#### Docket No. 060368-WS

# Application to Increase Rates and Charges For a "Class A" Utility In

In CMP \_\_\_\_ COM Florida CTR **VOLUME 6** ECR GCL .... Book 5A OPC Containing RCA Additional Engineering Requirements SCR .... SGA Sanitary Survey Water SEC .... OTH \_\_\_\_

Aqua Utilities Florida, Inc.

# Aqua Utilities Florida, Inc. Sanitary Survey Reports

Water Systems

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### **Docket No. 060368-WS**

Application to Increase Rates and Charges

For a "Class A" Utility In

Florida

Missing Report: Sanitary Survey Report

For: Palm Terrace

Aqua Utilities Florida, Inc.

#### **Docket No. 060368-WS**

Application to Increase Rates and Charges

For a "Class A" Utility In

Florida

Missing Report: Sanitary Survey Report

For: Palms MHP

Aqua Utilities Florida, Inc.

# State of Florida Department of Environmental Protection Central District

### **SANITARY SURVEY REPORT**

Plant Name	PICCIOLA ISLAND SUBDIVISION	C	ounty	Lake	_ PWS ID#_	3351009
Plant Location	05133 Albert Road, Fruitland Park				Phone	<u>352/787-0980</u>
Owner Name	Florida Water Services, Attn: Craig Ander	son			Phone	407/880-0058
Owner Address	P.O. Box 609520, Orlando, FL 32860					
Contact Person	Will Fontaine	Title	Lead Or	perator	Phone	352/787-0980
This Survey Date	e <u>4/29/04</u> Last Survey Date		10/3/01	Las	st C.I. Date	8/24/99
•						
PWS TYPE & C				ER SOURC		
Community (		$\boxtimes$	GROU	ND; Numbe	r of Wells	2
Non-transien	t Non-community		SURFA	CE/UDI; So	ource	
□ Non-Commu	nity ·		PURCH	IASED fron	า PWS ID#_	
			Emerge	ency Water	Source	
PWS STATUS			Emerge	ency Water	Capacity	
	stem with approval number & date					
	2/15/58, WC35-192656 iss 3/7/91			Y POWER		
	7, 6/29/92	$\boxtimes$	Yes	∐ None	☐ Not Req	uired
Unapproved	system	Sc	ource <u>I</u>	Katolight Ge	nerator (W)	
	OLIA DA OTEDIOTIOS	Ca	apacity of	f S <u>ta</u> ndby (ł	(W)	45
	A CHARACTERISTICS				natic 🔲 Man	ual
Subdivision				an: 🔯 Yes		
					oad	4 hrs/mo.
Food Service: (	☐ Yes ☐ No ☒ N/A	W	hat equip	oment does	it operate?	
ODEDATION 9	MAINTENANCE		⊠ Well	pumps <u>A</u>	11	
• •		i	High	Service Pu	mps	
	or: ⊠ Yes □ No □ Not required ertification Class-Number	į	🔀 Treat	ment Equip	ment All	
		Sa	atisfy 1/2	max-day de	emand? ⊠Ye	s No Unk
	4, W. Fontaine C-6813, J. Worrell	Co	omments	·		
C-6597, G. Kiss						
	Yes No Not required		<b>_</b>			
Operator visitati	on Frequency				SSES IN US	
Hrs/day: Requir	edActual		Chlorinati	ion		
	ired 3 Actual 5					
Non-consecuti	ve Days? Yes No No N/A	W	hat addit	ional treatm	nent is needed	ქ?
MORS submitted	d regularly? ☑ Yes ☐ No ☐ N/A					
Data missing iro	m MORs? ⊠ No ☐ Yes ☐ N/A	Fo	or control	of what de	ficiencies?	
				<del></del>	- <del></del>	····
Number of Servi	ce Connections 137	. 0	CTDIDII	TION OVER		*
	ed 480 Basis per MOR			TION SYST		3.6
					e Flov	
	om MORs) 33,642 gpd				4" McCromete	
	MORs) <u>.0668 MGD4/03</u>				Devices: 🔯 Y	
	Capacity198 MGD				None observed	
Comments					tion Control P	·
						] No 🗌 N/A
		C	omments	·		
COMET. SITE ID	PROJECT ID					
COMET. SHE IL	PROJECT ID					

Received

MAY 1 2 2004

PWS ID#	3351009
Date	5/6/04

#### **GROUND WATER SOURCE**

Well Numb	per	1	2		
Year Drille	ed	1950	1959	, <u>, , , , , , , , , , , , , , , , , , </u>	
Depth Dril	led	175'	164'		
Drilling Me	ethod	UNK	UNK	-	
Type of G	rout	UNK	UNK	· · · · · · · · · · · · · · · · · · ·	
Static Wat	er Level	UNK	UNK		
Pumping \	Water Level	UNK	UNK		
Design We	ell Yield	UNK	UNK		
Test Yield		UNK	UNK		
Actual Yie	ld (if different than rated capacity)	UNK	UNK		
Strainer		UNK	UNK		
Length (or	ıtside casing)	UNK	UNK		
Diameter (	(outside casing)	6"	6"		
Material (c	outside casing)	Black Steel	Black Steel		
Well Conta	amination History	None noted	None noted		
Is inundati	on of well possible?	No	No		
6' X 6' X 4	" Concrete Pad	Yes	Yes		
	Septic Tank	200'	130'*		
SET	Reuse Water				·
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
	Туре	Vert. Turbine	Submersible		
	Manufacturer Name	Sta-rite	Goulds		
PUMP	Model Number	UNK	225H10-3		
	Rated Capacity (gpm)	100	175		
	Motor Horsepower	7.5	10		
I	g 12" above grade?	Yes	No-Accepted		
		Yes	Yes		
l	r Sampling Tap	Yes	Yes		
	ound Check Valve	Yes	Yes		
Fence/Hou		Yes	Yes		
Well Vent	Protection				

COMMENTS Provide additional information for "UNK", if available.	
*Set back distance accepted.	

					PWS ID #		
					Date		<del>'</del>
CHLORINATION (Dis Type: Gas Hy Make Chem-tech	ypo	Capacity	/ 15 gpd	STORAGE FACILITI (G) Ground (H) Hy (B) Bladder (C) Cl	/dropneum	natic (E)	Elevated
Chlorine Feed Rate	50% str	oke rate		Tank Type/Number	H/1		
Avg. Amount of Cl <sub>2</sub> ga	as used		<u>N/A</u>	Capacity (gal)	5,000	· · · · · · · · · · · · · · · · · · ·	
Chlorine Residuals: I Remote tap location				Material	Steel		
DPD Test Kit: X Or	n-site	<b>⊠</b> Witl	n operator	Gravity Drain	Yes		
Injection Points Prio			Used Daily	By-pass Piping	Yes		
Booster Pump Info	1 (0 11/1	œ <u>ny-pa</u>		Pressure Gauge	Yes	<del> </del>	<del> </del>
Comments				Sight Glass or	Yes	<del> </del>	<del> </del>
				Level Indicator	100		
				Fittings for	Yes		
Chlorine Gas Use	YES	NO	Comments	Sight Glass	77	<u> </u>	<del> </del>
Requirements				Protected Openings	Yes		
Dual System				PRV/ARV	PRV		
Auto-switchover				On/Off Pressure	40/60	<u> </u>	
Alarms:				Access Padlocked	Yes		
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual	님	H		Height to Bottom of			
Cl <sub>2</sub> leak detection				Elevated Tank	<u></u>		
Scale				Height to Max. Water Level			
Chained Cylinders				Comments	1	<u> </u>	1
Reserve Supply							
Adequate Air-pak				·			
Sign of Leaks				<u> </u>	<del></del>		
Fresh Ammonia					•		
Ventilation							•
Room Lighting							
Warning Signs				HIGH SERVICE PUN	MPS		
Repair Kits				Pump Number			
Fitted Wrench		70		Туре			
Housing/Protection				Make			
L				Model	\	7	
AERATION (Gases, I	Fe. & Mi	n Remo	oval)	Capacity (gpm)			
				Motor HP			
Type Aerator Condition				Date Installed			
Bloodworm Presence				Maintenance			
Visible Algae Growth Protective Screen Co.	ndition	<del></del>		Comments		1	
Comments							

PWS ID#	3351009
Date	5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS
EFICIENCIES:	
I ICILITOILO.	
No deficiencies at the time of the incre	oation Overall the plant leaded and
No deficiencies at the time of the hispe	ection. Overall, the plant looked good.
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Title Env. Manager

# State of Florida Department of Environmental Protection Central District

## SANITARY SURVEY REPORT PLANT #1

Plant Name	PINEY W	OODS S/D	C	ounty	Lake	PWS ID # _	3351021-01
Plant Location	2013 Spring Lake F	load, Fruitland Park				Phone	352/787-0980
Owner Name	Florida Water Service	es, Attn: Craig Anders	on			Phone _	407/880-0058
Owner Address	P.O. Box 609520,	Orlando, FL 32860	·				
Contact Person	Will Fontaine		Title	Lead Op	erator	Phone	352/787-0980
This Survey Date	4/29/04	Last Survey Date	_	10/3/01	La	st C.I. Date	8/24/99
PWS TYPE & CI Community ( Non-transient Non-Community PWS STATUS Approved systems #4695, 1. HRS #B-4695 WC35-008051 Unapproved SERVICE AREA Subdivision Food Service: [	_ASS 4C) t Non-community nity stem with approval /31/61, As-builts 11/ -B, 5/23/75, WC35-2	number & date 6/73, 275708, 9/7/95		AW WATI GROUN SURFA PURCH Emerge Emerge UXILIAR Yes apacity of witchover tandby Plans of Operate what equip	ER SOUR  ID; Number  CE/UDI; Source  ASED from  Incy Water  POWER  None  Atolight get  Standby (  Autor  Au	CE er of Wells Source m PWS ID # r SourceSpr r Capacity1  SOURCE Not Requester (propanal) (kW) matic Martic Martic No Load s it operate?	ing Lake 1008 MGD  uired e) 45
Certified Operator Operator(s) & Ce B. Heath C-5824 C-6597, G. Kiss	or: Yes No ertification Class-N 4, W. Fontaine C-68 ick C-7846, M. Pont	umber 13, J. Worrell icelli C-8450	Si C	atisfy 1/2 omments	max-day o	demand? ⊠Yenected with Spri	esNoUnk ng Lake WTP.
Operator Visitation Hrs/day: Require Days/wk: Require	edAd red 6 Ad	ctual ctual 6		Chlorinati Aeration	on	ment is neede	
MORs submitted	ve Days? ☐ Yes I regularly? ☒ Yes m MORs? ☒ No	s No N/A	F	or control	of what do	eficiencies?	
	ce Connections				TION SYS	TEM ice <u>Flo</u>	w Meter
Population Serve	ed <u>596*</u> Basis	ner MOR				6" Precision	W IVICICI
Average Day (from I	om MORs) <u>46</u> MORs) <u>.086 N</u>	,776 gpd MGD 5/03	B C	ackflow Pross-conr	revention nections	Devices: X None observed	
Comments *Co	Capacity	h plants.	С	oliform Sa	ampling Pl	ction Control F lan: X Yes [ nected with Spr	□ No 🔲 N/A
COMET: SITE ID	PROJE	CT ID	_			Recei	ved

MAY 1 2 2004

PWS ID#_	3351021-01
Date	5/6/04

#### **GROUND WATER SOURCE**

	WATER SOURCE				
Well Numb		1			
Year Drille		UNK			
Depth Dril		480"			
Drilling Me	ethod	UNK			
Type of G	rout	UNK			
Static Wat	er Level	UNK			
Pumping V	Water Level	UNK			
Design We	ell Yield	UNK	·		
Test Yield		UNK			
Actual Yie	ld (if different than rated capacity)	UNK			
Strainer		UNK			
Length (or	utside casing)	180'			
Diameter (	(outside casing)	6"			
Material (c	outside casing)	Black Steel			
Well Conta	amination History	Some			
Is inundati	on of well possible?	No			
6' X 6' X 4	" Concrete Pad	Yes			
	Septic Tank	<100'Accepted			
SET	Reuse Water				
BACKS	WW Plumbing	>100'			
	Other Sanitary Hazard	None observed			
	Туре	Vert. Turbine			
	Manufacturer Name	Worthington			
PUMP	Model Number	UNK			
	Rated Capacity (gpm)	300			-
	Motor Horsepower	15			
Well casing 12" above grade?		Yes	, , , , , , , , , , , , , , , , , , ,		
Well Casir	ng Sanitary Seal	Yes	, ,	,	
Raw Wate	r Sampling Tap	Yes			
Above Gro	ound Check Valve	Yes			
Fence/Hou	using	Yes			
Well Vent	Protection	Yes			
		1	l .	i e e e e e e e e e e e e e e e e e e e	•

COMMENTS Provide additional inform	ation for "UNK", if	available.	

					PWS ID #	\$ 335102 5/6/04	21-01		
					Date	3/0/0-	<u> </u>		
Type: Gas Hy	CHLORINATION (Disinfection)  Type: ☐ Gas ☒ Hypo  Make Chem-tech Capacity * gpd				STORAGE FACILITIES  (G) Ground (H) Hydropneumatic (E) Elevated  (B) Bladder (C) Clearwell				
Chlorine Feed Rate _	50% strok	e rate		Tank Type/Numb		H/2			
Avg. Amount of Cl <sub>2</sub> ga	as used		N/A	Capacity (gal)	50,000	5,000			
Chlorine Residuals: Remote tap location				Material	Steel	Steel			
DPD Test Kit: Or	n-site ∑	] With	n operator	Gravity Drain	Yes	Yes			
No Injection Points <u>Prior</u>			Used Daily	By-pass Piping	Yes	Yes			
Booster Pump Info				Pressure Gauge	Pressure Gauge N/A				
Comments <u>* 2 – 30 g</u>	gpd chlorin	ators		Sight Glass or Level Indicator	Yes	Yes			
	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>			Fittings for	N/A	Yes			
Chlorine Gas Use	YES	NO	Comments	Sight Glass Protected Opening	as Yes	Yes			
Requirements  Dual System		$\cap$		PRV/ARV	N/A	PRV	ļ		
Auto-switchover				On/Off Pressure		40/60			
Alarms:				Access Padlocked	d Yes	Yes	<del> </del>		
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection				Height to Bottom Elevated Tank					
Scale				Height to Max. Water Level					
Chained Cylinders				Comments		1	1		
Reserve Supply					•				
Adequate Air-pak									
Sign of Leaks							<del></del>		
Fresh Ammonia									
Ventilation									
Room Lighting									
Warning Signs				HIGH SERVICE	<del></del>				
Repair Kits				Pump Number	1				
Fitted Wrench				Туре	Centrif.				
Housing/Protection				Make					
				Model	UNK				
AERATION (Gases, Fe, & Mn Removal)				Capacity (gpm)	300				
Type Natural Draft Capacity 650 gpm  Aerator Condition Good				Motor HP 20					
Aerator Condition <u>C</u> Bloodworm Presence				Date Installed	UNK				
Visible Algae Growth		-		Maintenance	UNK				
Protective Screen Co		Good		Comments *Wo	rthington				
Comments									

PWSJD#_	3351021-01
Date	5/6/04

ICIENCIES: De deficiencies at the time of the inspection. Overall, the		
o deficiencies at the time of the inspection. Overall, the		
o deficiencies at the time of the inspection. Overall, the		· · · · · · · · · · · · · · · · · · ·
o deficiencies at the time of the inspection. Overall, the		
o deficiencies at the time of the inspection. Overall, the		
o deficiencies at the time of the inspection. Overall, the		
	1 (1.1.1.11	
	plant looked good.	
	•	
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	
		,
ctor Title Env. Spe	naialist I Data	5/6/04



# Department of Environmental Protection

jeb Bush Governor Northeast District 7825: Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590

David B. Struhs Secretary

March 5, 2004

Mr. Craig Anderson Florida Water Services Post Office Box 609520 Orlando, Florida 32860 Received

MAR 1 0 2004

Dear Mr. Anderson:

Environmental Services

Putnam County - Potable Water Pomona Park WTP PWS ID: 2540905

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courteous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. I was pleased to find that the water system is in good operating condition and generally well maintained. Based on this survey and our records, the Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated there-under, Florida Administrative Code (FAC) Title 62.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me by e-mail at Annalise. Stahlman@dep.state.fl.us or by telephone at (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely:

Annalise M. Stahlman Environmental Specialist

EDC:BRR:AMS:ams Correspondence File

Enclosure:

Sanitary Survey Dated 3/3/04

"Morr: Protection, Less Process"

Printed on recycled paper.

