OF LAW THAT THIS PENALTY OF LAW THAT THE PENALTY OF LAW THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.										

Facility Name: BCUD/South Central Regional

Monitoring Well ID: MWC-1

Compliance well @ Duran Golf Course site

Permit Number: Facility County:

FL0102679019DW1

Report Frequency: Quarterly

Office:

BREVARD CD Program: Domestic

Was the well purged before sampling? Yes

Monitoring Period: From: 04/01/2021 To: 06/30/2021

Well Type: Compliance

Sample Date: 04/28/2021 Sample Time: 09:49 AM

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	23.98	Report (Maximum)	ft	In Situ	1 Quarterly	n/a	calculation	peristaltic pump	N
Nitrogen, Nitrate, Total (as N)	00620	3.7	10.0 (Maximum)	mg/L	Grab	1 Quarterly	0.025	EPA353.2	peristaltic pump	N
Solids, Total Dissolved (TDS)	70295	620	500.0 (Maximum)	mg/L	Grab	1 Quarterly	5	SM2540C	peristaltic pump	N
Chloride (as Cl)	00940	101	250.0 (Maximum)	mg/L	Grab	1 Quarterly	5	EPA300.0	peristaltic pump	N
Coliform, Fecal	74055	<1	4.0 (Maximum)	#/100mL	Grab	1 Quarterly	1.0	CFU/100mL	peristaltic pump	N
рН	00400	6.54	6.5-8.5 (Range)	s.u.	Grab	1 Quarterly	0.01	SM4500H+B	peristaltic pump	N
Turbidity	00070	4.6	Report (Maximum)	NTU	Grab	1 Quarterly	0.20	EPA180.1	peristaltic pump	N
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OF RATTER PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OR AUTHORIZED AGENT 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 OR AUTHORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OR AUTHORIZED AGENT OR AUTHORIZED AGENT (321) 795-4427 (7/27/2021) (321) 795-4427 (7/27/2021)										

Parameter	Monitoring Site	Comments for Monitoring Group - MWC-1
70295	MWC-1	Unknown Reason

Facility Name: BCUD/South Central Regional Monitoring Well ID: MWC-2 Compliance well @ Duran Golf Course Site

Permit Number: FL0102679019DW1 Well Type: Compliance Report Frequency: Quarterly Facility County: BREVARD Program: Domestic

Office: CD

Monitoring Period: From: 04/01/2021 To: 06/30/2021 Was the well purged before sampling? Yes Sample Date: 04/28/2021 Sample Time: 11:51 AM

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	22.98	Report (Maximum)	ft	In Situ	1 Quarterly	n/a	calculation	peristaltic pump	N
Nitrogen, Nitrate, Total (as N)	00620	2.8	10.0 (Maximum)	mg/L	Grab	1 Quarterly	0.025	EPA353.2	peristaltic pump	N
Solids, Total Dissolved (TDS)	70295	1040	500.0 (Maximum)	mg/L	Grab	1 Quarterly	5	SM2540C	peristaltic pump	N
Chloride (as Cl)	00940	262	250.0 (Maximum)	mg/L	Grab	1 Quarterly	2.5	EPA300.0	peristaltic pump	N
Coliform, Fecal	74055	2.0	4.0 (Maximum)	#/100mL	Grab	1 Quarterly	1.0	CFU/100mL	peristaltic pump	N
рН	00400	6.96	6.5-8.5 (Range)	s.u.	Grab	1 Quarterly	0.01	SM4500H+B	peristaltic pump	N
Turbidity	00070	17.0	Report (Maximum)	NTU	Grab	1 Quarterly	0.20	EPA180.1	peristaltic pump	N
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, Electronically Signed (321) 795-4427 (7/27/2021) AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.										

Parameter	Monitoring Site	Comments for Monitoring Group - MWC-2
70295	MWC-2	Unknown Reason
00940	MWC-2	Unknown Reason

Facility Name: BCUD/South Central Regional Monitoring Well ID: MWC-2-WET Wetlands MW-2 Compliance

Permit Number: Well Type: Compliance FL0102679019DW1 Report Frequency: Quarterly Facility County: Program: Domestic BREVARD

Office:

CD

Monitoring Period: From: 04/01/2021 To: 06/30/2021 Was the well purged before sampling? Yes Sample Date: 04/27/2021 Sample Time: 10:18 AM

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	21.29	Report (Maximum)	ft	In Situ	1 Quarterly	n/a	calculation	peristaltic pump	N
Nitrogen, Nitrate, Total (as N)	00620	.025	10.0 (Maximum)	mg/L	Grab	1 Quarterly	.025	EPA353.2	peristaltic pump	N
Solids, Total Dissolved (TDS)	70295	716	500.0 (Maximum)	mg/L	Grab	1 Quarterly	10	SM2540C	peristaltic pump	N
Chloride (as Cl)	00940	158	250.0 (Maximum)	mg/L	Grab	1 Quarterly	12.5	EPA300.0	peristaltic pump	N
Coliform, Fecal	74055	<1	4.0 (Maximum)	#/100mL	Grab	1 Quarterly	1.0	CFU/100mL	peristaltic pump	N
рН	00400	7.18	6.5-8.5 (Range)	s.u.	Grab	1 Quarterly	0.01	SM4500H+B	peristaltic pump	N
Turbidity	00070	5.2	Report (Maximum)	NTU	Grab	1 Quarterly	0.20	EPA180.1	peristaltic pump	N
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 PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR THIS 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.										

