



December 19, 2019

Mark Justice  
Vice President  
Construction and Development  
Windsor  
3125 Windsor Boulevard  
Vero Beach, Florida 32963

**RE: Reclaimed Water Feasibility Study**

Dear Mark:

Per your request, BGE, Inc. (BGE) has prepared the following analysis to supplement the CUP renewal application submitted to the St. Johns River Water Management District (SJRWMD). Specifically, the economic and environmental feasibility of adding reclaimed water high in Phosphorus and Nitrogen to the existing wet detention ponds located on Windsor property.

**ENVIRONMENTAL FEASIBILITY**

The Windsor development is a low-density single-family residential development located on the barrier island in Indian River County. Stormwater runoff from the development currently outfalls to the Indian River Lagoon, which has been classified as impaired waters by FDEP and is included in the Central Indian River Lagoon Basin Management Action Plan. The Windsor development was permitted in 1990 (permit # 18758-1) prior to SJRWMD requiring analysis of nutrient loading. To establish a baseline for comparison, the Total Maximum Daily Load (TMDL) for Nitrogen and Phosphorus were calculated. Using the development parameters from the ERP on file with SJRWMD, a TMDL analysis for Nitrogen and Phosphorus using data from the Harvey Harper report was completed and the results are summarized below.

<b>Windsor 412-acre Development</b>	<b>Existing</b>	<b>After Removal in Wet Detention Ponds*</b>
	kg/yr	kg/yr
Total Nitrogen (TN)	1250	750
Total Phosphorus (TP)	197	79

\*The existing wet detention ponds remove 40% of the total Nitrogen and 60% of the total Phosphorus.

The second part of the analysis was to introduce reclaimed water high in Nitrogen and Phosphorus to the wet retention ponds and determine the potential increase in the nutrients being discharged to the Indian River Lagoon. The analysis assumed that the permitted yearly allocation for groundwater withdraw will be replaced by reclaimed water, therefore 58.4 MGY was used as the volume of reclaimed water to be added to the system. The concentrations of Nitrogen and Phosphorus were taken from a monthly monitoring report prepared by FDEP. The complete calculation is included with this report and the results are summarized below.

<b>Windsor 412-acre Development</b>	<b>Existing</b>	<b>After Removal in Wet Detention Ponds*</b>	<b>Adding Reclaimed Water</b>	<b>% Increase</b>
	kg/yr	kg/yr	kg/yr	
Total Nitrogen (TN)	1250	750	1039	38.5%
Total Phosphorus (TP)	197	79	203	256.9%

\*The existing wet detention ponds remove 40% of the total Nitrogen and 60% of the total Phosphorus.

The results show that adding reclaimed water to the existing wet ponds will increase the TMDL for nitrogen and phosphorus being discharged to the Indian River Lagoon during storm events. Increasing the Phosphorus and Nitrogen discharges to the Indian River Lagoon can cause algal blooms and negatively impact the growth of seagrass in the lagoon basin and directly conflicts with the goals of the Central Indian River Lagoon Basin Management Action Plan as adopted in February of 2013 by the Florida Department of Environmental Protection.

## **ECONOMIC FEASIBILITY**

The existing force main used to distribute reclaimed water will need to be extended approximately 3,000 linear feet north on State Road A1A to bring the reclaimed water into the appropriate stormwater pond on the Windsor property. In addition, the stormwater pond receiving the reclaimed water will need to be dewatered, isolated, and lined to prevent groundwater contamination. The costs associated with these modifications are significant and do not make the project economically feasible.

Mark Justice  
December 19, 2019  
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We appreciate the opportunity to assist you with this project. Please let me know if you have any questions.

Sincerely,

**BGE, Inc.**

A handwritten signature in black ink, appearing to read "James G. Vitter II". The signature is fluid and cursive, with a large initial "J" and a long, sweeping underline.