# State of Florida Department of Environmental Protection Northeast District

## SANITARY SURVEY REPORT

Plant Name POMONA PARK WTP	County Putnam PWS ID #2540905
Plant Location <u>Church Street, Pomona Park, Florida</u> ; Owner Name <u>Florida Water Services (Attn: Mr. Craic</u>	32181 Phone 386-329-1122
Owner Name Florida Water Services (Attn: Mr. Craic	Anderson) Phone 407-880-0058
- Owner Address - Post Office Box 609529, Offando, Flo	origa 32860
Contact Bergon Mr. Paul Thompson	Title Lead Operator FWS Phone 386-329-1122
Contact Person Mr. Paul Thompson This Survey Date 3/3/04 Last Survey Date	6/18/01
This Survey Date Stored East Survey Date	0/10/0
PW\$ TYPE & CLASS: Community - (4C)	RAW WATER SOURCE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☑ GROUND; Number of Wells 2
SERVICE AREA CHARACTERISTICS	SURFACE/UDI; Source PURCHASED from PWS ID #
Municipality	PURCHASED from PWS ID #
	Emergency Water Source
Food Service: Yes No No N/A	Emergency Water Capacity
GENERAL INFORMATION	AUXILIARY POWER SOURCE
Number of Service Connections191	🛛 Yes 🔲 None 🔲 Not Required
Population Served 475 Basis approximation	Source Onan Generator (natural has fuel)
Plant Design Capacity 170,000 gpd	Capacity of Standby (kW) 30
	Switchover: Automatic  Manual
Average Day (from MORs) 39,068 gpd	Standby Plan: X Yas No
Basis well capacity Average Day (from MORs) 39,068 gpd Max. Day (from MORs) 72,000 gpd Total Storage Capacity 3,000 gallons	Standby Plan: ⊠ Yes ☐ No Hrs Operated Under Load 4 hrs/mo. What equipment does it operate?
Total Storage Capacity 3,000 gallogs	What equipment does it operate?
Comments based on January 2004 MOR data	Well numps
Design Design Transfer of the Control of the Contro	Well pumps     High Service Pumps
	☐ Treatment Equipment
LOCATION	Satisfy 1/2 max-day demand?   Yes  No  Unk
Latitude <u>29° 29' 44.68" North</u>	Comments Satisfactory
Longitude 81° 35′ 45.27″ West	Comments Satisfactory
GPS: Yes Date: 7/17/97	
Directions US 17 south, right on Main St., left at	TREATMENT PROCESSES IN USE
Church Street, Plant is on the left	Hypo-chlorination
Oldfort Ollost Francis Grand	
	What additional treatment is needed?
OPERATION & MAINTENANCE	None
Certified Operator: X Yes X No X Not required	For control of what deficiencies?
Operator(s) & Certification Class-Number	N/A
Paul Thompson, A-7251	
Donald Holcomb, A-5091	DISTRIBUTION SYSTEM
O & M Log:   ☐ Yes ☐ No ☐ Not required	Flow Measuring Device Flow Meter
Operator Visitation Frequency	Meter Size & Type <u>4" Neptune Meter</u>
Hrs/day: Required N/A Actual N/A  Days/wk: Required 2 Actual 5	Backflow Prevention Devices; 🛛 Yes 🗌 No
Days/wk: Required2Actual5	Cross-connections none noted
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	Written Cross-connection Control Program: Yes
MORs submitted regularly? ☐ Yes ☐ No ☐ N/A	Coliform Sampling Plan: Yes No N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A	Comments Satisfactory
complete operations, equipment, & maintenance	
logs and sampling plans on site.	
COMET: SITE ID PROJECT ID	

1

\$ TO 10

PWS ID # 2540905 Survey Date 3-Mar-04

GNOON	WATER SOURCE	· · · · · · · · · · · · · · · · · · ·			
T	nber (PWS Identification)	2540905	2540905		
Well Nam	ne (System Identification)	1	2		
Year Drill	ed	1952	1962		
Depth Dri	lled	180'	180′		
Latitulude		29:29:44.68 N	29:29:44.54 N		
Longitude	)	81:35:45.27 W	81"35"45.26 W		
GPS (Y or	N) / Date (if applicable)	Yes, 7/16/97	Yes, 7/16/97		
Florida W	ell ID	AAC1868	AAC1867		
Static Wa	ter Level	28'	28'		
Actual Yie	eld (If different than rated capacity)				
Strainer		Unknown	Unknown		
Length (o	utside casing)	126'	126'		
Diameter	(outside casing)	4"	4"		
Material (d	outside casing)	Steel	Şteel		
Well Contamination History		None	None		
Is Inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		OK	ОК		
	Septic Tank	Аррх. 150'	Appx. 150'		
SET	Reuse Water				
BACKS	WW Plumbing				
	Other Sanitary Hazard				
	Туре	Submersible	Submersible		
	Manufacturer. Name	Unknown	Sta-Rite		
PUMP	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)			-	
Motor Horsepower		5	5		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		OK	OK		
	Sampling Tap	OK – smooth	OK – smooth		
	und Check Valve	OK	OK		
Fence/Hou		Secure	Secure		
Well Vent Protection		OK -screened	OK - screened		

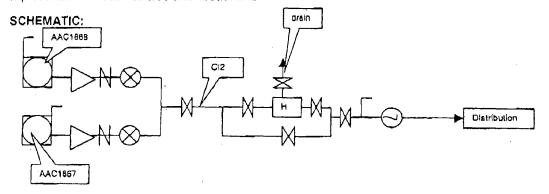
COMMENTS	The wells appear to be in good operating condition.	

					PWSID#		
					Survey Dat	e <u>3-Mar-</u>	04
CHLORINATION (Di	sinfectio	n)		STORAGE FACILITI	ES		
Type: Hypo-Chlorina	ation			(G) Ground (H) Hy	ydropneuma	tic (E)	Elevated
Make Stenner	(	Capacit	y 17 gpd	(B) Bladder (C) Cl			
Chlorine Feed Rate	30%			Tank Type/Number	H		
Avg. Amount of Cl <sub>2</sub> g Chlorine Residuals:	as used	<del></del>	N/A	Capacity (gal)	5000		
Remote tap location	Plant	2.0	Hemole _ 2.0	Material	Steel		<del></del>
DPD Test Klt: 🛛 O	n-site		h operator	Gravity Drain	Yes		·····
Injection Points ups			t Used Daily	By-pass Piping	Yes		
Booster Pump Info	V/A	TIVOTO	Taris	Pressure Gauge	Yes		
Comments <u>Satisfac</u>	tory			Sight Glass or	Yes		
				Level Indicator	<del></del>		<del></del>
Chiorine Gas Use Requirements	YES	NO	Comments	Fittings for Sight Glass	Yes		
Dual System				Protected Openings	Yes		
Auto-switchover				PRV/ARV	PRV		
Alarms:				On/Off Pressure	60/70		
Loss of Cl2				Access Padlocked	Yes		
capability Loss of Cl₂ residual		片		Height to Bottom of	N/A		
Cl <sub>2</sub> leak detection			·	Elevated Tank Height to Max.	N/A		
Scale				Water Level	IN/A	į	
Chained Cylinders				Comments Tank app	pers to be in	good co	ndition.
Reserve Supply							
Adequate Air-pak						<del></del>	
Sign of Leaks					<del>,</del>	·- ·- ·-	<del></del>
Fresh Ammonia						<del></del>	
Ventilation							
Room Lighting					<del> </del>		
Warning Signs				HIGH SERVICE PUM	P\$		
Repair Kits				Pump Number			
Fitted Wrench				Туре			
Housing/Protection				Make			
				Model			
AERATION (Gases, F	e, & Mn	Remo	val)	Capacity (gpm)			
Type Capacity Aerator Condition				Motor HP			
Aerator ConditionBloodworm Presence				Date Installed			
Visible Algae Growth				Maintenance			
Protective Screen Cor	ndition _			Comments			
Comments Not Requ	irea	<del></del>					
				<del></del>			

PWS ID # <u>2540905</u> Survey Date <u>3-Mar-04</u>

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS					
	serving	g < 3300 p	ersons		
CONTAMINANT	Last Sampled	Due Date	COMMENTS		
Microbiological (Bacti)	XXXXXXXX	Monthly	2 distribution samples + 1 from each raw source (based upon population served)		
Volatile Organic Contaminants	2003	-2006	Samples due every 3 years		
Synthetic Organic Contaminants	2003	2006	Samples due avery 3 years		
Nitrate & Nitrite (as N)	2003	2004	Nitrate / Nitrite due annually		
Inorganic Contaminants	2003	2006	Samples due every 3 years		
Asbestos	Waiver	Waiver expires 12/31/2010	Samples taken from distribution. Walver available if no ascessos pipe in the distribution system.		
Secondary Standards	2003	2006	Samples due every 3 years		
Padionuclides	2003	2005	Samples due every 3 years		
Disinfection Byproducts [i.e. Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s)];	N/A	2004	Per sampling plan		
Lead and Copper	2002	2005	Sample locations are from pre-approved sample plan		

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.



PWSID#	2540905
Survey Date	3-Mar-04

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
DEFICIENCIES:	
This facility was well maintained and appeared to be with the Florida Safe Drinking Water Act.	in good operating condition. This system is in compliance
·	
·	
Inspector (Inspector Annalise M. Stahlman)	Title Environmental Specialist II Date 3/5/04
Approved by Blanca R. Rodriguez	Title Engineer IV Date 3/8/04

# State of Florida Department of Environmental Protection Central District

## SANITARY SURVEY REPORT

Plant Name	QUAIL RIDGE ESTATES	c	ounty	Lake	PWS ID#_	3354867
Plant Location	33713 Quail Ridge Circle, Leesburg				Phone	352/187-0980 407/000 0050
Owner Name	Florida Water Services, Attn: Craig Anders	son			Phone	40 //880-0058
Owner Address _	P.O. Box 609520, Orlando, FL 32860					
Contact Person	Will Fontaine	Title <sub>-</sub>	Lead Op	erator	Phone	352/787-0980
This Survey Date	Will Fontaine e 4/28/04 Last Survey Date		10/3/01	La	ist C.I. Date	8/24/99
PWS TYPE & CI				ER SOUR		1
Community (			GROUN	ND; Numbi	er of vveils	1
	t Non-community	<u>_</u>	SURFA	CE/UDI; S	Source	
☐ Non-Commu	nity					
DIVID OTATUO		L	Emerge	ency Water	r Source	
PWS STATUS	t the second consists of the second		Emerge	ency Wate	r Capacity	
	stem with approval number & date	A 1	SVII IADV	/ DOWED	COUDCE	
<u>WC35-178565</u>	5, 6/5/90, cleared 12/5/90				SOURCE	td
					Not Req	
☐ Unapproved	system	So	ource		(1.1.1)	
OFFINANCE AREA	CHARACTERISTICS	C	apacity of	Standby	(kW)	
	CHARACTERISTICS	Sı	vitchover	: LAuto	matic 🔲 Mar	lual
Residential - MI	1P			an: 🔲 Ye		
<del></del>	TV DAL SZAVA		•		Load	
Food Service: [	] Yes ☐ No ☒ N/A				s it operate?	
ODEDATION 9	MAINTENANCE		<u>U</u> Well ∣	pumps	· · · · · · · · · · · · · · · · · · ·	
					umps	
	or: Yes No Not required				pment	
	ertification Class-Number					es 🗌 No 🗍 Unk
	4, W. Fontaine C-6813, J. Worrell	C	omments			
C-6597, G. Kiss						
O & M Log: 🔯	Yes No Not required					_
Operator Visitation	on Frequency				ESSES IN US	E
Hrs/day: Requir	edActual	-	Chlorinati	on		
	red 3 Actual 6					
	ve Days? ☐ Yes ☐ No ☒ N/A	W	/hat addit	ional treat	ment is neede	d?
	I regularly? ⊠ Yes ☐ No ☐ N/A				·····	
Data missing from	m MORs? ⊠ No ☐ Yes ☐ N/A	F	or control	of what de	eficiencies?	
		_				
	ce Connections 64			TION SYS	,	
	ed 160 Basis per MOR			•	ice <u>Flo</u>	
	om MORs) <u>13,618</u> gpd					ialities 1000 gpm
	MORs)028MGD7/03				Devices: \( \sum \)	
	Capacity468 MGD				None observed	
Comments					ction Control F	
					lan: 🔀 Yes 🏻 [	
		С	omments			
COMET: SITE ID	PROJECT ID					

Received

MAY 1 2 2004

PWS ID#	3354867
Date	5/6/04

#### **GROUND WATER SOURCE**

Well Numb Year Drilled Depth Drille		1		
	1		 	
Depth Drille	-	1989		
•	ed	340'		
Drilling Met	thod	Rotary Combo		
Type of Gr	out	Neat Cement		
Static Water	er Level	62'		
Pumping W	Vater Level	UNK		
Design We	ll Yield	UNK		
Test Yield		UNK		
Actual Yiel	d (if different than rated capacity)	UNK		
Strainer		UNK		
Length (ou	tside casing)	131'		
Diameter (	outside casing)	10"		
Material (o	utside casing)	Black Steel		
Well Conta	mination History	Some		
Is inundation	on of well possible?	No		
6' X 6' X 4"	Concrete Pad	Yes		
	Septic Tank	>200'		
SET	Reuse Water			
BACKS	WW Plumbing	·		
	Other Sanitary Hazard	None observed		
	Туре	Vert. Turbine		
	Manufacturer Name	Goulds		
PUMP	Model Number	10RJHO-6		
	Rated Capacity (gpm)	650		
Motor Horsepower		60		
Well casing 12" above grade?		Yes		
Well Casing Sanitary Seal		Yes	3	
Raw Water	Sampling Tap	Yes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Above Gro	und Check Valve	Yes		
Fence/Hou	sing	Yes		
Well Vent F	Protection	Yes		

Well Vent Protection		es				
COMMENTS Provide additional in	nformation for	"UNK", if a	vailable.	···		
					4	
				•	· ·	26." 23.

					PWS ID#	3354	867
					Date	3/0/0	+
CHLORINATION (Dis Type: ☐ Gas ☒ Hy Make Chem-tech	/po	•	/ 60* gpd_	STORAGE FACILIT (G) Ground (H) H (B) Bladder (C) C	lydropneum	atic (E)	Elevated
Chlorine Feed Rate	@ 70% :	stroke ra	ate	Tank Type/Number			
Avg. Amount of Cl2 ga	s used		N/A	Capacity (gal)	6,500		
Chlorine Residuals: Remote tap location				Material	Steel		
DPD Test Kit: Or	n-site	⊠ With	n operator	Gravity Drain	Yes		
☐ No Injection Points <u>Prio</u>			Used Daily	By-pass Piping	Yes		
				Pressure Gauge	Yes		
Booster Pump Info _ Comments <u>*2-30 gpc</u> **Corner of Bob white				Sight Glass or Level Indicator	Yes		
Chlorine Gas Use	YES	NO	Comments	Fittings for Sight Glass	Yes		
Requirements_		.,,		Protected Openings			
Dual System				PRV/ARV	PRV		
Auto-switchover				On/Off Pressure	40/62		
Alarms:				Access Padlocked	Yes		
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection				Height to Bottom of Elevated Tank			
Scale				Height to Max. Water Level			}
Chained Cylinders				Comments	_ <del></del>		_1
Reserve Supply							
Adequate Air-pak					· · · · · · · · · · · · · · · · · · ·		
Sign of Leaks							
Fresh Ammonia							
Ventilation							
Room Lighting							
Warning Signs				HIGH SERVICE PU	MPS	<del></del>	
Repair Kits				Pump Number			
Fitted Wrench				Туре			
Housing/Protection				Make		,	-
	7	, ,		Model	30		
AERATION (Gases, I	Fe '& Mr	Remo	ival)	Capacity (gpm)			
Type	C	apacit	/	Motor HP		,	
TypeAerator Condition				Date Installed			
Bloodworm Presence Visible Algae Growth				Maintenance			
Protective Screen Co	ndition _			Comments			
Comments				· <del></del>			

PWS ID#	3354867
Date	5/6/04

MONITORING VIOLATIONS		MCL VIOL	ATIONS	
				······································
DEFICIENCIES:				
	-		•	
	<del></del>			
No deficiencies at the time of inspection	n. The pl	ant looked good!!		
Keep up the good work!!				
			·	
		**************************************	··	
		·3		
	<del></del> -		<del></del>	
· · · · · · · · · · · · · · · · · · ·				
Inspector X	Title	Env. Specialist I	_ Date	5/6/04
Approved by Roberto C. C.		Env. Manager		5/7/04



## Department of **Environmental Protection**

leb Bush Governor

Central District 3319 Maguire Boulevard, Suite 232 Orlando, Florida 32803-3767

Colleen M. Castille Secretary

January 10, 2005

Mr. Will Fontaine Aqua Utilities P.O. Box 490310 Leesburg, FL 34749-0310 OCD-PW-SS-05-0019

Lake County - PW 48 Estates - 3350005 King's Cove - 3350655 Summit Chase - 3354112

Haines Creek - 3350481 Ravenswood - 3351062



Dear Mr. Fontaine:

The Department conducted an inspection of your public water systems on October 26, 2004. This inspection was conducted by Karen Milicic of this office in the presence of Will Fontaine. Copies of the Sanitary Survey Reports are enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

The Department values your continued cooperation in operating and maintaining your water system, and appreciates the assistance provided during the sanitary survey.

If you have any questions concerning this letter, please contact Karen Milicic at the above address or by phone at (407) 894-7555, extension 2226.

Sincerely,

Roberto C. Ansag, Environmental Manager Drinking Water Compliance/Enforcement

RCA/km Enclosure

# State of Florida Department of Environmental Protection Central District

## SANITARY SURVEY REPORT

Plant Name	RAVENSWOOD PARK	County	Lake	PWS ID # _	3351062
Plant Location	US Hwy 27, Leesburg, FL 34748			Phone	352/369-4881
Owner Name	Aqua Utilities, Attn: Will Fontaine			Phone	352/369-4881
Owner Address	P.O. Box 490310 Leesburg FL 34749-0	1310			
Contact Person	W. Fontaine	Title Operator		Phone	<u>352/369-4881</u>
This Survey Date	W. Fontaine e 10/26/04 Last Survey Date	8/1/00	La	st C.I. Date	10/30/02
PWS TYPE & C  Community ( Non-transier Non-Community ( PWS STATUS Approved sy	LASS (5D) nt Non-community	RAW WATE GROUN SURFAC PURCHA Emerger Emerger	ER SOUR D; Number DE/UDI; S ASED from DE/Water DE/Water DE/WER	CE er of Wells source m PWS ID # _ r Source r Capacity	1
Unapproved	system	Source M	None PSG20 (p	ropane)	
	•	Capacity of	Standby (	ropane) (kW)	20
	A CHARACTERISTICS	Switchover: Standby Pla		matic ☐ Man s ☐ No	ual
				Load	4 hrs/mo.
Food Service:	☐ Yes ☐ No ☒ N/A	What equipr	nent does	s it operate?	
ODEDATION 9	MAINTENANCE	🛛 Well p	umps		
	or: ⊠ Yes □ No □ Not required			ımps	
	ertification Class-Number		nent Equi	pment	- Mus Must
	6813, M. Neal C-10027				s No Unk
J. Worrell C-65		Comments			
	Yes No Not required				
Operator Visitati	on Frequency	TREATMEN	IT PROC	ESSES IN US	E
Hrs/day: Requir	redActual				
Days/wk: Requ	ired 3 Actual 5				
Non-consecuti MORs submitted	ive Days? ⊠ Yes □ No □ N/A d regularly? ⊠ Yes □ No □ N/A	What addition	onal treat	ment is neede	d?
Data missing fro	om MORs? ⊠ No ☐ Yes ☐ N/A	For control of	of what de	eficiencies?	
Number of Servi Population Serve	ice Connections41ed82 BasisMOR	DISTRIBUT Flow Measu		TEM ce Flow	w Meter
Average Day (fro	om MORs) <u>10,234 gpd</u>	Meter Size			
Max. Day (from	MORs) 25,000 gpd 5/04			Devices: 🛛 Y	′es □ No
	Capacity 56,160 gpd			None Observed	
Comments				ction Control P	
				an: 🔲 Yes 🛭	
			Required	to have a Colif	orm Sampling
COMET: SITE ID	PROJECT ID	Plan.	· · · · · · · · · · · · · · · · · · ·		

PWS ID#_	3351062
Date	1/10/05

### **GROUND WATER SOURCE**

1			
1966			
104'			
UNK			
83'6"			
6"			
Blk. Iron	•		***************************************
UNK			
No			
Yes			
>100'			
None Observed			
Submersible			
UNK			
UNK			
UNK			
5			
Yes			
1 45			L
	104' UNK	104' UNK UNK UNK UNK UNK UNK UNK UNK 83'6" 6" Blk. Iron UNK No Yes >100' None Observed Submersible UNK UNK UNK UNK UNK UNK UNK UNK Yes  >100' None Observed Submersible UNK UNK UNK UNK UNK UNK UNK Yes Yes Yes	104' UNK UNK UNK UNK UNK UNK UNK UNK UNK  S3'6" 6" 6" Blk. Iron UNK No Yes >-100' None Observed Submersible UNK

COMMENTS	Provide additional information for "UNK", if available.