Parameter	Monitoring Site	Comments for Monitoring Group - MWC-2-WET
70295	MWC-2-WET	Unknown Reason

Facility Name: BCUD/South Central Regional Monitoring Well ID: MWC-3 Compliance well @ Duran Golf Course Site

Permit Number: FL0102679019DW1 Well Type: Compliance Report Frequency: Quarterly Facility County: BREVARD Program: Domestic

Office: CD

Was the well purged before sampling? Yes

Monitoring Period: From: 04/01/2021 To: 06/30/2021

Sample Date: 04/28/2021 Sample Time: 11:14 AM

Was the well purged before sam	pling? Yes						Sample Date: 04/28/2	Sample Date: 04/28/2021 Sample Time: 11:14 AM				
Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)		
Water Level Relative to NGVD	82545	20.85	Report (Maximum)	ft	In Situ	1 Quarterly	n/a	Calculation	peristaltic pump	N		
Nitrogen, Nitrate, Total (as N)	00620	.050	10.0 (Maximum)	mg/L	Grab	1 Quarterly	.025	EPA353,2	peristaltic pump	N		
Solids, Total Dissolved (TDS)	70295	996	500.0 (Maximum)	mg/L	Grab	1 Quarterly	10	SM2540C	peristaltic pump	N		
Chloride (as Cl)	00940	149	250.0 (Maximum)	mg/L	Grab	1 Quarterly	12.5	EPA300.0	peristaltic pump	N		
Coliform, Fecal	74055	<1	4.0 (Maximum)	#/100mL	Grab	1 Quarterly	1.0	CFU/100mL	peristaltic pump	N		
рН	00400	6.71	6.5-8.5 (Range)	s.u.	Grab	1 Quarterly	0.01	SM4500H+B	peristaltic pump	N		
Turbidity	00070	16.0	Report (Maximum)	NTU	Grab	1 Quarterly	0.20	EPA180.1	peristaltic pump	N		
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.												

Parameter	Monitoring Site	Comments for Monitoring Group - MWC-3
70295	MWC-3	Unknown Reason

Facility Name: BCUD/South Central Regional Monitoring Well ID: MWC-5-SOD GW-5 COMPLIANCE

Permit Number: FL0102679019DW1 Well Type: Compliance Report Frequency: Quarterly Facility County: BREVARD Program: Domestic

Facility County: BREVARD
Office: CD

Was the well purged before sampling? Yes

Monitoring Period: From: 04/01/2021 To: 06/30/2021

Sample Date: 04/28/2021 Sample Time: 14:10

was the well purged before sair	ipinig. Tes						Bumple Bute. 0 1/2	26/2021 Sample 111	110. 1 1.10	
Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	20.17	Report (Maximum)	ft	In Situ	1 Quarterly	NA	Calculation	peristaltic pump	N
Nitrogen, Nitrate, Total (as N)	00620	.036	10.0 (Maximum)	mg/L	Grab	1 Quarterly	.025	EPA353.2	peristaltic pump	N
Solids, Total Dissolved (TDS)	70295	1150	500.0 (Maximum)	mg/L	Grab	1 Quarterly	10	SM2540C	peristaltic pump	N
Chloride (as Cl)	00940	424	250.0 (Maximum)	mg/L	Grab	1 Quarterly	12.5	EPA300.0	peristaltic pump	N
Coliform, Fecal	74055	60.0	4.0 (Maximum)	#/100mL	Grab	1 Quarterly	1.0	CFU/100mL	peristaltic pump	N
рН	00400	7.42	6.5-8.5 (Range)	s.u.	Grab	1 Quarterly	0.01	SM4500H+B	peristaltic pump	N
Turbidity	00070	3.4	Report (Maximum)	NTU	Grab	1 Quarterly	0.20	EPA180.1	peristaltic pump	N
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL OR AUTHORIZED AGENT 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, Electronically Signed (321) 795-4427 (321)										

Parameter	Monitoring Site	Comments for Monitoring Group - MWC-5-SOD
70295	MWC-5-SOD	Unknown Reason
00940	MWC-5-SOD	Unknown Reason
74055	MWC-5-SOD	Unknown Reason. Re-sample was performed with same results.

Facility Name: BCUD/South Central Regional Monitoring Well ID: MWC-6-SOD GW-6 COMPLIANCE

Permit Number: FL0102679019DW1 Well Type: Compliance Report Frequency: Quarterly Program: Domestic

Facility County: BREVARD

Office: CD

Monitoring Period: From: 04/01/2021 To: 06/30/2021 Sample Date: 04/28/2021 Sample Time: 12:41 PM Was the well purged before sampling? Yes

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	21.78	Report (Maximum)	ft	In Situ	1 Quarterly	NA	Calculation	peristaltic pump	N
Nitrogen, Nitrate, Total (as N)	00620	.38	10.0 (Maximum)	mg/L	Grab	1 Quarterly	.025	EPA353.2	peristaltic pump	N
Solids, Total Dissolved (TDS)	70295	1410	500.0 (Maximum)	mg/L	Grab	1 Quarterly	10	SM2540C	peristaltic pump	N
Chloride (as Cl)	00940	628	250.0 (Maximum)	mg/L	Grab	1 Quarterly	12.5	EPA300.0	peristaltic pump	N
Coliform, Fecal	74055	<1	4.0 (Maximum)	#/100mL	Grab	1 Quarterly	1.0	CFU/100mL	peristaltic pump	N
рН	00400	7.46	6.5-8.5 (Range)	s.u.	Grab	1 Quarterly	0.01	SM4500H+B	peristaltic pump	N
Turbidity	00070	70.0	Report (Maximum)	NTU	Grab	1 Quarterly	0.2	EPA180.1	peristaltic pump	N
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OR AUTHORIZED AGENT DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED 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. I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OR AUTH										

Parameter	Monitoring Site	Comments for Monitoring Group - MWC-6-SOD				
70295	MWC-6-SOD	Unknown Reason				
00940	MWC-6-SOD	Unknown Reason				