James G. Vitter II, P.E.  
Vice President

Enclosures: Calculations  
References

# Windsor (Reclaimed Water)

## Nutrient Loading Analysis

### Existing Development

TN concentration = 2.07 mg/L  
 TP concentration = 0.327 mg/L

Land Use =	Single Family	Pervious (Non-DCIA) CN =	39
Site Area (A) (acres)=	412		
Hydrologic Soil Group =	A	Meteorological Zone (Indian River Cnty)	Zone 2
Impervious Area % =	29.8%	Annual Rainfall Rate (in/year of rainfall)	54

Determine the annual runoff coefficient using Appendix C (FDEP Stormwater Treatment Report)

$$c = 0.264$$

Calculate Annual Runoff Volume (V)

$$V = c \times A \times \text{rainfall} \times 1\text{ft}/12\text{in}$$

$$V = 0.264 \times 412 \times 54 \times 1\text{ft}/12\text{in}$$

$$V = 489.46 \text{ ac-ft/yr}$$

Calculate Total Nitrogen Loading (TN)

$$\text{TN} = V \times \text{TN concent.} \text{ mg/L} \times 43560\text{cf/ac} \times 7.48\text{gal/cf} \times 3.79\text{L/gal} \times 1\text{kg}/10^6\text{mg}$$

$$\text{TN} = 489.46 \times 2.07 \text{ mg/L} \times 43560\text{cf/ac} \times 7.48\text{gal/cf} \times 3.79\text{L/gal} \times 1\text{kg}/10^6\text{mg}$$

$$\text{TN} = 1249.51 \text{ kg/yr}$$

Calculate Total Phosphorus Loading (TP)

$$\text{TP} = V \times \text{TP concent.} \text{ mg/L} \times 43560\text{cf/ac} \times 7.48\text{gal/cf} \times 3.79\text{L/gal} \times 1\text{kg}/10^6\text{mg}$$

$$\text{TP} = 489.46 \times 0.327 \text{ mg/L} \times 43560\text{cf/ac} \times 7.48\text{gal/cf} \times 3.79\text{L/gal} \times 1\text{kg}/10^6\text{mg}$$

$$\text{TP} = 197.39 \text{ kg/yr}$$

### Adding Reclaimed Water

Weekly Average Concentration Levels in Reclaimed Water

TN concentration = 2.18 mg/L  
 TP concentration = 1.4 mg/L

Approximate Reclaimed Water Volume Usage (V)

If reclaimed water will replace the groundwater from the Floridan Aquifer, the total yearly allocation of groundwater will be assumed for reclaimed volume (58.4 MGY)

**Approximate Volume of reclaimed water per year = 179.2 ac-ft**

Calculate Total Nitrogen Loading (TN)

$$\text{TN} = V \times \text{TN concent.} \text{ mg/L} \times 43560\text{cf/ac} \times 7.48\text{gal/cf} \times 3.79\text{L/gal} \times 1\text{kg}/10^6\text{mg}$$

$$\text{TN} = 179.20 \times 2.18 \text{ mg/L} \times 43560\text{cf/ac} \times 7.48\text{gal/cf} \times 3.79\text{L/gal} \times 1\text{kg}/10^6\text{mg}$$

$$\text{TN} = 481.78 \text{ kg/yr}$$

# Windsor (Reclaimed Water)

## Nutrient Loading Analysis

Calculate Total Phosphorus Loading (TP)

$$\begin{aligned} \text{TP} &= \text{V} \times \text{TP concent.} \text{ mg/L} \times 43560 \text{cf/ac} \times 7.48 \text{gal/cf} \times 3.79 \text{L/gal} \times 1 \text{kg}/10^6 \text{mg} \\ \text{TP} &= 179.20 \times 1.4 \text{ mg/L} \times 43560 \text{cf/ac} \times 7.48 \text{gal/cf} \times 3.79 \text{L/gal} \times 1 \text{kg}/10^6 \text{mg} \\ \text{TP} &= 309.40 \text{ kg/yr} \end{aligned}$$

### Results

	Existing	Reclaimed Water	Total
	kg/yr	kg/yr	kg/yr
Total Nitrogen (TN)	1250	482	1731
Total Phosphorus (TP)	197	309	507

The existing wet detentin ponds remove approximately 40% of the Total Nitrogen and 60% of the Total Phosphorus; therefore,