				·	PWS ID #		
CHLORINATION (Dis Type: ☐ Gas ☑ Hy Make <u>Stenner</u>	ypo		/17_gpd	STORAGE FACILITI (G) Ground (H) Hy (B) Bladder (C) Cl	/dropneum	natic (E)	Elevated
Chlorine Feed Rate _ Avg. Amount of Cl <sub>2</sub> ga	2.5%			Tank Type/Number			
Avg. Amount of Cl <sub>2</sub> ga	as used		N/A	Capacity (gal)	3,000	-	
Chlorine Residuals: I Remote tap location				Material	Steel		<del></del>
DPD Test Kit: 🔲 Or	n-site	⊠ Witl	n operator	Gravity Drain	Yes		<del></del>
			Used Daily	By-pass Piping	Yes		<del></del>
Injection Points <u>Prio</u> Booster Pump Info _	r to <u>Fi/ 1</u>	'		Pressure Gauge	Yes		
Comments				Sight Glass or	Yes		
Chlorine Gas Use	YES	NO	Comments	Level Indicator Fittings for Sight Glass	Yes		
Requirements			Comments	Protected Openings	Yes		
Dual System				PRV/ARV	PRV		
Auto-switchover				On/Off Pressure	35/50		
Alarms:				Access Padlocked	Yes		
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection				Height to Bottom of Elevated Tank			
Scale				Height to Max.			
Chained Cylinders				Water Level Comments		<u> </u>	
Reserve Supply							
Adequate Air-pak					<del></del>		
Sign of Leaks							
Fresh Ammonia							
Ventilation							
Room Lighting							
Warning Signs				HIGH SERVICE PUN	MPS		
Repair Kits				Pump Number			
Fitted Wrench				Туре			
Housing/Protection		$\overline{\Box}$		Make			
				Model			
4554510N /O	- 0.14	5		Capacity (gpm)			
AERATION (Gases, f Type				Motor HP		<u> </u>	
Aerator Condition				Date Installed			
Bloodworm Presence				Maintenance			
Visible Algae Growth Protective Screen Col	ndition						<u> </u>
Comments				Comments	<del></del>		
			· · · · · · · · · · · · · · · · · · ·	<del>1.1.</del>			

		PWS ID # Date	3351062 1/10/05
MONITORING VIOLATIONS	MCL	VIOLATIONS	
DEFICIENCIES:			
No Deficiencies!!			
		<u></u>	
****			
		<del>"</del>	
			·
Inspector X \( \tau_\) Title _			
Inspector	Env. Specialist I	Date	1/10/05

Approved by

Title Env. Manager

Date \_\_\_\_\_



# Department of Environmental Protection

jeb Bush Governor Northeast Olstrict 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590 March 11, 2004

David B. Scruhs Secretary

Mr. Craig Anderson Florida Water Services Post Office Box 609520 Orlando, Florida 32860

Received

MAR 1 5 2004

Dear Mr. Anderson:

**Environmental Services** 

Putnam County – Potable Water River Grove Subdivision WTP PWS ID: 2540959

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courteous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. I was pleased to find that the water system is in good operating condition and generally well maintained. Based on this survey and our records, the Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated there-under, Florida Administrative Code (FAC) Title 62.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me via my Internet e-mail address at Annalise. Stahlman@dep.state.fl.us or by telephone at (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely:

Annalise M. Stahlman Environmental Specialist

anatel Stallman

A M & EDC:BRR:AMS:ams Correspondence File

Enclosure:

Sanitary Survey Dated 3/3/04

"More Protection, Less Process"

Printed on recycled paper.

# State of Florida Department of Environmental Protection Northeast District

### SANITARY SURVEY REPORT

Plant Name RIVER GROVE SUBDIVISION WTP	County Putnam PWS ID # 2540959
Plant Location River Drive Fast Palatka Florida 32	131 Phone 386-329-1122 ig Anderson) Phone 407-880-0058
Ourse Nome Florida Weter Seniose (Atto: Mr. Cra	ig Anderson) Phone 407-880-0058
Owner Name Florida Valer Services (Attr. Wr. Ola	laida 20060
Owner Address Post Office Box 609520, Orlando, Fl	Tit. 1 - 1 0 1 5 MC Phase 200 220 4420
Contact Person Mr. Paul Thompson	Title Lead Operator, PWS Phone 388-329-1122
This Survey Date3/3/04 Last Survey Date	Title         Lead Operator, FWS         Phone         386-329-1122           6         6/19/01         Last C.I. Date         8/1/02
PWS TYPE & CLASS: Community - (4C)	RAW WATER SOURCE
	☐ GROUND; Number of Wells1
SERVICE AREA CHARACTERISTICS	SURFACE/UDI; Source
Residential Subdivision	☐ PURCHASED from PWS ID #
	Emergency Water Source
Food Service: Yes No No N/A	Emergency Water Capacity
GENERAL INFORMATION	AUXILIARY POWER SOURCE
Number of Service Connections 119	☐ Yes ☒ None ☒ Not Required
Population Served 371 Basis estimate	Source Source
Plant Design Capacity 90,000 gpd	SourceCapacity of Standby (kW)
Basis well design capacity	Switchover: Automatic Manual
Average Day (from MORs) 17.309 gpd	Switchover. Automatic Limitation
Average Day (noin vions) 17,309 gpd	Standby Plan: Yes No
Max. Day (from MORs) 26,747 gpd	Hrs Operated Under Load
Total Storage Capacity 16,800 gallons	What equipment does it operate?
Comments Data based on January 2004 MOR.	Well pumps
	High Service Pumps
	Treatment Equipment
LOCATION	Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Latitude 29° 38' 54.23" North	Comments
Longitude 81° 36' 27.22' West	O O TITLE TO THE T
GPS: Yes Date: 7/23/97	
Directions Hwy. 17 south, North onto Masters Rd.,	TREATMENT PROCESSES IN USE
east onto Ferry Rd., north onto River Terrace, right	Hypo-chlorination and Aeration
at River Drive, plant is on the right side.	Trypo oniormation and richarion
at River Drive, plant is on the right side.	What additional treatment is needed?
OPERATION & MAINTENANCE	
Certified Operator: X Yes No Not required	None
Operator(s) & Certification Class-Number	For control of what deficiencies?
Doubthouse A 7054	_N/A
Paul Thompson, A-7251	DISTRIBUTION SYSTEM
Donald Holcomb, A-5091	
O & M Log: ⊠ Yes □ No □ Not required	Flow Measuring Device Flow Meter
Operator Visitation Frequency	Meter Size & Type 3" Neptune Meter
Hrs/day: Required N/A Actual N/A	Backflow Prevention Devices; 🔀 Yes 🗌 No
Days/wk: Required 5 Actual 5	Cross-connections <u>none seen</u>
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	Written Cross-connection Control Program: Yes
MORs submitted regularly?   ☐ Yes ☐ No ☐ N/A	Coliform Sampling Plan: X Yes No No N/A
Data missing from MORs? No Yes N/A	Comments Satisfactory
Complete Operations, Equipment, & Maintenance	Commond Canada T
logs and sampling plans at the facility.	
TOUS and Sampling plans at the lacility.	
COMET: SITE ID PROJECT ID	

1

PWS ID # 2540959 Survey Date 3/3/04

CROUND WATER SOURCE

GROUND	WATER SOURCE				
	nber (PWS Identification)	2540959			
	e (System Identification)	1			
Year Drilled		1962			
Depth Dri	lled	200'			·
Latitutude	)	29:38:54.247 N			
Longitude	)	81:36:27.217 W			
GPS (Y or	N) / Date (Mapplicable)	Yes, 7/23/97			
Florida W	eli ID	AAC1899	ь.		
Static Wa	ter Level	Unknown			
Actual Yie	old (If different then rated capacity)				
Strainer		Unknown			
Length (or	utside casing)	Unknown			
Diameter	(outside casing)	6"			
Material (d	outside casing)	Steel	`		
Well Cont	amination History	None			
Is inundat	ion of well possible?	No			
8' X 6' X 4	" Concrete Pad	OK			
	Septic Tank	,		·	
SET	Reuse Water			·	
BACKS	WW Plumbing				
	Other Sanitary Hazard				
	Туре	Centrifugal			
1	Manufacturer Name	Goulds			
PUMP	Model Number	4BF15035			
	Rated Capacity (gpm)	125			
	Motor Horsepower	5			
Well casing 12" above grade?		OK			
Well Casing Sanitary Seal		OK			·
Raw Water Sampling Tap		OK - smooth			.
Above Ground Check Valve		OK			
Fence/Housing		Secure			
Well Vent Protection		Not Required			

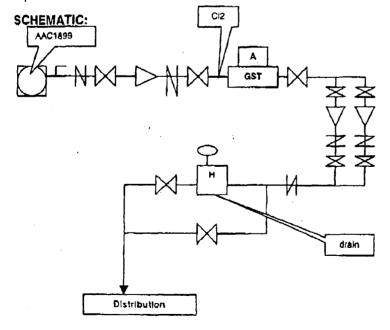
COMMENTS	The well appears to be in good operating condition.	

					PWS I Survey	D# <u>254</u> / Date <u>3/3/</u>	0959
CHLORINATION (Die Type: <u>Hypo-Chlorina</u> Make <u>Stenner</u>	ition (	on) Capacil	y 17 gpd	(B) Bladder (C	d) Hydropne C) Clearwell	eumatic (E)	Elevated
Chlorine Feed Rate	40%			Tank Type/Num	ber H	G	
Avg. Amount of Cl <sub>2</sub> garden Chlorine Residuals:				Capacity (gal)	3000	15000	
Remote tap location				Material	Steel	Steel	
DPD Test Kit: O				Gravity Drain	Yes	Yes	
Injection Points   Line	tream o	f Agrat	t Used Daily or	By-pass Piping	Yes	Yes	
Booster Pump Info M	Ayers, Q	P20, H	IP=2	Pressure Gauge	Yes	N/A	
Comments Satisfact	tory chlo	rinatio	<u> </u>	Sight Glass or Level Indicator	No	No	
Chlorine Gas Use Requirements	YES	NO	Comments	Fittings for Sight Glass	N/A	N/A	
Dual System				Protected Opening	ngs Yes	Yes	
Auto-switchover				PRV/ARV	PRV	N/A	
Alarms;				On/Off Pressure	40/50	N/A	
Loss of Cl <sub>2</sub>			· · ·	Access Padlocks	ed Yes	Yes	
capability Loss of Cl <sub>2</sub> residual   Cl <sub>2</sub> leak detection				Height to Bottom Elevated Tank	of N/A	N/A	
Scale				Height to Max.	N/A	N/A	
Chained Cylinders		$\overline{\Box}$		Water Level Comments Stor	ane tanks ar	nnear to be i	n good
Reserve Supply		$\overline{\Box}$		condition.	ago igrino a	open to co	
Adequate Air-pak					·		
Sign of Leaks	<u> </u>			,			
Fresh Ammonia							
Ventilation							<del></del>
Room Lighting					-1.		
Warning Signs				HIGH SERVICE	PUMPS		
Repair Kits				Pump Number	1	2	
Fitted Wrench				Туре	Cent.	Cent.	
Housing/Protection				Make	Goulds	Goulds	
				Model	unk.	unk.	
AERATION (Gases, F				Capacity (gpm)	170	170	
Type <u>Cascade</u>				Motor HP	10	10	
Aerator Condition <u>Clean, well maintained</u> Bloodworm Presence None			Date Installed	unk.	unk.		
Visible Algae Growth None			Maintenance	Good	Good		
Protective Screen Condition <u>Clean, Secure</u> Comments <u>Aerator appears to be clean and</u>			Comments HSP	's appear to	be in good	perating	
well maintained.	ppears (	to be c	ean and	condition.			
				<del></del>	,,		
			•				

PWS ID # 2540959 Survey Date 3/3/04

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS serving < 3300 persons				
CONTAMINANT	Last Sampled	Due Date	COMMENTS	
Microbiological (Bacti)	XXXXXXXX	Monthly	2 distribution samples + 1 from each raw source (based upon population served)	
Volatile Organic Contaminants	2003	2006	Samples due every 3 years	
Synthetic Organic Contaminants	2003	2006	Samples due every 3 years	
Nitrate & Nitrite (as N)	2003	2004	Nitrate / Nitrite samples due annually	
Inorganic Contaminants	2003	.2006	Samples due every 3 years	
Asbestos	2003	2012	Samples taken from distribution. Waiver available if no asbestos pipe in the distribution system.	
Secondary Standards	2003	2006	Samples due every 3 years	
Radionuclides	2003	2006	Samples due every 3 years	
Disinfection Byproducts (i.e. Total Trihalomethanes (TTHMs) and Haloacetio Acids (HAA5s)];	N/A	2004	Per sampling plan	
Lead and Copper	2001	2004	Sample locations are from pre-approved sample plan	

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.



PWS ID #	2540959
Survey Date	3/3/04

MONITORING VIOLATIONS	MCL VIOLA	ATIONS
None	None	
11	·	
	,	
DEFICIENCIES:		
This facility is clean, well maintained, and appears	to be in good operating condition.	
	,	<del></del>
		•
		<del></del>
	•	
Inspector aug & Mallmar	Title Environmental Specialist II	Date 3/11/04
Annalise M. Startman	·	2/ /
Anomyod by Slace ( Collies	Title Engineer IV	Data 3/11/04

Blanca R. Rodriguez

AQUA Utilities Florida.

Aqua Utilities Florida, Inc. 1343 NE 17th Road Ocala, FL 34470 www.aguafi.com

Via UPS Ground

November 9, 2004

Mr. Patrick W. Lewis
Environmental Specialist I
Polk County Health Department
2090 E. Clower Street
Bartow, FL 33830-6741

Re:

Rosalie Oaks

PWS ID No. 3531546

Mr. Patrick Lewis;

The purpose of this correspondence is to provide a written response as requested in regards to the sanitary survey that was conducted at the above referenced facility on September 22, 2004

Aqua Utilities Florida has place a generator on-site at the above reference water facility. Auxiliary power is not required for this facility at this time; however we feel it is essential to have a generator, thus our customers will be able to obtain water if power failure occurs. The generator is an Elliott, MNPSG (serial # 01-03272) and has a capacity of standby at 20 kW. It will be an automatic switchover when the generator is connected and will operate the well pumps and treatment equipment to satisfy ½ maximum day demand.

We trust this response is sufficient to address your concerns. However, should you need additional information please do not hesitate to contact me at (352)732-6027.

WA

Administrative Assistant



Jeb Bush Governor John O. Agwazobi, MD, MBA Secretary

September 28, 2004

## RECEIVED

COMMUNITY/ROSALIE OAKS PWS: Id. No. 3531546 SEP 3 n 7004
Aqua utilities
Florida Inc.

ROSALIE OAKS 6960 PROFESSIONAL PARKWAY E. STE. #400 SARASOTA, FL 34240 Ellioth psG 20kg

Dear Public Water System Owner:

A sanitary survey of your system conducted on September 22, 2004 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

There is a generator (unconnected) on-site. Please ensure that prior to permanent installation that it is in compliance with <u>Chapter 62-555.320(14)</u> and that adequate documentation including water system proposed modifications including equipment specification is submitted to our office for the Department to determine any applicable approval or clearance.

Please take the necessary steps to correct this deficiency within thirty (30) days of the date of this notice and notify the Department in writing.

If you have any questions, please contact this office at (863) 519-8330 ext. 1148.

Thank you for your cooperation in resolving this matter.

Sincerely,

Patrick W. Lewis

Environmental Specialist I

PWL:mag xc: Aqua Source

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight, MD Director ENVIRONMENTAL BIGINE ERING DIVISION 2090 East Clower Servel, Bartow, FL 33830-6741 Phone (863) 519-8330 / SC 515-7365 / Fax (863) 534-0245

Oprinted on recycled paper

Lynne M. Saddler, MD, MPH Assistant Director AQUA Utilities Florida.

> 1343 NE 17th Road Ocala, FL 34470 (352)732-6027 (352)732-3213 fax

FACSIMILE TRANSMITTAL SHEET				
ToCarolyn	FROM: Ciole			
FAX NUMBER: 07-09 US	DATE: \-\\-2005			
COMPANY:	TOTAL NO. OF PAGES INCLUDING COVER:			
PHONE NUMBER:				
"Rosau Caro				
Urgent For review O Please Com	iment   Please reply   Please recycle			
NOTES/COMMENTS:				
This is H	e only Ihing			
I can tind.				
	J.D.			

**Docket No. 060368-WS** 

Application to Increase Rates and Charges

For a "Class A" Utility In

Florida

Missing Report: Sanitary Survey Report

For: Sebring Lakes

Aqua Utilities Florida, Inc.

## State of Florida Department of Environmental Protection Central District

### SANITARY SURVEY REPORT

Plant Name	SILVER LA	KE ESTATES	Co	ounty	_Lake	PWS ID#	3351182
Plant Location	10438 Barrington C	Court, Leesburg				Phone _	352/787-0980
Owner Name	Florida Water Servi	ces, Attn: Craig Ander	son				407/880-0058
Owner Address	P.O. Box 609520,	Orlando, FL 32860					
Contact Person	Will Fontaine		Title_	Lead Op	erator	Phone	352/787-0980
This Survey Date	4/28/04	Last Survey Date		10/3/01	Las	st C.I. Date	8/2,4/99
PWS TYPE & CI Community ( Non-transien Non-Commu  PWS STATUS Approved systems #13594, WC35-266211 Unapproved  SERVICE AREA Subdivision  Food Service:  OPERATION & Certified Operator Operator(s) & Co B. Heath C-582 C-6597, G. Kiss O & M Log:  Operator Visitatin Hrs/day: Requir Days/wk: Requir Days/wk: Requir Non-consecutir	ASS 5C) t Non-community nity  stem with approval 11/24/71 1, 4/4/95, cleared 3/6 system CHARACTERIST  Yes No  MAINTENANCE or: Yes No ertification Class-N 4, W. Fontaine C-68 ick C-7846 Yes No No	N/A  Not required umber 13, J. Worrell ot required ctual 6 N/A	AL Social String Section 1	Invision 10/3/01  AW WAT!  GROUN  SURFA  PURCH  Emerge  Emerge  JXILIARY  Yes [  Apacity of vitchover: and by Plates of the property of the pr	ER SOURGED; Number CE/UDI; SIASED from Incy Water Incy Inch Inch Inch Inch Inch Inch Inch Inch	St C.I. Date CE er of Wells ource n PWS ID # _ Source _ We Capacity SOURCE	8/24/99  2  Stern Shores 432 MGD  uired  250  nual 4 hrs/mo.  es  No Unk stern Shores
Population Serve Average Day (fro Max. Day (from I Max-day Design	ce Connections ed3928 Basis om MORs) MORs)1.8321 Capacity2	per MOR .810 MGD MGD 12/03 .202 MGD	Flo Me Ba Cr W Co	ow Meas eter Size ackflow P ross-conr ritten Cro oliform Sa	& Type _ revention   nections _ oss-connec ampling P!	ce Flo  *  Devices: None observed  ction Control F	Yes No Program: Yes No N/A
COMET: SITE ID	PROJE	CT ID			neter on disc	charge line to d	

Received

MAY 1 2 2004

PWS ID#	3351182	
Date	5/6/04	(1 mm/s)

#### **GROUND WATER SOURCE**

	WATER SOURCE				
Well Num		1	2		
Year Drilled		1971	1980		
Depth Dril	led	366'	327'		
Drilling Me	ethod	UNK	Cable Tool		
Type of G	rout	UNK	UNK		
Static Wat	ter Level	UNK	41'		
Pumping \	Water Level	UNK	UNK		
Design W	ell Yield	UNK	UNK		
Test Yield		UNK	UNK		
Actual Yie	d (if different than rated capacity)	UNK	UNK		
Strainer		UNK	UNK		
Length (o	utside casing)	200'	132'		
Diameter	(outside casing)	10"	12"		
Material (d	outside casing)	Black Steel	Black Steel		
Well Conta	amination History	None noted	None noted		
Is inundati	ion of well possible?	No	No		
6' X 6' X 4	" Concrete Pad	Yes	Yes		
	Septic Tank	>200'	>200'		
SET	Reuse Water				
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
	Туре	Vert. Turbine	Vert. Turbine		
	Manufacturer Name	Goulds	Goulds		
PUMP	Model Number	58895-7	58895-7		
	Rated Capacity (gpm)	1425	1425		
	Motor Horsepower	50	50		
Well casin	g 12" above grade?	Yes :	Yes		100
Well Casir	ng Sanitary Seal	Yes	Yes		:-,
Raw Wate	r Sampling Tap	Yes	Yes		
Above Gro	ound Check Valve	Yes*	Yes		
Fence/Hou	using	Yes	Yes		
Well Vent	Protection	Yes	Yes		
		i	i	i contract of the contract of	,

COMMENTS	Provide additional information for "UNK", if available.	
*Check and r	repair/ replace leaking valve stem.	