	Existing	After Removal		Adding Reclaimed Water	
		kg/yr	kg/yr	mg/L	kg/yr
Total Nitrogen (TN)	1250	750	1.53	1039	1.55
Total Phosphorus (TP)	197	79	0.16	203	0.30

**Zone 2**  
**Mean Annual Runoff Coefficients (C Values) as a Function**  
**of DCIA Percentage and Non-DCIA Curve Number (CN)**

NDCIA CN	Percent DCIA																				
	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100
30	0.002	0.043	0.083	0.123	0.164	0.204	0.244	0.285	0.325	0.366	0.406	0.446	0.487	0.527	0.567	0.608	0.648	0.688	0.729	0.769	0.809
35	0.004	0.044	0.085	0.125	0.165	0.205	0.246	0.286	0.326	0.366	0.407	0.447	0.487	0.528	0.568	0.608	0.648	0.689	0.729	0.769	0.809
40	0.007	0.047	0.087	0.127	0.167	0.207	0.248	0.288	0.328	0.368	0.408	0.448	0.488	0.528	0.569	0.609	0.649	0.689	0.729	0.769	0.809
45	0.010	0.050	0.090	0.130	0.170	0.210	0.250	0.290	0.330	0.370	0.410	0.450	0.490	0.530	0.570	0.610	0.650	0.690	0.729	0.769	0.809
50	0.015	0.055	0.095	0.134	0.174	0.214	0.254	0.293	0.333	0.373	0.412	0.452	0.492	0.531	0.571	0.611	0.651	0.690	0.730	0.770	0.809
55	0.022	0.061	0.101	0.140	0.179	0.219	0.258	0.298	0.337	0.376	0.416	0.455	0.494	0.534	0.573	0.613	0.652	0.691	0.731	0.770	0.809
60	0.030	0.069	0.108	0.147	0.186	0.225	0.264	0.303	0.342	0.381	0.420	0.459	0.498	0.537	0.576	0.615	0.654	0.693	0.731	0.770	0.809
65	0.042	0.080	0.119	0.157	0.195	0.234	0.272	0.311	0.349	0.387	0.426	0.464	0.502	0.541	0.579	0.618	0.656	0.694	0.733	0.771	0.809
70	0.057	0.095	0.133	0.170	0.208	0.245	0.283	0.321	0.358	0.396	0.433	0.471	0.509	0.546	0.584	0.621	0.659	0.697	0.734	0.772	0.809
75	0.079	0.116	0.152	0.189	0.225	0.262	0.298	0.335	0.371	0.408	0.444	0.481	0.517	0.554	0.590	0.627	0.663	0.700	0.736	0.773	0.809
80	0.111	0.146	0.181	0.216	0.251	0.285	0.320	0.355	0.390	0.425	0.460	0.495	0.530	0.565	0.600	0.635	0.670	0.705	0.740	0.774	0.809
85	0.160	0.192	0.225	0.257	0.290	0.322	0.355	0.387	0.420	0.452	0.485	0.517	0.550	0.582	0.614	0.647	0.679	0.712	0.744	0.777	0.809
90	0.242	0.270	0.299	0.327	0.355	0.384	0.412	0.440	0.469	0.497	0.526	0.554	0.582	0.611	0.639	0.667	0.696	0.724	0.753	0.781	0.809
95	0.404	0.424	0.444	0.464	0.485	0.505	0.525	0.546	0.566	0.586	0.606	0.627	0.647	0.667	0.688	0.708	0.728	0.749	0.769	0.789	0.809
98	0.595	0.605	0.616	0.627	0.638	0.648	0.659	0.670	0.680	0.691	0.702	0.713	0.723	0.734	0.745	0.756	0.766	0.777	0.788	0.799	0.809

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

PERMITTEE NAME: Indian River County Utilities Department (IRCUD) ADDRESS: 1801 27th St Vero Beach, FL 32960  FACILITY: IRCUD/West Regional WWTF LOCATION: 8405 8th St Vero Beach, FL 32968  COUNTY: INDIAN RIVER	PERMIT NUMBER: FL0041637 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: D-001  DESCRIPTION: Outfall to Lateral "D" Canal  MONITORING PERIOD: From: 05/01/2019 To: 05/31/2019
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-5	Sample Measurement	0.031				0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement	4.0 (Annl Avg)	MGD				(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-5	Sample Measurement	0.0				0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	MGD				(1 Continuous)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: WEP-1	Sample Measurement			1.0		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement			3.0 (Annl Avg)		mg/L	(1 Weekly)	(24-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 P Mon. Site: WEP-1	Sample Measurement			NOD	NOD	NOD	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement			6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	(1 Weekly)	(24-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 Y Mon. Site: WEP-1	Sample Measurement					1.0			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					3.0 (Annl Avg)		mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 P Mon. Site: WEP-1	Sample Measurement				NOD	NOD	NOD		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement				6.0 (Maximum)	4.5 (Wkly Avg)	3.75 (Mo Avg)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 P Mon. Site: WEP-1	Sample Measurement						NOD		0	1 Weekly	Grab
	Permit Requirement						Report (Maximum)	#/100mL		(1 Weekly)	(Grab)
pH PARM Code 00400 P Mon. Site: WEP-1	Sample Measurement				NOD		NOD		0	1 Continuous	Meter
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(1 Continuous)	(Meter)
Nitrogen, Total PARM Code 00600 P Mon. Site: WEP-1	Sample Measurement						NOD		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						Report (Mo Avg)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: WEP-1	Sample Measurement		0.0						0	1 Monthly	Calculated
	Permit Requirement		2838.0 (Annl Avg)	lb/yr						(1 Monthly)	(Calculated)
Nitrogen, Total PARM Code 00600 Q Mon. Site: WEP-1	Sample Measurement	NOD	NOD						0	1 Monthly	Calculated
	Permit Requirement	50.0 (Mx Wk Av)	66.7 (Mx Da Av)	lb/day						(1 Monthly)	(Calculated)
Nitrogen, Total PARM Code 00600 R Mon. Site: WEP-1	Sample Measurement		NOD						0	1 Monthly	Calculated
	Permit Requirement		41.7 (Mx Mo Av)	lb/day						(1 Monthly)	(Calculated)
Nitrogen, Kjeldahl, Total (as N) PARM Code 00625 P Mon. Site: WEP-1	Sample Measurement					NOD			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					Report (Mo Avg)	mg/L			(1 Weekly)	(24-hr Flow Proportioned Composite)