						3351 5/6/0 <sup>2</sup>	
					<u></u>		
CHLORINATION (Dis Type: ⊠ Gas ☐ Hy Make Regal	/po (	Capacity	/*_ppd	STORAGE FACILITI (G) Ground (H) Hy (B) Bladder (C) Cl	ydropneum	atic (E)	Elevated
Chlorina Egod Data	27 nnd			Tank Type/Number	G/1	G/2	
Avg. Amount of Cl <sub>2</sub> ga Chlorine Residuals: F	as used	1 7	20 ppd	Capacity (gal)	25,000	25,000	
Remote tap location _	Cnr Br	igdoon -	& Famich Ct	Material	(1)	(1)	
DPD Test Kit: Or				Gravity Drain	Yes	Yes	
Injection Points Prior		_	Used Daily	By-pass Piping	Yes	Yes	
Booster Pump Info 1	HP Gou	ılds mod	lel no. HB2510	Pressure Gauge	N/A	N/A	
Comments *100 ppd	chlorina	ator for e	each well.	Sight Glass or Level Indicator	Yes	Yes	
		<del></del>		Fittings for	N/A	N/A	
Chlorine Gas Use	YES	NO	Comments	Sight Glass Protected Openings	Yes	Yes	
Requirements  Dual System				PRV/ARV	N/A	N/A	
Auto-switchover				On/Off Pressure	(2)	(2)	ļ
Alarms:				Access Padlocked	Yes	Yes	
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection	$\boxtimes \square \boxtimes$			Height to Bottom of Elevated Tank			
Scale				Height to Max.	1		
Chained Cylinders				Water Level Comments 1) Concr	ete. 2) On/	off - 8'/ 10'	-
Reserve Supply							
Adequate Air-pak	$\boxtimes$						<del></del>
Sign of Leaks		$\boxtimes$			· · · · · · · · · · · · · · · · · · ·		<del></del>
Fresh Ammonia	X						
Ventilation	$\boxtimes$						
Room Lighting	$\boxtimes$						
Warning Signs	$\boxtimes$			HIGH SERVICE PUT	MPS	<del></del>	
Repair Kits	$\boxtimes$			Pump Number			
Fitted Wrench	$\boxtimes$		/ <del>-</del>	Туре			
Housing/Protection	$\boxtimes$			Make			
			100	Model			10
AERATION (Gases, I	Fe, & M	n Remo	oval)	Capacity (gpm)			
TypeAerator Condition	(	Capacit	у	Motor HP			
Bloodworm Presence				Date Installed			
Visible Algae Growth				Maintenance			
Protective Screen Co	ndition .			Comments See page	3a		
Comments							

PWS ID # 3351182 Date 10/29/01

#### HIGH SERVICE PUMPS

THOTTOLICATOL	01				
Pump Number	MP-1	MP-2*	MP-3	MP-4*	
Туре	Centrif.	Centrif.	Centrif.	Centrif	-
Make	Paco	Paco	Paco	Paco	
Model	Unk	Unk	Unk	Unk	
Capacity (gpm)	950	950	950	950	
Motor HP	50	50	50	50	
Date Installed	1996	1996	1996	1996	
Maintenance	,				

#### **JOCKEY PUMPS**

JOOKET I DIMITE	·		<u> </u>
Pump Number	JP-1	JP-2	
Туре	Centrif.	Centrif.	
Make	Paco	Paco	
Model	Unk	Unk	
Capacity (gpm)	310	310	
Motor HP	15	15	
Date Installed	1996	1996	
Maintenance			

Comments

JP-1 and JP-2 are jockey pumps used during low flow conditions

Comments \_\_\_\_\_\*Check and repair/ replace leaking valve stems.

PWS ID#_	3351182	
Date	5/6/04	_

MONITORING VIOLATIONS	MCL VIOI	ATIONS
	·	
EFICIENCIES:		
	ng valve stem for HSP MP-2 and MP	-4
<ol><li>Check and repair/ replace leaking</li></ol>	ng valve stem for Well #1.	· · · · · · · · · · · · · · · · · · ·
		, , , , , , , , , , , , , , , , , , ,
	<del></del>	
011 411111		·
Overall, the plant looked good.		<u> </u>
	777-7479 to the	
	The state of the s	
·		
· · · · · · · · · · · · · · · · · · ·		
	,	
spector #2	TitleEnv. Specialist I	Date5/6/04
pproved by Robinson e. C.	<del>"</del> ."	
poroughly 1/ of D. O. C.	Title Env. Manager	_ Date <u>5/7/04</u>

## State of Florida Department of Environmental Protection Central District

### **SANITARY SURVEY REPORT**

Plant Name	WESTERN SHORES S/D	C	ounty	Lake	PWS ID#	3351464
Plant Location _	34210 Carl Road, Leesburg				Phone	352/787-0980
Owner Name _	Florida Water Services, Attn: Craig Ander	son			Phone	407/880-0058
Owner Address	P.O. Box 609520, Orlando, FL 32860					
Contact Person	Will Fontaine	Title	Lead Op	erator	Phone	352/787-0980
This Survey Dat	Will Fontaine te 4/28/04 Last Survey Date		10/3/01		Last C.I. Date	8/24/99
PWS TYPE & C			W WAT			
	(5C)	$\boxtimes$	GROUN	اD; Nu	mber of Wells	1
□ Non-transie	nt Non-community		SURFA	CE/UD	I; Source	
☐ Non-Commi	unity		PURCE	IASED	from PWS ID #	
		$\boxtimes$	Emerge	ncy Wa	ater SourceSi	lver Lake Estates
PWS STATUS			Emerge	ency Wa	ater Capacity	2.202 MGD
	ystem with approval number & date		_			
	<u>, 7/2/69, WC35-2077, 8/23/83</u>		_		ER SOURCE	•
WC35-26620	9, 3/28/95, cleared 12/12/95	$\boxtimes$	Yes	☐ Nor	ne 🔲 Not Re	quired
Unapproved	l system				nected w/ Silver L	
		Ca	pacity of	Stand	by (kW)	250
	A CHARACTERISTICS				utomatic 🔲 Ma	
Residential - M	[HP	Sta	andby Pla	an: 🔯	Yes No	
		Hr	s Operat	ed Und	ler Load	4 hrs/mo.
Food Service:	☐ Yes ☐ No ☒ N/A				loes it operate?	
6555 LT(6)	BANKENIAN OF					<del></del>
<b>-</b> , <b>-</b> , - , , , , , , , , , , , , , , , , ,	MAINTENANCE	Ī	High	Service	Pumps	
	tor: X Yes No Not required	Ī	Treat	ment E	quipment	
	Certification Class-Number					∕es
	24, W. Fontaine C-6813, J. Worrell					ver Lake Estates
C-6597, G. Kis			PWS ID n			
O & M Log: 🖂	Yes No Not required			<u> </u>		
Operator Visitat	ion Frequency	TR	REATME	NT PR	OCESSES IN U	SE
Hrs/day: Requi	iredActual	(	Chlorinati	on		
Days/wk: Requ	ııred <u>6</u> Actual <u>6</u>					
Non-consecut	ive Days? ☐ Yes ☐ No ☒ N/A	W	hat additi	onal tre	eatment is need	ed?
MORs submitte	d regularly? ⊠ Yes ☐ No ☐ N/A					
Data missing fro	om MORs? ⊠ No ☐ Yes ☐ N/A	Fo	r control	of wha	t deficiencies?	
· · · · · · · · · · · · · · · · · · ·						. •
	ice Connections 384		STRIBU			
Population Serv	ed 960 Basis per MOR				evice <u>Fl</u>	
Average Day (fr	om MORs) <u>22,030</u> gpd				6" McCrome	
Max. Day (from	MORs)149 MGD11/03				on Devices: 🛛	
Max-day Design	Capacity432 MGD				None observe	
Comments					nection Control	
		Co	oliform Sa	ampling	ı Plan: 🛛 Yes	□ No □ N/A
		Co	mments		<del></del>	
0011FT						
COMET: SITE I	PROJECT ID					

Received

MAY 1 2 2004

PWS ID#	3351464
Date	5/6/04

#### **GROUND WATER SOURCE**

Well Num	Der	1(Abandoned)	2		
Year Drilled			1982		
Depth Dril	led	223'	423'		
Drilling Me	ethod		Cable Tool		
Type of G	rout		Neat Cement		
Static Wat	er Level		11'		
Pumping \	Water Level		UNK		
Design W	ell Yield		UNK		
Test Yield			UNK		
Actual Yie	d (if different than rated capacity)		UNK		
Strainer			Open		
Length (or	utside casing)	80'	20'/175'		
Diameter	(outside casing)	4"	14"/ 8"		
Material (d	outside casing)		Black Steel		
Well Cont	Well Contamination History		Some		
Is inundat	Is inundation of well possible?		No		
6' X 6' X 4	" Concrete Pad		Yes		
	Septic Tank		>200'		
SET	Reuse Water				
BACKS	WW Plumbing		>100'		
	Other Sanitary Hazard		None observed		
	Туре		Vert. Turbine		
	Manufacturer Name		Goulds		
PUMP	Model Number		8DHH		
	Rated Capacity (gpm)		600		
	Motor Horsepower		40		
	Well casing 12" above grade?		Yes	7-	
	ng Sanitary Seal		Yes	1	
	er Sampling Tap		Yes		
Above Gro	ound Check Valve		Yes		
Fence/Ho	using		Yes		
Well Vent	Protection		Yes		

COMMENTS Provide additional information for "UNK", if available.			
Well #1 properly abandoned 2/96.			
	ar.	-	9

CHLORINATION (Disinfection)  Type:  Gas  Hypo  Make  Regal						PWS ID#	3351	464
Type: Gas Hypo  Make Regal Capacity 25 ppd  Chlorine Feed Rate 12ppd  Avg. Amount of Cl <sub>2</sub> gas used 5 ppd  Chlorine Residuals: Plant 1.1 Remote 1.5  Remote tap location near 640 N. Abbey  DPD Test Kit: On-site With operator None Not Used Daily  Injection Points Prior to H/1 & by-pass  Booster Pump Info 1 HP Goulds mod 25GBC10  Comments Sight Glass or Yes  Level Indicator  (G) Ground (H) Hydropneumatic (E) Elevated  (B) Bladder (C) Clearwell  Tank Type/Number H/1  Capacity (gal) 15,000  Material Steel  Gravity Drain Yes  By-pass Piping Yes  Sight Glass or Yes  Level Indicator  Fittings for Yes						Date	3/0/04	+
Chlorine Residuals: Plant 1.1 Remote 1.5 Remote tap location near 640 N. Abbey  DPD Test Kit: On-site With operator None Not Used Daily Injection Points Prior to H/1 & by-pass Booster Pump Info 1 HP Goulds mod 25GBC10 Comments Sight Glass or Comm	Type: ⊠ Gas ☐ F Make Regal	Type: Sas Hypo  Make Regal Capacity 25 ppd				ydropneum learwell	natic (E)	Elevated
Chlorine Residuals: Plant 1.1 Remote 1.5 Remote tap location near 640 N. Abbey  DPD Test Kit: On-site With operator None Not Used Daily Injection Points Prior to H/1 & by-pass Booster Pump Info 1 HP Goulds mod 25GBC10 Comments Sight Glass or Level Indicator Fittings for Yes	Chlorine Feed Rate	12ppd			Tank Type/Number	H/1		
Remote tap locationnear 640 N. Abbey DPD Test Kit: On-site	Avg. Amount of Cl <sub>2</sub> gas used			Capacity (gal)	15,000			
DPD Test Kit: On-site With operator None Not Used Daily Injection Points Prior to H/1 & by-pass Booster Pump Info 1 HP Goulds mod 25GBC10 Comments Sight Glass or Level Indicator Fittings for Yes					Material	Steel	<u> </u>	
Injection Points Prior to H/1 & by-pass  Booster Pump Info 1 HP Goulds mod 25GBC10  Comments Sight Glass or Level Indicator  Fittings for Yes	DPD Test Kit: 🛛 O	n-site	<b></b> With	n operator	Gravity Drain	Yes		
Booster Pump Info 1 HP Goulds mod 25GBC10 Pressure Gauge Yes  Sight Glass or Yes  Level Indicator  Fittings for Yes					By-pass Piping	Yes		
Level Indicator  Fittings for Yes	Booster Pump Info	1 HP Gould	ls mod	25GBC10	Pressure Gauge	Yes		
1 9	Comments				1 9	Yes		
				····	Fittings for	Yes		
Chlorine Gas Use YES NO Comments Sight Glass	Chlorine Gas Use	YES	NO	Comments				
Requirements Protected Openings Yes						.l		
Dual System PRV PRV	Dual System	1			PRV/ARV	PRV		
Auto-switchover								
Alarms:  Loss of Cl <sub>2</sub> capability  Access Padlocked Yes  Usinhth Daths and					Access Padlocked	Yes		
Loss of Cl <sub>2</sub> residual	Loss of Cl <sub>2</sub> residual				Elevated Tank			
Scale Height to Max.								
Chained Cylinders	Chained Cylinders			<u></u>	\		<u> </u>	<u> </u>
Reserve Supply	Reserve Supply		$\boxtimes$		Oominicities			
Adequate Air-pak	Adequate Air-pak						-	
Sign of Leaks	Sign of Leaks				**************************************			
Fresh Ammonia	Fresh Ammonia							
Ventilation 🖂 🗌	Ventilation	$\boxtimes$						
Room Lighting 🔲 🗆	Room Lighting							
Warning Signs HIGH SERVICE PUMPS	Warning Signs	$\boxtimes$				MPS	··· ·	
Repair Kits Pump Number	Repair Kits	$\boxtimes$			<u> </u>			
Fitted Wrench Type	Fitted Wrench							
Housing/Protection Make	Housing/Protection							
Model					Wieder			
AERATION (Gases, Fe, & Mn Removal)	AERATION (Gases,	Fe, & Mn I	Remo	val)				<u> </u>
Type Capacity Motor HP  Aerator Condition Date Installed	Type	Ca	pacity	′ <u> </u>				
Aerator Condition Date Installed	Aerator Condition		-		Date Installed			
Bloodworm Presence Visible Algae Growth  Maintenance  One of the second condition	Visible Algae Growth	;			Maintenance			
Protective Screen Condition Comments	Protective Screen Co	mailion			Comments			
Comments	Comments							

PWS ID#	3351464
Date	5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS
FFIOIFNOIES.	
EFICIENCIES:	
•	·
No deficiencies at the time of inspection. The	ie plant looked good!!
Keep up the good work!!	·
	3
$\sqrt{2}$	
pproved by Roberto C. Comp. Titl	le <u>Env. Specialist I</u> Date <u>5/6/04</u>



### Department of Environmental Protection

Jeb Bush Governor Northeast District
7825 Baymeadows Way, Suite B-200
Jacksonville Florida 32256-7590

Colleen M. Castille Secretary

July 18, 2006

SENT VIA EMAIL: CMMcClure@aquaamerica.com

Ms. Candice McClure Silver Lake Oaks P.O. Box 490310 Leesburg, FL 34749

> Putnam County – Potable Water Compliance Inspection 2006 Silver Lake Oaks// PWS ID: 2544258

Dear Ms. McClure:

On July 14,2006, a Compliance Inspection of the above referenced Community water system was conducted with the courteous assistance of Mr. Paul Thompson. The Department is pleased to inform you that your facility is in compliance with the Florida Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) Title 62.

As a reminder, this system is required to monitor for the following remaining parameters during 2006: All Inorganic Contaminants, including Nitrate and Nitrite, Synthetic Organic Contaminants, Volatile Organic Contaminants, Secondaries, Disinfection Byproducts (TTHMs and HAA5s), Bacteriologicals (monthly), and Disinfectant Residual Levels (monthly with Bacti's).

Enclosed is a copy of the Compliance Inspection. Please contact me at (904) 807-3321 or Amber.Otto@dep.state.fl.us if you have any questions.