Nitrite plus Nitrate, Total 1 det. (as N) PARM Code 00630 P Mon. Site: WEP-1	Sample Measurement					NOD			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					Report (Mo Avg)	mg/L			(1 Weekly)	(24-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Ammonia, Total (as N) PARM Code 00610 P Mon. Site: WEP-1	Sample Measurement						NOD		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Nitrogen, Ammonia, Total unionized (as N) PARM Code 00612 P Mon. Site: WEP-1	Sample Measurement						NOD		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						0.02 (Maximum)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 P Mon. Site: WEP-1	Sample Measurement						NOD		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						Report (Mo Avg)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: WEP-1	Sample Measurement		0.0						0	1 Monthly	Calculated
	Permit Requirement		159.0 (Annl Avg)	lb/yr						(1 Monthly)	(Calculated)
Phosphorus, Total (as P) PARM Code 00665 Q Mon. Site: WEP-1	Sample Measurement	NOD	NOD						0	1 Monthly	Calculated
	Permit Requirement	5.0 (Mx Wk Av)	6.7 (Mx Da Av)	lb/day						(1 Monthly)	(Calculated)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P) PARM Code 00665 R Mon. Site: WEP-1	Sample Measurement		NOD						0	1 Monthly	Calculated
	Permit Requirement		4.2 (Mx Mo Av)	lb/day						(1 Monthly)	(Calculated)
Phosphate, Ortho (as P) PARM Code 70507 P Mon. Site: WEP-1	Sample Measurement					NOD			0	1 Weekly	Grab
	Permit Requirement					Report (Mo Avg)	mg/L			(1 Weekly)	(Grab)
Chloride (as Cl) PARM Code 00940 P Mon. Site: WEP-1	Sample Measurement					NOD			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					Report (Mo Avg)	mg/L			(1 Weekly)	(24-hr Flow Proportioned Composite)
Alkalinity, Total (as CaCO3) PARM Code 00410 P Mon. Site: WEP-1	Sample Measurement					NOD			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					Report (Mo Avg)	mg/L			(1 Weekly)	(24-hr Flow Proportioned Composite)
Temperature (C), Water PARM Code 00010 P Mon. Site: WEP-1	Sample Measurement					NOD			0	1 Monthly	4 grabs/24 hr.period
	Permit Requirement					Report (Mo Avg)	Deg C			(1 Monthly)	(4 grabs/24 hr.period)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Oxygen, Dissolved (DO) PARM Code 00300 P Mon. Site: WEP-1	Sample Measurement						NOD		0	1 Monthly	4 grabs/24 hr.period
	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(4 grabs/24 hr.period)
Specific Conductance PARM Code 00095 P Mon. Site: WEP-1	Sample Measurement						NOD		0	1 Monthly	Grab
	Permit Requirement						1890.0 (Maximum)	umhos/cm		(1 Monthly)	(Grab)
Flow PARM Code 50050 P Mon. Site: FLW-1	Sample Measurement		2.066						0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement		6.0 (Annl Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow PARM Code 50050 Q Mon. Site: FLW-1	Sample Measurement	2.005	2.112						0	1 Continuous	Recording Flow Meter with Totalizer
	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 G Mon. Site: INF-1	Sample Measurement						35		0	1 Continuous	Calculated
	Permit Requirement						Report (3MonAvg)	percent		(1 Continuous)	(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 G Mon. Site: INF-1	Sample Measurement						253		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-1	Sample Measurement						316		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Flow PARM Code 50050 R Mon. Site: FLW-2	Sample Measurement		2.11						0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Eric Charest	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  (772) 226-1822	SUBMITTED ON  06/25/2019

<b>Parameter</b>	<b>Monitoring Site</b>	<b>Comments for Monitoring Group - D-001</b>
50050 1	FLW-5	No discharge to the surface water through D-001 during May 2019.

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

PERMITTEE NAME: Indian River County Utilities Department (IRCUD) ADDRESS: 1801 27th St Vero Beach, FL 32960  FACILITY: IRCUD/West Regional WWTF LOCATION: 8405 8th St Vero Beach, FL 32968  COUNTY: INDIAN RIVER	PERMIT NUMBER: FL0041637 LIMIT: FINAL      REPORT: Monthly FACILITY TYPE: DW      GROUP: Domestic MONITORING GROUP: D-002  DESCRIPTION: Vista Golf Course Management and Storage of Surface Waters (MSSW) Pond Outfall  MONITORING PERIOD: From: 05/01/2019 To: 05/31/2019
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Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
			MNR								
Overflow Use, Occurances			MNR						<b>0</b>	<b>1 Daily; 24 hours</b>	<b>Calculated</b>
PARM Code 74062 P Mon. Site: OTH-1	Permit Requirement		Report (Mo Total)	#/mth						<b>(1 Daily; 24 hours)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Eric Charest	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  (772) 226-1822	SUBMITTED ON  06/25/2019	

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

PERMITTEE NAME: Indian River County Utilities Department (IRCUD) ADDRESS: 1801 27th St Vero Beach, FL 32960  FACILITY: IRCUD/West Regional WWTF LOCATION: 8405 8th St Vero Beach, FL 32968  COUNTY: INDIAN RIVER	PERMIT NUMBER: FL0041637 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: Wetland influent  MONITORING PERIOD: From: 05/01/2019 To: 05/31/2019
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: CAL-1	<b>Sample Measurement</b>		<b>0.898</b>					<b>0</b>	<b>1 Continuous</b>	Recording Flow Meter with Totalizer	
	<b>Permit Requirement</b>		<b>4.0 (Annl Avg)</b>	<b>MGD</b>					<b>(1 Continuous)</b>	(Recording Flow Meter with Totalizer)	
Flow  PARM Code 50050 P Mon. Site: CAL-1	<b>Sample Measurement</b>		<b>0.95</b>					<b>0</b>	<b>1 Continuous</b>	Recording Flow Meter with Totalizer	
	<b>Permit Requirement</b>		<b>Report (Mo Avg)</b>	<b>MGD</b>					<b>(1 Continuous)</b>	(Recording Flow Meter with Totalizer)	
Flow  PARM Code 50050 1 Mon. Site: FLW-4	<b>Sample Measurement</b>		<b>0.873</b>					<b>0</b>	<b>1 Continuous</b>	Recording Flow Meter with Totalizer	
	<b>Permit Requirement</b>		<b>4.0 (Annl Avg)</b>	<b>MGD</b>					<b>(1 Continuous)</b>	(Recording Flow Meter with Totalizer)	
Flow  PARM Code 50050 Q Mon. Site: FLW-4	<b>Sample Measurement</b>		<b>0.95</b>					<b>0</b>	<b>1 Continuous</b>	Recording Flow Meter with Totalizer	
	<b>Permit Requirement</b>		<b>Report (Mo Avg)</b>	<b>MGD</b>					<b>(1 Continuous)</b>	(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 R Mon. Site: FLW-3	Sample Measurement		0.025						0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement		2.0 (Annl Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 S Mon. Site: FLW-3	Sample Measurement		0.00						0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement					1.0			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					10.0 (Annl Avg)		mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				<2.0	1.0	1.0		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement				20.0 (Maximum)	15.0 (Wkly Avg)	12.5 (Mo Avg)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended  PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					0.66			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					10.0 (Annl Avg)		mg/L		(1 Weekly)	(24-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				<1.0	0.5	0.5		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement				20.0 (Maximum)	15.0 (Wkly Avg)	12.5 (Mo Avg)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					0.74			0	1 Weekly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Weekly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					0.5	<1.0		0	1 Weekly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Weekly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				6.41		7.95		0	1 Continuous	Meter
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(1 Continuous)	(Meter)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				0.79				0	1 Continuous	Meter
	Permit Requirement				0.5 (Minimum)			mg/L		(1 Continuous)	(Meter)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrogen, Total PARM Code 00600 Y Mon. Site: EFA-1	Sample Measurement					3.45			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					6.0 (Annl Avg)		mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-1	Sample Measurement				4.4	2.18	1.93		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement				12.0 (Maximum)	9.0 (Wkly Avg)	7.5 (Mo Avg)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 Y Mon. Site: EFA-1	Sample Measurement					0.307			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					0.75 (Annl Avg)		mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-1	Sample Measurement				1.5	1.4	0.82		1	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement				1.5 (Maximum)	1.125 (Wkly Avg)	0.94 (Mo Avg)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Eric Charest	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  (772) 226-1822	SUBMITTED ON  06/25/2019

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
00665 A	EFA-1	Weekly Average result exceeded permit limits for Total Phosphorus going into the Wetlands. No discharge from the Wetlands occurred during this month and Wetlands water quality monitoring does not show any adverse effects from this weekly exceedance.