Sincerely,

Amber Otto

**Environmental Specialist** 

Auler M. Otto

BRR:AMO:ao

cc: Paul Thompson, Operator (via mail)

## State of Florida Department of Environmental Protection

### PUBLIC WATER SYSTEM INSPECTION REPORT

	ver Lake Dr. at Lake Sho	ra Dr		•	tion Date:	
Owner: Canc		IC DI.			PWS ID:	2544258
	dice McClure (CMMCC)	LURE@AQUAAMER	RICA.COM)		Phone No.:	(352)732-6027
Address P.O.	Box 490310		Zip Code:	34749	County:	Putnam
Certified Operator	or: Mr. Paul Thom	pson		I	Level & No.:	A - 7251
Type of Syst	tem: Community		Type of Inspe	ection:	Compliance	
OK Aeration OK Auxiliary OK Check Va OK Cross Cor OK Chlorinati Plant C N/A Chlorinati OK Chlorinati OK Chlorine OK Logs, on-s OK Maintenan OK Monitorin OK Monitorin OK Monthly OK Operator, OK Plant Des OK System Pr OK Well, Cor 1 Wells, Nu	Power alve annection (Disinfection) 0.66 mg/l Remote annection (Disinfec	X are unsatisfactory. ced sections are from 555.350 555.320(14) 555.330(3) 555.360 555.320(12)(d)&.350(6)	None Seen Cl2 injection point was Remote from WWTP On-site and with operat Master Meter Current, 5 visits per we Very good Due MONTHLY; Curr DUE in 2006: Inorgani Due MONTHLY; Curr Paul Thompson; A-725 Locked fence 40psi, gauge on hydrot AAC1924 None seen	an I are instrative Control of the c	n need of improve	ng inspection
Comments:						
It is required that results listed abo	at a written response be ve.	provided to this offic	e within ten days of rec	eipt of th	nis report regardi	ng any unsatisfactor
Inspector:	1 . 1		1	Date:	July 18, 2006	
- F	And Michigan		•	Law.	July 10, 2000	



# Department of Environmental Protection

Jeb Bush Governor Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590

David B. Struhs Secretary

March 5, 2004

Mr. Craig Anderson Florida Water Services Post Office Box 609520 Orlando, Florida 32860

Received

MAR 1 0 2004

Dear Mr. Anderson:

Environmental Services

Putnam County - Potable Water Silver Lake Oaks WTP PWS ID: 2544258

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courteous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. I was pleased to find that the water system is in good operating condition and generally well maintained. Based on this survey and our records, the Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated there-under, Florida Administrative Code (FAC) Title 62.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me at Annalise Stahlman@dep.state.fl.us or (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely:

Annalise M. Stahlman Environmental Specialist

make U. Mallina

EDC:BRR:AMS:ams Correspondence File

Enclosure:

Sanitary Survey Dated 3/3/04

"More Protection, Less Process"

Printed on recycled paper

## State of Florida Department of Environmental Protection Northeast District

### SANITARY SURVEY REPORT

Plant Name SILVER LAKE OAKS WTI	P County <u>Putnam</u> PWS ID # <u>2544258</u>
Plant Location Silver Lake Drive @ Lake Shore	Drive, Palatka, Florida Phone 386-329-1122
Owner Name Florida Water Services (Attn: Mi	Craig Anderson) Phone 407-880-0058
Owner Address Post Office Box 609520, Orlan	do. Florida 32860
Contact Person Mr. Paul Thompson	Title Lead Operator, FWS Phone 386-329-1122
This Survey Date 3/3/04 Last Survey	Title Lead Operator, FWS Phone 386-329-1122 Date 6/19/01 Last C.I. Date 8/1/02
PWS TYPE & CLASS: Community - (5D)	RAW WATER SOURCE
	☐ GROUND; Number of Wells 1
SERVICE AREA CHARACTERISTICS	SURFACE/UDI; Source
Mobile Home Park	PURCHASED from PWS ID #
	Emergency Water Source
Food Service: Yes No N/A	Emergency Water Capacity
GENERAL INFORMATION	AUXILIARY POWER SOURCE
Number of Service Connections35	Yes None Not Required
Population Served 88 Basis estimate	Source
Plant Design Capacity 57,600 gpd	Source Capacity of Standby (kW)
Basis well pump capacity	
Average Day (from MORs) 4,097 gpd  Max Day (from MORs) 10,100 gpd	Standby Plan: Yes No
Max. Day (from MORs) 10,100 gpd Total Storage Capacity 18,500 gallons	Hrs Operated Under Load
Total Storage Capacity 18,500 gallons	What equipment does it operate?
Comments data based on December 2003 MOF	Well pumps High Service Pumps
'	High Service Pumps
	Treatment Equipment
LOCATION	Satisfy 1/2 max-day demand? [Yes No Unk
Latitude 29° 37' 23" North	Comments
Longitude 81° 42′ 53″ West	
GPS: No Date:	
Directions US 17 south to Palatka, right on Hwy 1	
right on Silver Lake Dr., plant is on left at Lake	Hypo-chlorination, Aeration
Shore Drive.	
OPERATION & MAINTENANCE	What additional treatment is needed?
Certified Operator: X Yes No Not require	None
Operator(s) & Certification Class-Number	. 4. 55111151 51 111141 54114151551
Paul Thompson, A-7251	N/A
Donald Holcomb, A-5091	DISTRIBUTION SYSTEM
O & M Log: Yes No Not required	Flow Measuring Device Flow Meter
Operator Visitation Frequency	Meter Size & Type 2" Master Meter
Hrs/day: Required N/A Actual N/A	Backflow Prevention Devices: Yes No
Hrs/day: Required N/A Actual N/A  Days/wk: Required 5 Actual 5	Cross-connections none observed
Non-consecutive Days? ☐ Yes ☐ No ☒ N/,	Written Cross-connection Control Program: Yes
MORs submitted regularly? X Yes No No	
Data missing from MORs? No Yes N/A	Comments Satisfactory
complete operations, maintenance, & equipmen	Comments Satisfactory
logs and sampling plans on site.	
rode and camping plane on ener.	
COMET: SITE ID PROJECT ID	

Ø 005

PWS ID # <u>2544258</u> Survey Date <u>3/3/04</u>

	WATER SOURCE			-	
	nber (PWS Identification)	2544258			
lf	ne (System Identification)	1			
Year Drill		2000			
Depth Dr	illed	260'			
Latitutude	•	29:37:23 N			
Longitude		81;42:53 W			
1	N) / Date (if applicable)	No			
Florida W	/ell ID	AAC1924			
Static Wa	iter Level	Unknown			
Actual Yie	eld (il different than rated capacity)				
Strainer		Unknown			
Length (o	utside casing)	197'			
Diameter	(outside casing)	4"			
Material (	outside casing)	steel			
Well Cont	amination History	None			
Is inundation of well possible?		No			
6' X 6' X 4	l" Concrete Pad	OK			
	Septic Tank				
SET	Reuse Water				
BACKS	WW Plumbing				
*	Other Sanitary Hazard				
	Туре	Submersible			
	Manufacturer Name	Unknown			
PUMP	Model Number	Unkhown			
	Rated Capacity (gpm)	75			
	Motor Horsepower	5			
Well casing 12" above grade?		ок			
	ng Sanitary Seal	OK			
	r Sampling Tap	OK - smooth			
Above Gro	ound Check Valve	OK			
Fence/Hot	using	Secure			
Well Vent	Protection	Not required			
			L		

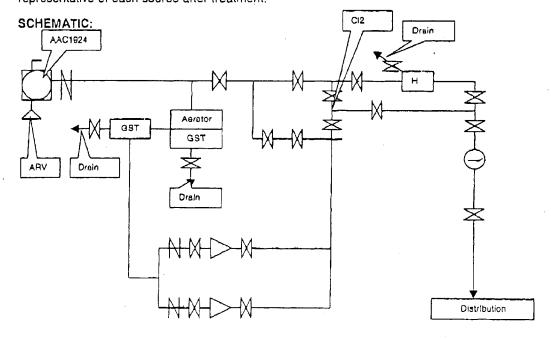
COMMENTS	Well appears to be in good operating condition.	

						D #25	
					Surve	y Date 3-Ma	<u>1r-04</u>
CHLORINATION (Di Type: <u>Hypo-Chlorina</u> Make <u>Stenner</u>	ation	) apacil	ry 10 apd		CILITIES  H) Hydropne  C) Clearwel		:) Elevated
Chlorine Feed Rate	30%			Tank Type/Nun	nber H	G	AG
Avg. Amount of Cl <sub>2</sub> g Chlorine Residuals:				Capacity (gal)	1,000	6,000	6,000
Remote tap location		<del>-'</del>		Material	Stee	Conc.	Conc.
DPD Test Kit: 🛛 O	n-site		h operator t Used Daily	Gravity Drain	Yes	Yes	Yes
Injection Points ups				By-pass Piping	Yes	Yes	Yes
Booster Pump Info	V/A			Pressure Gauge	Yes	N/A	N/A
Comments Satisfac	tory chlori	nation	<u> </u>	Sight Glass or Level Indicator	No	No	Yes
Chlorine Gas Use Requirements	YES	МО	Comments	Fittings for Sight Glass	N/A	N/A	N/A
Dual System	<del> </del>			Protected Openi	ngs Yes	Yes	Yes
Auto-switchover	<del>                                     </del>	ī		PRV/ARV	PRV	N/A	N/A
Alarms:	<del></del>			On/Off Pressure	45/55	N/A	N/A
Loss of Cl2				Access Padlocke	ed Yes	Yes	Yes
capability Loss of Cl <sub>2</sub> residual		ᆸᅦ		Height to Bottom Elevated Tank	of N/A	N/A	N/A
Cl <sub>2</sub> leak detection Scale		<del>                                      </del>	<del></del>	Height to Max.	N/A	N/A	N/A
Chained Cylinders		$\frac{2}{2}$		Water Level		1	Ļ
Reserve Supply				Comments Sto			clean
Adequate Air-pak	<del></del>						
Sign of Leaks	<del></del>	<del>   </del>			· · · · · · · · · · · · · · · · · · ·		
Fresh Ammonia							
Ventilation	<del>-   </del>						
Room Lighting				<del></del>			
Warning Signs				HIGH SERVICE		<del></del>	
Repair Kits				Pump Number	1	2	
Fitted Wrench		4		Туре	Cent.	Cent.	
Housing/Protection				Make	Peerless	Peerless	
				Model	C610A	C610A	
AERATION (Gases, F				Capacity (gpm)	20	20	
Type <u>Cascade</u> Aerator Condition C	Ca; lean	pacity	40 gpm	Motor HP	5	5	
Bloodworm Presence				Date Installed	unk	unk	
Visible Algae Growth				Maintenance	Goad	Good	******
Protective Screen Cor Comments <u>Aerator is</u>				Comments Pur	ops appear to	be in good	condition.
Comments Actain to	i iii qood t	pera	and condition				

PWS ID # <u>2540258</u> Survey Date <u>3-Mar-04</u>

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS							
serving < 3300 persons							
CONTAMINANT	Last Sampled	Due Date	COMMENTS				
Microbiological (Bacti)	XXXXXXXXX	Monthly	2 distribution samples + 1 from each raw source (based upon population served)				
Volatile Organic Contaminants	2003	2004	Annual VOC samples due in 2004				
Synthetic Organic Contaminants	2003	2006	SOC's on triennial monitoring.				
Nitrate & Nitrite (as N)	2003	2004	Nitrate & Nitrite Samples are due annually				
Inorganic Contaminants	2003	2006	Inorganic Contaminants due every 3 years				
Asbestos	Waiver	Waiver expires 12/31/2010	Samples taken from distribution. Walver available if no asbestos pipe in the distribution system.				
Secondary Standards	2003	<u>\$00</u> 6	Secondary Standards due every 3 years				
Radionuclides	2003	2006	Asdionuclides due every 3 years				
Disinfection Byproducts [i.e. Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s)];	N/A	2004	Per sampling plan				
Lead and Copper	2002	2005	Sample locations are from pre-approved sample plan				

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.



PWS ID # <u>2544258</u> Survey Date <u>3-Mar-04</u>

MONITORING VIOLATIONS	MCL VIOLATIONS
None ·	None
DEFICIENCIES:	
The facility appears to be well maintained and in good of	perating condition.
<u> </u>	
	·
	,
The second secon	
**************************************	
Inspector annakze U. D. Hallow Or Title Annalise M. Stahlman	Environmental Specialist II Date 3/5/04
() ((-)	Engineer IV Date 3/8/04

## State of Florida Department of Environmental Protection Central District

### SANITARY SURVEY REPORT

Plant Name	SKYCR	EST S/D	C	ounty	Lake	PWS ID # _	3351205
Plant Location	Location 36815 Skycrest Blvd., Leesburg					Phone	352/787-0980
Owner Name	Florida Water Service	es, Attn: Craig Anders	on			Phone	407/880-0058
Owner Address	P.O. Box 609520, 0	Orlando, FL 32860					
Contact Person	Will Fontaine		Title	Lead Ope	rator	Phone	352/787-0980
This Survey Date	e 4/29/04	Last Survey Date		10/3/01	Las	st C.I. Date	8/24/99
This Survey Date  PWS TYPE & C.  Community ( Non-transien Non-Community ( Non-Consecutive ( Non-Community ( Non-	A CHARACTERISTIC Yes No ertification Class-Nu 4, W. Fontaine C-681	Last Survey Date  number & date 10/2/86 1460, 5/28/93  CS  N/A  Not required imber 3, J. Worrell t required tual tual No N/A		AW WATE GROUN SURFACE PURCHA Emerger Emerger JXILIARY Yes Ource Outline Witchover: andby Plans Surce Outline Well p High S Treatr attisfy 1/2 r comments Chlorination That addition	R SOURCE D; Number DE/UDI; Source ASED from Concy Water Concy Wate	st C.I. Date CE or of Wells ource n PWS ID # Source Capacity SOURCE Not Requestor (proper kW) natic Man	2  uired ne) 150 nual 4 hrs/mo.
Data missing fro	m MORs? 🛛 No [	☐ Yes ☐ N/A			or what de	molerioles:	
Number of Servi Population Servi Average Day (from Max. Day (from Max-day Design	ce Connections ed291 Basis	116 per MOR 345 gpd IGD 6/03 126 MGD	FI M B C V C C	eter Size ackflow Pi ross-conn /ritten Cro oliform Sa	uring Device  Type revention ections ss-connect ampling Plant 1) Well #	ce Flor (1) Devices: S \ None observed tion Control F	/es ☐ No Program: Yes ☐ No ☐ N/A
COMET: SITE ID	PROJE	CT ID					

Received

MAY 1 2 2004

PWS ID#_	3351205
Date	5/6/04

### **GROUND WATER SOURCE**

Well Numi	mater Source	1	2 Fire		
Year Drille		UNK	1993		
Depth Dril		130'	290'		
Drilling Me		UNK	UNK		
Type of G		UNK	UNK		
Static Wat		UNK	UNK		
	Water Level	UNK	UNK		
Design W		UNK	UNK		
Test Yield		UNK	UNK		
Actual Yie	d (if different than rated capacity)	UNK	UNK		
Strainer		UNK	UNK		,
Length (or	utside casing)	60'	126'		
Diameter	(outside casing)	6"	8"		
Material (d	outside casing)	Black Steel	Black Steel		
Well Conta	amination History	None noted	None noted		
Is inundati	ion of well possible?	No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
	Septic Tank	>200'	>200'		
SET	Reuse Water				
BACKS	WW Plumbing	>200'	>200'		
	Other Sanitary Hazard	None observed	None observed		
	Туре	Submersible	Vert. Turbine		
	Manufacturer Name	Goulds	Goulds		
PUMP	Model Number	UNK	6ДННО		
	Rated Capacity (gpm)	175	500		
Motor Horsepower		10	40		
	g 12" above grade?	No-Accepted	Yes		
	ng Sanitary Seal	Yes	Yes	````	,
	r Sampling Tap	Yes	Yes		
	ound Check Valve	Yes	Yes		
Fence/Ho		Yes	Yes	·	
Well Vent	Protection	Yes			

COMMENTS Provide additional information for "UNK", if available.	
Well #2 is for fire/ emergency. (It is not considered in the design capacity calculations.)	

PWS ID # \_\_\_\_\_3351205

					Date	5/6/04	
OUT ORDINATION (Di-	.:			STORAGE FACILITIE	<b>-</b> e		
CHLORINATION (Dis		)		(G) Ground (H) Hy		tic (F) F	levated
Make Stenner	/pu Ca	nacity	/ 34* and	(B) Bladder (C) Cle		(L) L	icvated
				Tank Type/Number			
Chlorine Feed Rate _ Avg. Amount of Cl <sub>2</sub> ga	as used		. N/A		5,000		
Chlorine Residuals: I	Plant <u>1.</u>	1F	Remote <u>0.5</u>	Capacity (gal)	<u> </u>		
Remote tap location _				Material	Steel		
DPD Test Kit: Or			n operator Used Daily	Gravity Drain	Yes		
Injection Points Prio				By-pass Piping	Yes		
Booster Pump Info				Pressure Gauge	Yes		
Comments *2 - 17gp	d chlorina	tors		Sight Glass or	Yes		
1) Well #1-20, Well	#2 - 70% s	troke	rate.	Level Indicator	103		
			<u>.</u>	Fittings for	Yes		· · · · · · · · · · · · · · · · · · ·
Chlorine Gas Use	YES	NO	Comments	Sight Glass			**************************************
Requirements	120	110	Oomments	Protected Openings	Yes		
Dual System				PRV/ARV	PRV .		
Auto-switchover				On/Off Pressure	40/60		
Alarms:				Access Padlocked	Yes		
Loss of Cl capability		$\mathbb{H}$		Height to Bottom of			
Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection		片.		Elevated Tank			
Scale	H	$\dashv$		Height to Max.			
				Water Level		l	
Chained Cylinders		ㅡ		Comments		<del> </del>	
Reserve Supply							
Adequate Air-pak							
Sign of Leaks		<u> </u>					
Fresh Ammonia							
Ventilation		Ш					
Room Lighting				•			
Warning Signs				HIGH SERVICE PUN	MPS		
Repair Kits				Pump Number			
Fitted Wrench				Type			
Housing/Protection				Make			
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	and the		Model	7		
AERATION (Gases,	Fe, & Mn	Remo	oval)	Capacity (gpm)			
Type	C	apacit	у	Motor HP			
Aerator Condition				Date Installed			
Bloodworm Presence	·			Maintenance			
Visible Algae Growth				L			
Protective Screen Co	indition			Comments			
Comments							
			<del></del>				

		PV Da	VS ID #	3351205 5/6/04
				·
MONITORING VIOLATIONS		MCL VIO	LATIONS	
DEFICIENCIES:				
No deficiencies at the time of the ins	pection. Ox	verall, the plant looke	ed good.	
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
			<del></del>	
	···.			
,		<u></u>		
· · · · · · · · · · · · · · · · · · ·				
Inspector XZ	Title	Env. Specialist I	Date	5/6/04
Approved by Roberto C. ang	Title	Env. Manager	Date _	5/7/64

#### **Docket No. 060368-WS**

Application to Increase Rates and Charges

For a "Class A" Utility In

Florida

Missing Report: Sanitary Survey Report

For: St. John's Highlands

Aqua Utilities Florida, Inc.