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

PERMITTEE NAME: Indian River County Utilities Department (IRCUD) ADDRESS: 1801 27th St Vero Beach, FL 32960  FACILITY: IRCUD/West Regional WWTF LOCATION: 8405 8th St Vero Beach, FL 32968  COUNTY: INDIAN RIVER	PERMIT NUMBER: FL0041637 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-002  DESCRIPTION: Public access reuse  MONITORING PERIOD: From: 05/01/2019 To: 05/31/2019
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Y Mon. Site: FLW-6	Sample Measurement	1.299				0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement	6.97 (Annl Avg)	MGD				(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 1 Mon. Site: FLW-6	Sample Measurement	1.16				0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement	Report (Mo Avg)	MGD				(1 Continuous)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement			1.0		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement			20.0 (Annl Avg)		mg/L	(1 Weekly)	(24-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C  PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement			<2.0	1.0	1.0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Weekly)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-1	Sample Measurement						1.70		0	4 Days/Week	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(4 Days/Week)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement						<1.0		0	4 Days/Week	Grab
	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				100				0	4 Days/Week	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(4 Days/Week)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				6.41		7.95		0	1 Continuous	Meter
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(1 Continuous)	(Meter)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				1.00				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Turbidity PARM Code 00070 B Mon. Site: EFB-1	Sample Measurement						2.17		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						2.7		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Nitrogen, Total PARM Code 00600 A Mon. Site: EFA-1	Sample Measurement						4.4		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Phosphorus, Total (as P) PARM Code 00665 A Mon. Site: EFA-1	Sample Measurement						1.5		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Flow PARM Code 50050 P Mon. Site: FLW-8	Sample Measurement		NOD						0	1 Continuous	Meter
	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Meter)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow  PARM Code 50050 Q Mon. Site: FLW-7	Sample Measurement		0.0						0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement		1.5 (Annl Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow  PARM Code 50050 R Mon. Site: FLW-7	Sample Measurement		NOD						0	1 Continuous	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Solids, Total Suspended  PARM Code 00530 P Mon. Site: EFB-2	Sample Measurement					NOD			0	4 Days/Week	Grab
	Permit Requirement					5.0 (Maximum)	mg/L			(4 Days/Week)	(Grab)
Coliform, Fecal  PARM Code 74055 P Mon. Site: EFA-2	Sample Measurement					NOD			0	4 Days/Week	Grab
	Permit Requirement					25.0 (Maximum)	#/100mL			(4 Days/Week)	(Grab)
Coliform, Fecal, % less than detection  PARM Code 51005 P Mon. Site: EFA-2	Sample Measurement				NOD				0	4 Days/Week	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(4 Days/Week)	(Calculated)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 P Mon. Site: EFA-2	Sample Measurement				NOD				0	1 Continuous	Meter
	Permit Requirement				Report (Minimum)			mg/L		(1 Continuous)	(Meter)
pH PARM Code 00400 P Mon. Site: EFA-2	Sample Measurement				NOD		NOD		0	1 Continuous	Meter
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 P Mon. Site: EFB-2	Sample Measurement						NOD		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Eric Charest	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  (772) 226-1822	SUBMITTED ON  06/25/2019

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

PERMITTEE NAME: Indian River County Utilities Department (IRCUD)	PERMIT NUMBER: FL0041637
ADDRESS: 1801 27th St Vero Beach, FL 32960	LIMIT: FINAL REPORT: Monthly
FACILITY: IRCUD/West Regional WWTF	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 8405 8th St Vero Beach, FL 32968	MONITORING GROUP: R-003
COUNTY: INDIAN RIVER	DESCRIPTION: On-site rapid infiltration basins
	MONITORING PERIOD: From: 05/01/2019 To: 05/31/2019

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.0						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 Y Mon. Site: CAL-2	Permit Requirement		0.1 (Annl Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.0						0	1 Continuous	Recording Flow Meter with Totalizer
PARM Code 50050 P Mon. Site: CAL-2	Permit Requirement		Report (Mo Avg)	MGD						(1 Continuous)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					0.0			0	1 Weekly	24-hr Flow Proportioned Composite
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				NOD	NOD	NOD		0	1 Weekly	24-hr Flow Proportioned Composite
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(24-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 Y Mon. Site: EFA-1	Sample Measurement					0.0			0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				NOD	NOD	NOD		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					0.0			0	1 Weekly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Weekly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					NOD	NOD		0	1 Weekly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Weekly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				NOD		NOD		0	1 Continuous	Meter
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(1 Continuous)	(Meter)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				NOD				0	1 Continuous	Meter
	Permit Requirement				0.5 (Minimum)			mg/L		(1 Continuous)	(Meter)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-1	Sample Measurement						NOD		0	1 Weekly	24-hr Flow Proportioned Composite
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Weekly)	(24-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Eric Charest	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  (772) 226-1822	SUBMITTED ON  06/25/2019

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

PERMITTEE NAME: Indian River County Utilities Department (IRCUD) ADDRESS: 1801 27th St Vero Beach, FL 32960  FACILITY: IRCUD/West Regional WWTF LOCATION: 8405 8th St Vero Beach, FL 32968  COUNTY: INDIAN RIVER	PERMIT NUMBER: FL0041637 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 05/01/2019 To: 05/31/2019
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>26.09</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-001	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Eric Charest	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  (772) 226-1822	SUBMITTED ON  06/25/2019	