## State of Florida Department of Environmental Protection Central District

### SANITARY SURVEY REPORT

Plant Name	STONE MOUNTAIN	C	ounty	Lake	PWS ID # .	3351282
Plant Location	1730 Lakeview Drive, Yalaha, FL		-		Phone	352/787-0980
Owner Name	Florida Water Services Attn: Craig Ander	son			Phone	407/880-0058
Owner Address	P.O. Box 609520, Orlando, FL 32860-9	520				
Contact Person	Will Fontaine	Title	Lead Op	erator	Phone	352/787-0980
This Survey Date	Will Fontaine e4/29/04 Last Survey Date		6/6/00	Las	st C.I. Date	10/4/01
This our vey back			<u> </u>			
PWS TYPE & C	LASS	R.A	TAW WAT	ER SOURC	CE	
Community (	(5D)		GROUN	ND; Numbe	r of Wells	11
	nt Non-community	$\Box$	SURFA	CE/UDI; So	ource	
☐ Non-Commu		$\Box$	PURCH	IASED from	n PWS ID#	
	····· <b>·</b>	Ħ	Emerae	ency Water	Source	
PWS STATUS		L4	Emerge	ency Water	Capacity	
	stem with approval number & date		<u> </u>			
	4/14/78	Αl	JXILIAR	Y POWER	SOURCE	
11, 300	<del></del>					uired
Unapproved	system		urce			
	oyotom.	Ca	nacity of	Standby (	(W)	
SERVICE AREA	A CHARACTERISTICS	Sv	vitchover	·	natic Man	uai
Subdivision				an: Yes		luui
					oad	
Food Service:	☐ Yes ☐ No ☒ N/A				it operate?	
<b>OPERATION &amp;</b>	MAINTENANCE	L T	- Well	Sonios Pu	mne	
Certified Operate	or: ⊠ Yes □ No □ Not required					
Operator(s) & Co	ertification Class-Number	l O-	ireat	ment Equip	ment	- DN- Dust
	97, B. Heath C-5824					es
W. Fontaine C-0		Cc	omments			
	Yes No Not required					
Operator Vicitati	ion Fraguenov	тс		NT DDOCE	SSES IN US	_
Hrelday: Requir	redActual					
Daveluk: Pegu	ired 3/wk Actual 5/wk	1	Disintecti	on		
	ive Days? Yes No N/A	140				-10
	d regularly? ⊠ Yes ☐ No ☐ N/A	VV	nat addit	ionai treatm	nent is neede	3?
	om MORs? No Yes N/A			<u> </u>	<del> </del>	<del></del>
Data Hilssing ito	MINORS: MINO LITES LINA	FC	or control	of what de	ficiencies?	
Number of Servi	ice Connections9	Di	etninii:	TION OVE		z en
Population Sant	ed 32 Basis last MOR			TION SYST		3 / - 4
Population Service	eu 32 Basis <u>last MUR</u>				e Flor	
	om MORs) 2,307 gpd				2" Neptune 10	
	MORs) <u>0106</u> gpd 7/03				Devices: 🔀 Y	
	Capacity072 MGD				None Observed	
Comments					tion_Control P	
						] No 🔲 N/A
		Co	omments			
		-				
COMET: SITE ID	PROJECT ID					
					Rece	havie

MAY 1 2 2004

PWS ID#	3351282
Date	5/6/04

#### **GROUND WATER SOURCE**

	WATER SOURCE			————	
Well Numb		·1			
Year Drille		1976			
Depth Drilled		270'			
Drilling Me		UNK			
Type of Gr		UNK			
Static Wat	er Level	56'			
Pumping V	Vater Level	UNK			
Design We	ell Yield	500 gpm		·	
Test Yield		UNK			
Actual Yie	d (if different than rated capacity)	UNK			
Strainer		UNK			
Length (ou	itside casing)	106'4"			
Diameter (	outside casing)	8"			
Material (c	outside casing)	Steel			
Well Conta	amination History	None noted			
Is inundati	on of well possible?	No			
6' X 6' X 4	" Concrete Pad	Yes			
	Septic Tank	165'			
SET	Reuse Water	N/A			
BACKS	WW Plumbing	>150'			
	Other Sanitary Hazard	*			
	Туре	Submersible			
	Manufacturer Name	Sta-rite			
PUMP	Model Number	V1P4E02-01B			
	Rated Capacity (gpm)	100			
	Motor Horsepower	1			
Well casin	g 12" above grade?	Yes			·
Well Casir	ng Sanitary Seal	Yes -			,
Raw Wate	er Sampling Tap	Yes			\\.
Above Gro	ound Check Valve	Yes			
Fence/Ho	using	Yes			
Well Vent	Protection	Yes			
1		L	1	ı	j.

COMMENTS *Nursery and orange grove near well head area.	
	3 W (1)

					PWS ID # Date	3351 5/6/04	282 1
					-		
CHLORINATION (Dis Type: ☐ Gas ☑ Hy Make <u>Chem-Tech</u>	/poC	Capacity	v <u>30 gpd</u>	STORAGE FACILITI (G) Ground (H) Hy (B) Bladder (C) Cl	/dropneuma earwell	itic (E)	Elevated
Chlorine Feed Rate _ Avg. Amount of Cl₂ ga	50% Str	roke		Tank Type/Number	H/1		
Avg. Amount of Cl₂ ga Chlorine Residuals: F	as used	12 5	N/A	Capacity (gal)	1,000		
Remote tap location _	Cnr St	one Mtn	& Lakeview	Material	Steel		
DPD Test Kit: On	ı-site	<b>⊠</b> With	n operator	Gravity Drain	Yes		
			Used Daily	By-pass Piping	Yes		
Injection Points Prior Booster Pump Info	1 10 17/1	<u>« оу-ра</u> :	55		Yes		<del> </del>
Comments				Sight Glass or	Yes		
			-	Level Indicator	105		
-				Fittings for	Yes		
Chlorine Gas Use	YES	NO	Comments	Sight Glass Protected Openings	Yes		
Requirements							
Dual System				PRV/ARV	PRV		
Auto-switchover		Ш		On/Off Pressure	35/53		
Alarms: Loss of Cl <sub>2</sub> capability				Access Padlocked	Yes		
Loss of Cl <sub>2</sub> capability				Height to Bottom of			
Cl <sub>2</sub> leak detection				Elevated Tank Height to Max.			
Scale	Ш			Water Level			
Chained Cylinders				Comments			
Reserve Supply							
Adequate Air-pak							
Sign of Leaks							
Fresh Ammonia							
Ventilation							
Room Lighting							
Warning Signs				HIGH SERVICE PU	MPS		
Repair Kits				Pump Number			
Fitted Wrench			, ere	Туре	·		
Housing/Protection				Make		·	
	<u> </u>		<del>\</del>	Model			
AERATION (Gases, I	Eo '8 M	n Domo	wal)	Capacity (gpm)			
				Motor HP			
TypeAerator Condition			-1	Date Installed	····		
Bloodworm Presence				N4=:=4======			
Visible Algae Growth Protective Screen Co	ndition				L		
Comments							

PWS ID#_	3351282	
Date	5/6/04	

MONITORING VIOLATIONS		MCL VIO	LATIONS
DEFICIENCIES:			
	-		
Overall, the plant looked good!!	· · · · · · · · · · · · · · · · · · ·		
Keep up the good work!!			
		- tra-	
			7.77
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<u> </u>			
	· · · · · · · · · · · · · · · · · · ·		
Inspector X	Titla	Env. Specialist I	Date5/6/04
Approved by Robinso c. Com	ç Title	Env. Manager	Date <u>577/04</u>



### Department of Environmental Protection

Jeb Bush Governor Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen M. Castille Secretary

January 10, 2005

Mr. Will Fontaine Aqua Utilities P.O. Box 490310 Leesburg, FL 34749-0310 OCD-PW-SS-05-0019

Lake County – PW

48 Estates – 3350005

King's Cove – 3350655

Summit Chase – 3354112

Haines Creek - 3350481 Ravenswood - 3351062

Dear Mr. Fontaine:

The Department conducted an inspection of your public water systems on October 26, 2004. This inspection was conducted by Karen Milicic of this office in the presence of Will Fontaine. Copies of the Sanitary Survey Reports are enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

The Department values your continued cooperation in operating and maintaining your water system, and appreciates the assistance provided during the sanitary survey.

If you have any questions concerning this letter, please contact Karen Milicic at the above address or by phone at (407) 894-7555, extension 2226.

Sincerely,

Roberto C. Ansag, Environmental Manager Drinking Water Compliance/Enforcement

RCA/km Enclosure

"More Protection, Less Process"

Printed on recycled paper.

## State of Florida Department of Environmental Protection Central District

### SANITARY SURVEY REPORT

Plant Name	<u>SUMMI</u>	T CHASE	Co	ounty	Lake	_ PWS ID # _	3354112
Plant Location	Tavares Ridge Road	i, Tavares, FL				Phone	877/369-4880
Owner Name A	qua Utilities, Attn:	Will Fontaine				Phone	877/369-4880
Owner Address	P.O. Box 490310.	Leesburg, FL 34749-0	310				
Contact Person	W. Fontaine		Title	Operator		Phone	877/369-4880
This Survey Date	10/26/04	_ Last Survey Date	. · · · · · -	4/17/03	Las	t C.I. Date	9/20/00
Tillo Gui voy Bato	10/20/01						
PWS TYPE & CLA	ASS		R.A	W WATE	R SOURC	E	
Community (5)	D)		$\boxtimes$	GROUNI	D; Numbe	r of Wells	2
Non-transient				SURFAC	E/UDI; So	ource	
☐ Non-Communi				PURCHA	SED from	PWS ID#	
			一同	Emergen	cv Water	Source	
PWS STATUS			_	Emergen	cv Water	Capacity	
	em with approval	number & date			,		
	/82, WC35-2066A		AL	<b>JXILIARY</b>	POWER S	SOURCE	
	12/8/94				_	☐ Not Requ	uired
Unapproved sy						del no. 12TC2	
Onapproved of	y 0.10111					:W)	
SERVICE AREA	CHARACTERIST	ICS	SIA	itchover:	M Autom	atic 🔲 Man	ual
Subdivision							uui
			Hr	s Onerate	n. ⊠ 163 dlinderi	oad	1 hr/wk
Food Service:	Yes No 🛛	N/A	1.03	s Operate	a Onder E	it operate?	1 111/WK.
1 000 00111001	,,,,,						
<b>OPERATION &amp; M</b>	AINTENANCE		<u> </u>		unips <u>Ai</u>	<u></u>	
Certified Operator		☐ Not required				mps	
Operator(s) & Cer						ment All	
W. Fontaine C-68			Sa	itisty 1/2 m	nax-day de	emand? LJYe	s
J. Worrell C-6597		<u> </u>	Co	mments _			
O & M Log: X Ye		at required					
Operator Visitation	Eroguenev	A required					_
Ura/dovi Danvina	111equency 1Aa	tun!				SSES IN USI	Ė
Devolute Barrier	o <u></u> Ac ed <u>6/wk</u> Ac	tual Chris		<u>Chlorination</u>	n		
			-				
	e Days? 🔲 Yes		WI	hat additio	nal treatm	ent is needed	<b>!</b> ?
MORs submitted r				· · · · · · · · · · · · · · · · · · ·			
Data missing from	NORS? 🔯 NO	☐ Yes ☐ N/A	Fo	r control o	of what def	iciencies?	
		· · · · · · · · · · · · · · · · · · ·					
Number of Service				STRIBUTI			
Population Served		10/04 MOR		ow Measu			v Meter
Average Day (fron		817 MGD				6" McCromete	
Max. Day (from M	,		Ba	ckflow Pre	evention D	)evices: 🛛 Y	es 🗌 No
Max-day Design C			Cr	oss-conne	ections <u>N</u>	None observed	
Comments	·					ion Control P	rogram: Yes
						n: 🛛 Yes 📋	
COMET: SITE ID_	PROJE	CT ID					
<del>-</del>						<del></del>	

PWS ID#_	3354112
Date	1/10/05

### **GROUND WATER SOURCE**

Well Num	ber	1(east)	2(west)	1 (Modified)	
Year Drille	ed	1982	1987	1994	
Depth Drilled		278'	278'	320'	
Drilling Me	ethod	Cable tool	Combination	Combination	
Type of G	rout	Neat Cement	UNK	Cement	
Static Wat	ter Level	48'	UNK	50'	
Pumping \	Water Level	UNK	UNK	UNK	
Design W	ell Yield	UNK	UNK	UNK	
Test Yield		UNK	UNK	600 gpm	
Actual Yie	ld (if different than rated capacity)	UNK	UNK	UNK	
Strainer		Open	UNK	UNK	
Length (or	utside casing)	159.5'	159'	155'	
Diameter	(outside casing)	8"	6"	8"	
Material (d	outside casing)	Black steel	Black steel	Black steel	
Well Cont	amination History	None noted	None noted	None noted	
Is inundat	ion of well possible?	No	No	No	
6' X 6' X 4	" Concrete Pad	Yes	Yes	Yes	
	Septic Tank				
SET	Reuse Water				
BACKS	WW Plumbing	>100'	>100'	>100'	
	Other Sanitary Hazard	None noted	None noted	None noted	
	Туре	Vert. Turbine	Submersible	Vert. Turbine	
	Manufacturer Name	Goulds	Franklin		
PUMP	Model Number	UNK	2366026010		
	Rated Capacity (gpm)	550	80	600	
	Motor Horsepower	40	10		
	g 12" above grade?	Yes	Yes		
	ng Sanitary Seal	Yes	Yes		
	er Sampling Tap	Yes	Yes		
Above Gro	ound Check Valve	Yes	Yes		
Fence/Ho	using	Yes	Yes		
Well Vent	Protection				
					·

COMMENTS	<del></del>	 	 	

						# 3354	
			•		Date	1/10/0	
CHLORINATION (Dis Type: ☐ Gas ☒ Hy Make Stenner	ypo	·	, 17 and	STORAGE FACILITII (G) Ground (H) Hy (B) Bladder (C) Cl	/dropneum	natic (E)	Elevated
Chlorine Feed Rate				Tank Type/Number	H/1		
Avg. Amount of Cl2 ga	as used		N/A	Capacity (gal)	5,000		
Chlorine Residuals:				Material	Steel		ļ
Remote tap location _ DPD Test Kit:				Gravity Drain	Yes		
			Used Daily		Yes		
Injection Points Prior				By-pass Piping		<u> </u>	
Booster Pump Info _ Comments _Has 175 g				Pressure Gauge	Yes		
Confinents	<u>gai. taiin</u>			Sight Glass or Level Indicator	Yes		
				Fittings for	Yes	<u> </u>	
Chlorine Gas Use	YES	NO	Comments	Sight Glass			
Requirements				Protected Openings	Yes		
Dual System				PRV/ARV	PRV		
Auto-switchover				On/Off Pressure	40/60		
Alarms:				Access Padlocked	Yes		
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual				Height to Bottom of			
Cl <sub>2</sub> leak detection				Elevated Tank Height to Max.			
Scale				Water Level			
Chained Cylinders				Comments Tank rep	laced in 20	04	
Reserve Supply							
Adequate Air-pak							
Sign of Leaks							····
Fresh Ammonia							
Ventilation							
Room Lighting							
Warning Signs				HIGH SERVICE PUN	1PS		
Repair Kits				Pump Number			
Fitted Wrench				Туре			
Housing/Protection				Make			
				Model			
AERATION (Gases, F	=e & Mı	n Remo	oval)	Capacity (gpm)			
Type	(	Capacity	y	Motor HP			
TypeAerator Condition				Date Installed			
Bloodworm Presence Visible Algae Growth				Maintenance			
Protective Screen Col	ndition			Comments			
Comments							

PWS ID#	3354112
Date	1/10/05

MONITORING VIOLATIONS	MCL VIOLATIONS

				· · · · · · · · · · · · · · · · · · ·
DEELCIENCIES.				
DEFICIENCIES:				
No deficiencies!!				
No deficiencies!!	· · · · · · · · · · · · · · · · · · ·			
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				***************************************
	······································			
Inspector The	Title	Env. Specialist I	Date	1/10/05
Approved by Rolando C. C.				
Approved by Kokono C. C.	Title	Env. Manager	Date	1/10/05



## Department of **Environmental Protection**

MICHEVEDOS

Jeb Bush Governor

Panama City Branch Office 2353 Jenks Ave Panama City, FL 32405-4389 (850) 872-4375

Colleen M. Castille Secretary

January 5, 2006

Mr. Brian Heath, Supervisor, Sunny Hills Utilities Aqua Utilities Florida P.O. Box 490310 Leesburg, FL 34749

Dear Mr. Heath,

A Sanitary Survey of the Sunny Hills Utilities public water system (PWS ID #1670647) was conducted on December 5th, 2005 by David Hines and Jerry Sheehan, Environmental Specialists of this office. The assistance kindly provided during the inspection by your operator, Ms. Jean Pitzer, was most helpful.

The purpose of this survey was to evaluate the capability of the water system to continually produce safe drinking water. Public water systems in this state are regulated by the Department under the Florida Safe Drinking Water Act as promulgated by Florida Administrative Code Chapters 62-550, 555 and 560. The Department determines compliance with these regulations.

Two deficiencies were identified during the survey, as described in the enclosed Schedule of Deficiencies. We would appreciate a written response within 15 days of receipt of this letter advising us of the actions and time frames planned for correcting these deficiencies. In addition, four other recommendations listed do not require a written response, but, of these, two do advise that studies be performed this year on your system's water loss and storage capacity. Please address your response to David Hines, Department of Environmental Protection, 2353 Jenks Avenue, Panama City, FL 32405.

If you have any questions, please contact Mr. Hines at (850) 872-4375 extension 106 or by e-mail at david.hines@dep.state.fl.us.

Sincerely,

osie Penton

Environmental Manager

JP:dh

cc: Ms. Jean Pitzer - Sunny Hills Utilities John Pope - DEP Pensacola Tom Pratt - NWFWMD



Any additional treatment is needed?

Number of Licensed Operators

## STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITOTAL MAIER	RY SUR	VEY REP	URI
	TY SYS	TEMS	
SYSTEM AND OWNER INFORMA			
System Sunny Hills Utilities	County	<del></del>	VS ID# 1670647
Address 3810 Gables Blvd.,		·	Mills, FL 32428
Phone 850-773-2802	Fax 850-773	-2626 <b>Email</b> <u>Jpitze</u>	r@aquaamerica.com
			***************************************
Owner Aqua Utilities Florida (Brian He (Candice, ext-40)			2-787-0980 352-787-6333
Address P.O. Box 490310		E-mail bheath	@aquaamerica.com
Leesburg, FL 34749	· · · · · · · · · · · · · · · · · · ·	<u> </u>	addudines sear com
INSPECTION AND CONTACT INFORMATION			
Date of this survey December	5, 2005	Date of last survey	April 29, 2004
DEP Representative(s) David Hines & Jerry	· · · · · · · · · · · · · · · · · · ·		
Person(s) Contacted Jean Pitzer (Operator),	Ken Ledbetter (Mainter	nance)	
Emergency Number 258-8155 (Ken Ledbetter,	Maint. Tech.) Ce	850-527-1529 Page	er Other
CERTIFIED OPERATORS AND CERTIFICATION N	IMPER		
CERTIFIED OPERATORS AND CERTIFICATION NO Jean Pitzer #C 7605	IMBER		
DIRECTIONS TO PLANT OR OFF	ICE (see maps on page 12	?}	
From the Panama City Branch Office go left (n	orth) on Jenks Ave. and	turn right (east) on Bald	win Rd. At Hwy 77,
turn left (north) and follow this route approx turn left on Gables Blvd. Water system is 1/4 mi	mately 24 miles and turn le in on the left.	n right on Sunny Hills Blvo	i. About 1 mile in,
SERVICE AREA		ANAME CO	SELECTION EXTRACTOR
Service Area Sunny Hills is a residential co	- 100000	n. WMBB Ch 13	763-6000
Characteristics There are approximately 500 hom built, with 3000 more platted.	sites 2 2 2	SC WANT	233-1977
	Radio F	W-16032	230-5855 (258-6381) 230-5855 (258-6381)
		理解的	747-5000
Service Connections 499 % Metered	100		
Design Capacity (DC) (gallons)		DBY POWER REQUIREMENT  ON Preparedness Plan On file:	
	Does pl	an include the following:	
Max. Day (GPD) 1,211,000 % Design Capacity	CE Com	munication Chart Written A	
25% Max. Day 302,750 % Storage Capacity	3168	dby Power Info Inventorio	es
	Avg. Day	Percentage of Auxiliary Supply	
PERMANENT SOURCES OF RAW WATER:	***	Equipment Operated at Least Month	ly? ⊠Yes ⊡No
☐ Ground* How Many Wells 3 (one off	11110/	erconnects Yes No	
Surface** Source Floridan Ac	<del>,</del>     '	nich systems:	
	Comme	nts:	
EMERGENCY MEDIA CONTACT NUMBERS			
TREATMENT IN USE AT THIS P	ANT: (CHECK	ALL THAT APPL	۷١
Number of Plants 3	TANT. (CHECK	ALL MALAPPL	
Aeration DE.D.	⊠lron Removal (Well #1	)	
Filtration (Well #1)	☐T&O Control	Chlorination-Pre	Filt. Hi-Rate
Recarbonation Settling (Well #1) Zeolite Softener Coagulation	Chlorination-Post Orthophosphate	☐Fluoridation ☐Aqua Mag	Reverse Osmosis Other-Specify
		[ ]Auua Iviau	I LUmer-Specify

5C

Plant Cat/Class

1

For control of what deficiencies?

Actual visits per week:

Staffing compliant ?⊠Yes ☐No

Sunny Hill Utilities - Sanitary Survey of December 5, 2005

	: WELL AND PU	MP INFORMATION		
į	Yell Number (or name)→	4 Cour of service)		5
	Street location of well (street name)	3810 Gables Blvd. (@ System Office)	Cash Circle	Elkcam Blvd.
	Year Drilled	1971	1973	1977
N	Depth Drilled (feet)	433′	436′	400′
	Drilling Method	Rotary	Rotary	Rotary
	Length, Outside Casing (feet)	433′	204′	199′
	Diameter, Outside Casing (inches)	18"	12"	6"
	Material, Outside Casing	Steel	Steel	Steel
D	Type of Strainer	None	None	None
Α	Depth to Top of Strainer	N/A	N/A	N/A
ī	Type of Grout	Cement	Cement	Cement
A	Depth to Static Water Level (feet)	86′	198′	156′
	Normal Suction Lift (working level-ft)	94′	205′	158′
Ρ	Pump Type	Turbine (now water lubed)	Turbine	Turbine
บ	Horse Power	30	60	20
М	Normal Yield, GPM / Test Yield (GPM)	500	600	200
P	Capacity(GPM)	510	517	200
R	Protection From Surface Water	Yes	Yes	Yes
0	Is Inundation of Well Possible?	No	ЙO	No
U	Well Ever Been Contaminated?	No	No	No
T	Check Valve Present in Line?	Yes	Yes	Yes
ı	Proper Venting?	Yes	Yes	Yes
N	Meter Accuracy and Year of Test	See comments**	3/15/05 (FRWA)	3/15/05 (FRWA)
E	Date of Last Servicing?	2005	2000	2000
A	Auxiliary Capability (if yes, list type)	Yes (LP gas generator)	Yes (Kohler Diesel)	Yes (LP gas generator)
บ	Manual or Automatic?	Manual.	Automatic	Manual
X	Capacity (GPM)	500	600	200
G	Florida Unique ID# (GPS well tag)	AAA5155	AAA5156	AAA1095
Р	GPS latitude N (accuracy≈1m)	30:32:39.3230	30:32:09.0000	30:33:33.058
S	GPS longitude W (accuracy≈1m)	85:35:51.7800	85:35:55.0000 to 433' in attempt to reduc	85:31:46.963

Well #1 offline since 4/4/05 for repairs. Recased to 433' in attempt to reduce iron problem there.

Pump bearings just replaced; Plan to start 20 bacti-s on 1/3/06 to restart pump and reassess iron situation.

\*\*Meter accuracy test at Well #1 required larger gauge equipment than FRWA had on hand; test abandoned.

PWS I.D. No. 1670647

CHLORINATOR PLANT NUMBER (OR NAME)→	<b>1</b> 89 (1988)	2	2 3	comment
Type of chlorination (if hypo list strength)	(out of service)  Hypo (12.5%)	Нуро (12.5%)	Hypo (12.5%)	aev: 1
Condition of Chlorination Equipment	Good	Good	Good	
Capacity (PPD, GPD)	30 gpd	30 gpd	30 gpd	
Chlorine Feed Rate (PPD, GPD)	N/A (usually 2 gpd)	1 gpd	0.17 gpd	
Adequate Housing and Security?	Yes	Yes	Yes - pumphouse door needs replacement (already ordered)	
Associated Well(s) (if any)	None	None	None	
Auxiliary Power Capability?	Yes	Yes	Yes	
O & M Log/Manual Onsite?	Yes	Yes	Yes	
Chlorine Residual (mg/L) / pH	Out of service	0.71 mg/L @ pH = 7.8	1.66 mg/L @ pH = 7.6	
Chlorine Alarms Functional?	N/A	N/A	N/A	
Auto Switchover	N/A	N/A	N/A	
Dual System	N/A	N/A	N/A	
Evidence of Leaks	N/A	N/A	N/A	
A Air-Pack Respirator Adequate?	N/A	N/A	N/A	
Ammonia Smells Fresh	N/A	N/A	N/A	
Chained Cylinders	N/A	N/A	N/A	
S Fitted Wrench	N/A	N/A	N/A	
Proper Ventilation	N/A	A/N	N/A	
Scale Condition	. N/A	N/A	N/A	
Spare Parts/Backups Operative? ⊠Yes	□No □ Spare Pa	ts Not Retained	More capacity nee	ded? ☐Yes ☒No

Sunny Hills Utilities - Sanitary Survey of Decembe	r 5, 2005 PWS I.D. No. 1670647
AERATOR Type of Aerator N/A	Is pH control Practiced? N/A
Tray Area or Weir Length	Is a index computed?
Condition of Screens	Stiff Oddo Other
Bloodworms Condition of aerator	Results of index
Adequate for Fe, H2S control	Chemical(s) used
•	FILTERS & FILTRATION  Type of Well #1 only - Rapid sand filters
COAGULATION Chemical used N/A	filters (out of service)
Purpose	Size and number (2) 25.45 sq. ft.
Blanket visible Flocculation good or poor _	
Settling good? Carryover	Can you see filter media? N/A Clean after backwash? N/A
LIME SOFTENING Quicklime or hydrated N/A	Are mudballs visible? N/A Binding? N/A
Quickline of hydraled	What is the normal filter rate200 gpm/filter
Name of unit	What is the usual backwash rate? 1500 gpm
Size and type	Capacity of filters 200 gpm Filters overloaded? N/A
Any auxiliary chemicals used	Loss in head gauge present? No
Delete of continuing the unit	At what head loss is BW done? Unknown
	Cracks and channeling? N/A Cementation ever occurred? Unk
Nature and abundance of flux	Where in relation to filtration is stabilization done? N/A
Appearance of sludge blanket	If high rate, what is turbidity at interface Range of turbidity in effluent
Is settling good? Excessive carryover	Can you observe algae in filters? N/A
Any filter cementation	Distance from top of media to trough
Effluent stability	Ulikilowii
Turbidity in clearwell Secondary precipitation	REVERSE OSMOSIS
Recarbonation type	Make and type of units N/A
Sludge recirculation Used	Pressure required
FLUORIDATION	Auxiliary chemicals
Chemical Used Is Dilution N/A	Proportion of waste used to product streams
Strength if Acid Used(acid)	Quality of effluent Stabilization
Corrosion Noted Feeder	
Gelling or Plugging	Type of Pre-treatment Booster pump
Make and Model	Type of membranes
wake and woder	ZEOLITE SOFTENING Unit mfg. & model N/A
Split Sample Agreement	
Sufficient Analysis	
Feeder Condition	Stability of effluent Resin prevented from escaping?
, oddo, odijalion	Graphity of enruent recomples and more escaping:

Sunny Hills Utilities – Sanitary Survey of December 5, 2005

PWS I.D. No. 1670647

PUMP CATEGORY			<u> </u>	A STATE OF THE PARTY OF THE PAR			l
Pump Number→		2	5		 		 <u> </u>
PUMP TYPE	Peerless	Peerless	Peerless				 
MOTOR HP	10 HP	25 HP	25 HP				
DATE INSTALLED	06/72	06/72	06/83				
CAPACITY (GPM)	100	200	200				
AUXILIARY CAPACITY?							
PROPER SECURITY?	Yes	Yes	Yes				
CONDITION OF PUMP	Good	Good	Good			-	
MAINT. SCHEDULE	Out of service	Out of service	Out of service				
DATE LAST SERVICED	Routine	Routine	Routine				 T

STORAGE FACILITIES			
TANK NUMBER->	14	<b>4B</b> 7	*1 <b>C</b> * 5 15
TYPE (GROUND, ELEVATED, HYPO)	Hydro	Hydro	Hydro
YEAR OF CONSTRUCTION			
CAPACITY (GALLONS)	30,000	30,000	10,000
MATERIAL	Steel	Steel	Steel
GRAVITY DRAIN CAPACITY/DIAMETER	6"	6"	6"
OVERFLOW STRUCTURES PROPER?	N/A	N/A	N/A
BYPASS CAPACITY	Yes	Yes	Yes
COVERED/SCREENED OPENINGS	N/A	N/A	N/A
PRESSURE GAUGE	Yes	Yes	Yes
ON/OFF PRESSURE (PSI)	Out of service	Out of service	Out of service
HGT. TO BOTTOM OF EL. TANK (FT)	N/A	N/A	N/A
HGT. TO MAX, WTR. LEVEL(FT)	N/A	N/A	N/A
DATE OF LAST ANNUAL INSPECTION	Ongoing	Ongoing	Ongoing
YEAR OF LAST 5-YEAR INSPECTION	2002	2002	2002
YEAR OF LAST WASHOUT	Uncertain (2002?)	Uncertain (2002?)	Uncertain (2002?)

Sunny Hills Utilities - Sanitary Survey of December 5, 2005

PWS I.D. No. 1670647

STORAGE FACILITIES	S:				
TANK NUMBER—	4	5.	100 mg		
TYPE (GROUND, ELEVATED, HYPO)	Hydro	Hydro			
YEAR OF CONSTRUCTION	1993	1977			
CAPACITY (GALLONS)	10,000	7,500			
MATERIAL	Steel	Steel			
GRAVITY DRAIN CAPACITY/DIAMETER	6"	6"			
OVERFLOW STRUCTURES PROPER?	N/A	N/A			
BYPASS CAPACITY	Yes	Yes			
COVERED/SCREENED OPENINGS	N/A	N/A			
PRESSURE GAUGE	Yes	Yes			
ON/OFF PRESSURE (PSI)	50/60	42/52			
HGT. TO BOTTOM OF EL. TANK (FT)	N/A	N/A			
HGT. TO MAX. WTR. LEVEL(FT)	N/A	N/A			
DATE OF LAST ANNUAL INSPECTION	Ongoing	Ongoing			
YEAR OF LAST 5-YEAR INSPECTION	2002	2002			
YEAR OF LAST WASHOUT	Uncertain (2002?)	Uncertain (2002?)			
Does system provide fire protection? Yes No Security Adequate? Yes No Low Level Alarm? Yes No Does current storage capacity comply with requirements in FAC 62-555? Yes No					
COMMENTS: Sight glasses on Tanks 4 and 5 have been removed for the winter to prevent freezing.					

Sunny Hills Utilities – Sanii		er 5, 2005			PWS I.D	7. NO. 1070047
DISTRIBUTION S'	YSTEM					
Material of mains? Cast	iron and PVC	System looped?	No	_ How many h	ydrants? 92	new/25 old
Any fire hydrants < 6" lines?	□Yes ⊠No □Unkn	own Max. pip	e diameter	16"	Min. pipe dian	neter 4"
General operation pressure	50/60# Lowest pres	ssures 50	Location of	f low pressure	Home on	Zinnia Dr.
Number of dead ends 60	How man	y without flush hydrants	None		Flushing prog	ram? Monthly
# of line valves Unknown	How often exercised	Monthly Prope	rly Mapped?	Yes Prope	erly Marked?	See comments
System Maps Adequate? Yes		red permits?2		Any unclea	red and in use?	No
Feb-05 51.7% water loss Mar-05 44.4%	Apr-05 34.5% Aug-05 May-05 38.0% Sep-05 Jun-05 35.9% Oct-05 Jul-05 33.3% Nov-0	5 45.5% system 5 8.0% system 5 17.0% re	nave No	re	all valves were ecent paving wa areas. These a being re-	s done in some are currently
CROSS CONNECTION CONTROL Cross Connection Control (C <sub>3</sub> ) F Comment:	Program Meet Requirements	? ∐Yes ⊠No (Se	e comments bein		·	
Annual Testing - Annual to currently requiring either plumbing company has been	r commercial or resider	ntial customers to s				
Auxiliary Water Systems - New homes with irrigation systems are being built w/ RPZ's. Existing homes have been prohibited by ordinance from connecting wells to their homes, but it is known that approximately 90 of the system's customers have private wells, some of which are connected to the PWS. Until a connection is discovered, the issue is apparently not addressed. Upon discovery of an actual connection to the PWS, the system tells the owner to install a backflow device. If they refuse to install, however, no consistent action is currently being taken. Since 1996, both the current and former operators have tracked known and suspected wells through water-use records, visual observations, etc. They have addressed the situation with letters to Southern States Utilities (the system's former owner), verbal communications with the Health Department and county officials (notifying them as instances arose), and written and verbal communications with individual homeowners themselves. Despite their efforts, the problem continues. While up to fifteen homes may have been disconnected in the past for non-compliance, for the most part the Utility has stopped short of this in order to preserve their customer base. Two existing homes have installed RPZ's at the request of the current operator and she has gotten authorization from the Utility to mail letters to all homeowners with private wells, informing them of the requirement for RPZ's whether or not wells are connected. The Utility's C3 program manual contains several sample letters to be used for communicating with customers on this issue (attached), but the actual policy to be followed here in the event of non-compliance remains to be determined.  Testing Tracking: Whard Copy #of BFDs:						
Prequency N/A  ?  Date of Last Audit (commercial	CPU		(plus 5 at business fied BFD Tester:	s)		ons WWTP lumbing Co.;
Date of East Addit (commercial	N/I	A Rame or Cert	ned DI D Testel.	(Possibl	y also form Marold Regis	er operator,
Chlorine & pH	Remo	ote 1	Remote	2 R	emote 3	Remote 4
Chlorine Residual	1.24					
pH	7.					
Location	Hydrant @ Ainsworth	Dr. & Florence Ct.	<u> </u>			
COMPLIANCE MO						
Compliance Schedule: The	e following parameters ar	e due during the year	shown.			
Inorganics 2006	SOCs		HMs/HAA5	2006	Asbesto	s 2012
VOCs 2006	Radiologicals		econdaries	2006	Pb & C	
Comment: **SOC's	- May apply for wai lyhexyl)phthalate a	iver for 2006. R t Wells 1. 4 and	egardless of	f the waive	r, sampling	for di(2-
System out of compliance wi	th any of the above param	eters?	o serrer ted	larrea quinga	.rry (due 20	
Testing Equipment & Reagents		dequate Con	ment:			
Bacteriological Sampling Plan:	⊠Adequate □Inac	iequate Con	ment:	Submitted 1	2/30/05; con	tains map.
Disinfection Byproducts Plan:					2/20/05; con	-
1						

reventative Maintenance Program in place? 🛛 Yes 🔲 No 💮 Is adequate training provided to water system personnel? 🗖 Yes 🔲 N	Sunny Hills I	Utilities – Sanitary Survey of December 5, 2005	PWS I.D. No. 1670647
reventative Maintenance Program in place?   Wes   No   sadequate training provided to water system personne?   Supplies Program Forcing plans a \$2000 budget for 2006 for system expansion and the hirting of one or two additional employees. At least 90 additional service connections are planned for this year.   Training 'Ne. Futerer has recently (Dec. 2005) attended Froth training or "Pumper" and is scheduled to take their "Focus on Change" seminar at Oalf Coast Commanity College in Feb 2006.  System Diagram  SUNNY HILLS WATER SYSTEM PWS ID# 1670647  SANITARY SURVEY OF DECEMBER 5, 2005			
System Diagram SUNNY HILLS WATER SYSTEM PWS 1D# 1670647 SANITARY SURVEY OF DECEMBER 5, 2005    Well #1 · Out of Service since 4/4/05	How is the sys Preventative N Comment:	Maintenance Program in place? Yes No Is adequate training provided to water  Budget: Aqua Florida plans a \$20M budget for 2006 for system expansion and the additional employees. At least 90 additional service connections are planned  Training: Ms. Pitzer has recently (Dec. 2005) attended FRWA training on "Pumps	rsystem personnel? \(\overline{\text{Ves}}\) Yes \(\overline{\text{No}}\) No e hiring of one or two d for this year.
SUNNY HILLS WATER SYSTEM PWS ID# 1670647 SANITARY SURVEY OF DECEMBER 5, 2005  Well #1 - Out of Service since 4/4/05  30,000 gation Storage Tank  10 K Hydro  10 K Hydro  7.5 K			
AAAS166  Replace of the state o		SUNNY HILLS WATER SYSTEM PWS ID# 1670647	
Saddment Tank  Well #1 · Out of Service since 4/4/05)  30,000 gallon Storage Tank  30,000 gallon Storage Tank  10 K Hydro  10 K Hydro  10 K Hydro		SANITARY SURVEY OF DECEMBER 5, 200	5
Saddment Tank  Well #1 · Out of Service since 4/4/05)  30,000 gallon Storage Tank  30,000 gallon Storage Tank  10 K Hydro  10 K Hydro  10 K Hydro		Right	
30,000 gallon Storage Tank  30,000 gallon Storage Tank  30,000 gallon Storage Tank  10 K Hydro  AAA5156  Topen Concretions  10 K Hydro  Topen Concretions  7,5 K		Sediment	
Storage Tank  30,000 gallon Storage Tank  10 K Hydro  AAA5156  Rippi Chris Chr		7	
Aux. Prover and Converse of Co		30,000 gallon Storage Tank	4
Aux.  Generator  Generator  AAA5156  F  Hydro  Hydro  Hydro  Hydro  Hydro  Hydro  Hydro  Hydro  AAA5156  F  Hydro  Chlerinasion  Chlerinasion  To K  Hydro  Hydro  To K  To			
Aux. Power Generator  AAA5156  Right AAA5156  Right Argie Chronission  7.5 K		10 K	
Right Angle Drive Total		Hydro Hydro	
Right Angle Drive Total			
AAA5156  Right Angle Drive  To K Hypo Chlorination  To K Hypo Chlorination  To K Hypo Chlorination		Power	
Angle Drive Chlorination 7.5 K		Chlorination 10 K Hydro	
		Angle Drive Chlorination 7.5 K	<b>*</b>
		- U U	

### Schedule of Deficiencies

# SUNNY HILLS WATER SYSTEM PWS ID# 1670647 SANITARY SURVEY OF DECEMBER 5, 2005

### DEFICIENCY #1: CROSS CONNECTION CONTROL (C3) PROGRAM.

It was noted during the survey that the Utility's existing C3 program, outlined in their <u>Backflow Prevention Policy Manual</u>, is not being consistently implemented. Approximately ninety private wells are known to exist within the franchise area. Customers with these auxiliary water systems are not being required to install backflow prevention devices however, until it is known that they have <u>connected</u> to the PWS. In most cases, despite the Utility's efforts, these customers are not complying, but the Utility has stopped short of disconnection in an effort to preserve their customer base. As a result, in the event of a drop in system pressure, from Point A to Point B, it may not be certain whose water is actually in the distribution system.

It was also noted that existing backflow devices were lacking timely annual testing. AWWA Manual 14 states, in part, that it shall be the duty of the water system to insure, at any premises where backflow-prevention assemblies are installed, that certified inspections and operational tests are made at least once per year.

### REGULATION REFERENCE: FAC Rule 62-555.360

Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in Recommended Practice for Backflow Prevention and Cross-Connection Control, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. AWWA recommends that C3 programs should require the installation and annual testing of a backflow prevention device of the reduced-pressure zone (RPZ) type at each service connection where the existence of an auxiliary water system on the property is either known or discovered. This should be done regardless of whether the auxiliary system is actually connected to the PWS, due to the potential high hazard posed by an unproven source of water on the premises and the ease of connection to the PWS.

### RECOMMENDED ACTION:

- 1) Please develop your policies to be followed in the event of customer non-compliance on this issue (installation and/or testing) and implement your cross-connection control program as soon as possible within 90 days.
- 2) Arrange to have existing backflow preventers (RPZ, double-check valve) tested on an annual basis by a certified backflow prevention device tester. The testing should be completed no later than December 31, 2006.
- 3) Retain for at least 10 years accurate records of all backflow installation and testing and have them available for review during routine inspections and sanitary surveys.
- 4) It is also recommended that adequate training be provided to staff and education to the public in order to support and promote the program.

### DEFICIENCY #2: WASHOUT FOR STORAGE FACILITIES REQUIRED EVERY 5 YEARS.

It was noted during the survey that documentation of washouts of your storage tanks in the last five years could not be found.

### REGULATION REFERENCE: FAC Rules 62-555.350(2)

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida.

#### RECOMMENDED ACTION:

Please review your records further to ensure that your storage tanks have been washed-out in the last five years. If so, please forward that documentation to this office. If not, please perform the required actions referenced above, document, and forward a copy to this office within 90 days.

### Recommendations and Remarks

### Recordkeeping on the Premises

While it was noted that only one required record from the last year was missing from your files, (the MOR for April 2005, which had been submitted properly but a file copy had not been made due to a computer malfunction), improved recordkeeping procedures would ease review at your next inspection. The requirements for record retention for all documents relating to your water system are listed below.

REGULATION REFERENCE: FAC RULE 62-550.720

### RECOMMENDED ACTION:

Retain on the premises of the public water system treatment plant or at a convenient location near the premises, the following records:

- (1) Records of bacteriological analyses shall be kept for not less than 5 years. Records of chemical analyses made shall be kept for not less than 10 years.
- (2) Records of action taken by the system to correct a violation of primary drinking water regulations shall be kept for a period not less than 3 years after the last action taken with respect to the particular violation involved.
- (3) Copies of any written reports, summaries, or communications relating to cross connection control programs or sanitary surveys of the system conducted by any local, State, or Federal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.
- (4) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.
- (5) Water plant operation reports shall be kept for a period of not less than 5 years.

### Preventative Maintenance (PM) Program

Improper maintenance can lead to system failures and sanitary deficiencies. A written PM should be established and followed for each piece of equipment in the pumping facility. The programs should be based on manufacturers' recommended maintenance tasks, and records should be kept of maintenance as it is performed. In general, smaller water systems need much less sophisticated PM programs, however, all water system should have a program in place, even if it is very basic. Critical components of a PM program include:

- Equipment Inventory
- Manufacturers' Technical Literature
- Written PM Tasks and Schedule
- Records of Maintenance Performed
- List of Technical Resources
- Tools
- Spare Parts Inventory

The Department recommends that a PM program be established and implemented to prevent system failures and sanitary deficiencies. The Department is pleased that the hiring of additional personnel is planned for this year to assist with this effort.

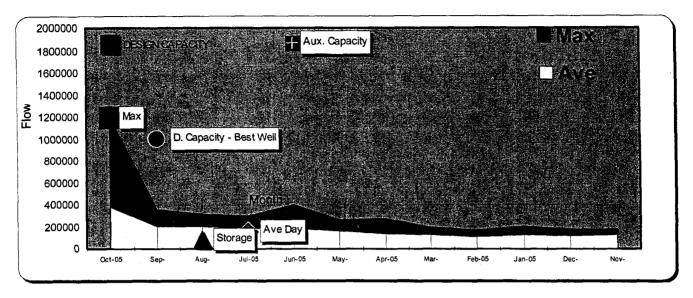
### Water Loss

A review of the pumping vs. sold statistics during the inspection indicated that the system's annual water loss for 2005 (year to date) was approximately 33.6%. As a rule, a water system with 20% or more of unaccounted for water should consider conducting a leak survey. The Department is aware of some flushing done by your system, which can contribute to water loss. However, a leak' survey should be strongly considered if the percentage remains constant during periods when water loss maintenance (flushing) is light. If you are interested in conducting a leak survey, please contact the Florida Rural Water Association at (850) 668-2746.

### **Storage Capacity**

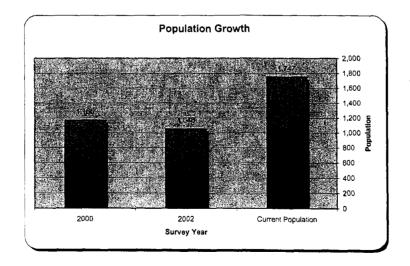
According to the Flow and Capacity calculations below (page 11), while <u>source</u> capacity appears adequate, <u>storage</u> capacity may be falling short of requirements. A storage capacity study is strongly recommended this year to further assess the situation.

### Flow & Capacity and Population Graphs



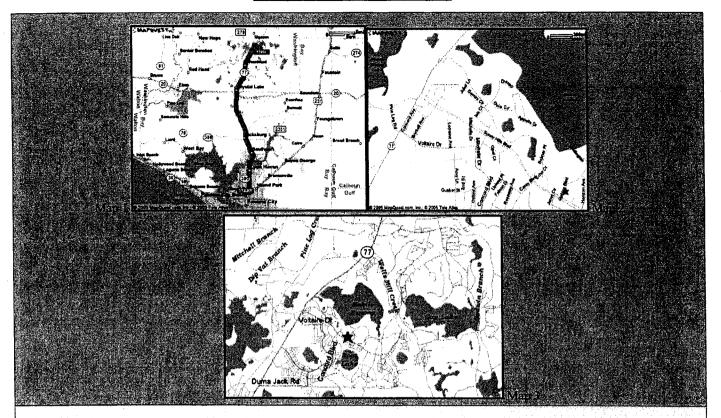
### **COMMENTS**

This system is expanding due to a new round of home building within the development. The graph above shows that the system has experienced a gradual growth in demand through the past twelve months. Analysis of the system's capacity is complicated by the fact that Well #1 and its 70,000 gallons of storage are currently offline for upgrades, but are due to be back online soon. The production spike of 1.2M gallons seen in October 2005 may have been due to the flushing of Well #1 (as an attempt was being made to bring it back online), so this max day figure should likely be disregarded. If the 400,500 gallon demand seen in June 2005 is used instead, and the 70,000 gallon storage at Well #1 (currently offline) is included, the total storage capacity of 87,500 gal is still less than ¼ of max day, at 21.85% of max day (about 13% under the storage needed to achieve the recommended 25% of max day level). Comparing total storage to an average day (again with Well #1's tanks included and without the extraordinary October 2005 demand), storage still falls short at only 57% of demand. As such, additional storage should be considered. Source capacity without Well #1 (max day as % of design capacity) is at 34%; with Well #1 it is 21%, both of which are in compliance. Figures for auxiliary capacity are similar, since all three wells have auxiliary power and are capable of full output even in emergency conditions.



After a slight drop in population between years 2000 and 2002, growth has begun anew, with 700 more served by the franchise, and 56 service connections having been added since the last survey in 2004. At least 90 more connections are planned for this year.

### **Geographical Information**



DIRECTIONS: (see maps 1 and 2 above)

From the Panama City Branch Office go left (north) on Jenks Ave. and turn right (east) on Baldwin Rd. At Hwy 77, turn left (north) and follow this route approximately 24 miles and turn right on Sunny Hills Blvd. Approximately 1 mile in, turn left on Gables Blvd. The water system office and Well #1 are approximately ½ mile in on the left.

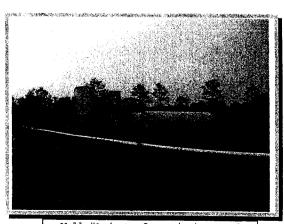
#### COMMENTS:

The Sunny Hills community (see map 3, above) is a Deltona Corporation development with a planned build-out to approximately 3500 homesites. Of these, about 500 have been built to date. Sunny Hills is located in an area of limestone (or Karst) topography, with abundant sinkhole lakes. The water system, operated by Aqua Utilities Florida, Inc., draws from the Floridan Aquifer.

### **Digital Images**



Well #1 (out of service for improvements) - Pumphouse -

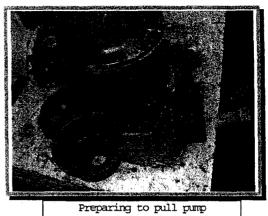


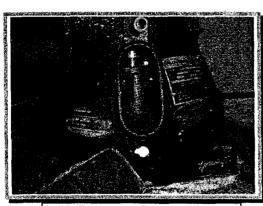
Well #1 (out of service) - Sand filtration system and twin hydro storage tanks (30,000 gal each)

## **Digital Images (cont'd)**

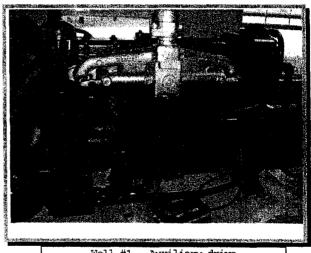


Pump at Well #1 -pulled for refurbishing shortly after this visit; now resuming operations.

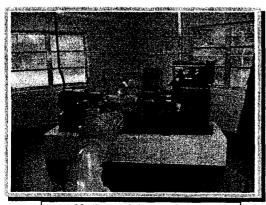




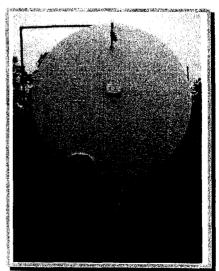
Well #1 - Unusual vent placement



Well #1 - Auxiliary drive



Well #1 - High service pump

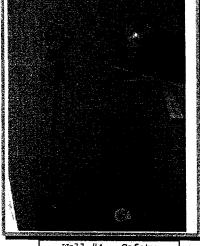


Well #1 - 10,000 gal hydro tank in excellent condition

# Digital Images (cont'd)



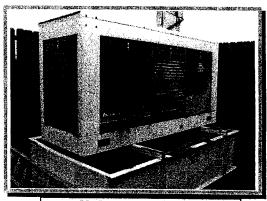
Well #4 - 10,000 gal hydro tank



Well #4 — Safety equipment (installed at all three plants)



Well #4 - Tank pressure 60#



Well #4 - Emergency power

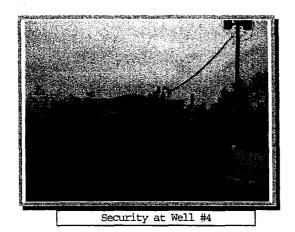


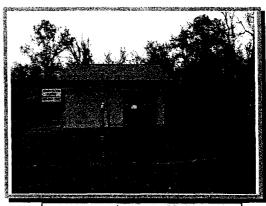
Well #4 - Vertical turbine pump



Hypochlorite is pumped directly from shipping drum at all plants; no dilution is performed.

# Digital Images (cont'd)





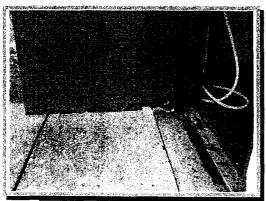
Security at Well #5



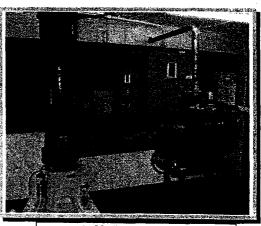
Well #5 - 10,000 gal hydro tank in excellent condition; sight glass removed for winter.



Well #5 - Pump and auxiliary drive



Door at Well #5 corroded - replacement already ordered.



Well #5 - Controls

# OUTSTANDING PERMITS As of 1/3/2006

- 1) Deadening Road (clearance granted 1/3/06) (Permit # 0080182-008-DSGP/01)
- 2) Davenport Blvd (clearance package due to be mailed Jan. '06) (Permit # 0255874-001-DSGP/01

INSPECTOR'S SIGNATURE Duril Hus	THILE ESI	_DATE: <u>January 5, 2006</u>
INSPECTOR'S SIGNATURE GENAL SIGNATURE	Title ET I	DATE: <u>January 5, 2006</u>
APPROVED BY June Finton	TITLE EN1	DATE: 1/6/06

END OF REPORT

# State of Florida Department of Environmental Protection Central District

# SANITARY SURVEY REPORT

Plant Name	TANGER	INE WATER	C	ounty	Orange	_ PWS ID # _	3481329
Plant Location	5539 Huron Street	Tangerine, FL				Phone	<u>352/787-0980</u>
Owner Name	Florida Water Serv	ices Attn: Craig Anderso	on			Phone	407/880-0058
A	DO D (00520	O-landa L1 23860 UN	771				
Contact Person	Will Fontaine	Last Survey Date	Title	Lead Su	pervisor	Phone	352/787-0980
This Survey Date	4/28/04	Last Survey Date		6/6/00	Las	t C.I. Date	10/4/01
		2001 00110) 2 010					
PWS TYPE & CI	LASS				ER SOURC		2
Community (			$\succeq$	GROU	ND; Numbe	r of Wells	2
☐ Non-transien	t Non-community			JSURFA	CE/UDI; So	ource	
Non-Commu	nity			] PURCH	IASED fron	n PWS ID#_	
				] Emerge	ency Water	Source	
PWS STATUS				Emerge	ency Water	Capacity	<del></del>
	stem with approva		_				
3302, 4/28/59					Y POWER		
			$\succeq$	Yes	∐ None	☐ Not Req	uired
Unapproved	system		S	ource <u>(</u>	Cummins Di	esel <w)< td=""><td></td></w)<>	
			С	apacity o	f S <u>ta</u> ndby (I	<w)< td=""><td>35</td></w)<>	35
	A CHARACTERIS		S	witchover	r: 🔝 Auton	hatic 🔀 Mar	nual
Residential			S	tandby Pl	lan: 🗌 Yes	s ∐ No	
							1 hr/wk.
Food Service:	🗌 Yes 🔲 No 🛭	≾] N/A				it operate?	
	**********						
	MAINTENANCE			☐ High	Service Pu	mps	
		Not required			tment Equip	ment Disinf	ection
, , ,	ertification Class-I		S	atisfy 1/2	max-day d	emand? ⊠Y€	es ∐No ∐Unk
G. Kissick C-78			С	omments	In process	of upgrading	system
W. Fontaine C-	6813						
	Yes No 1	Not required	_				
Operator Visitati	ion Frequency		Т	REATME	NT PROC	ESSES IN US	Ε
Hrs/day: Requir	red	Actual6		Disinfecti	ion		
Days/wk: Requ	rired 6	Actual6					
Non-consecuti	ive Days? 📙 Yes	s ∐ No 🔯 N/A	٧	Vhat addi	tional treatr	nent is neede	d?
MORs submitted	d regularly? 🔼 Y	es 🔲 No 🔲 N/A					
Data missing fro	om MORs? 🖂 No	Yes N/A	F	or contro	l of what de	ficiencies?	
			_				
Number of Servi	ice Connections _	255	r	ISTRIBI	ITION SYS	TEM	
Population Servi	ed <u>884</u> Basi	s MOR				ce <u>Flo</u>	w Meter
Average Day (fr	om MORs)	107 MCD				4" Master Me	
						Devices: X	
	MORs) <u>189</u>			roce con	-revenuoni	None Observed	163 [] 110
• •	Capacity			// USS-CON	mections	tion Control	Program: Yes
Comments			۷	villen Cr	oss-connec	tion Control F	TNo TNA
						an: 🔀 Yes [	] No ☐ N/A
			(	omment	s * on each	well.	
COMET: CITE IS	ר מים	JECT ID	_				
COMET. SHELL	J FRU	)LOT 10	_			Dooo	ivod
						Rece	iveu

MAY 1 2 2004

PWS ID#_	3481329
Date	5/6/04

### **GROUND WATER SOURCE**

Well Numb	per	1(inside)	2(outside)		
Year Drille	d	1945	1959		
Depth Dril	led	438'	413'		
Drilling Me	thod	Cable Tool	Cable Tool		
Type of G	rout	UNK	UNK		
Static Wat	er Level	UNK	UNK		
Pumping V	Water Level	UNK	UNK		
Design We	ell Yield	UNK	UNK		
Test Yield		UNK	UNK		·
Actual Yie	d (if different than rated capacity)	UNK	UNK	-	
Strainer		None	None		
Length (ou	utside casing)	130'	176'		
Diameter (	(outside casing)	6"	6"		
Material (d	Material (outside casing)		Blk. Iron		
Well Contamination History		None noted	None noted		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
	Septic Tank	>200'	>200'		
SET	Reuse Water	N/A	N/A		
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	N/A	N/A		
	Туре	Vert. Turbine	Vert. Turbine		
	Manufacturer Name	Goulds	Peerless		
PUMP	Model Number	6DH2	UNK		
	Rated Capacity (gpm)	250	250		
Motor Horsepower		25	25		
Well casing 12" above grade?		Yes	Yes		
Well Casir	ng Sanitary Seal	Yes	Yes	3. /	
i	er Sampling Tap	Yes	Yes		
Above Gro	ound Check Valve	Yes	Yes		
Fence/Ho	using	Yes	Yes		
Well Vent	Protection	Yes	N/A		
		<del></del>	1	1	

COMMENTS Provide additional information for "UNK", if available.

Irrigation well installed less than 50' from well area. Operator stated the well will be abandoned.

					PWS ID #	34813 5/6/04	329
CHLORINATION (Dis Type: Gas Hy Make Chem-tech Chlorine Feed Rate	סמי	•	/*_gpd	STORAGE FACILITI (G) Ground (H) H (B) Bladder (C) C	ydropneum learwell	atic (E) I	Elevated
Chlorine Feed Rate _	100% s	troke rat	e	Tank Type/Number	H/1		
Avg. Amount of Cl₂ ga Chlorine Residuals: F	is used Plant	2 1 F	N/A Remote 13	Capacity (gal)	10,000		
Remote tap location _	5107 I	Dora road	1	Material	Steel		
DPD Test Kit: X On				Gravity Drain	Yes		
No Injection Points Prior		_	Used Daily	By-pass Piping	Yes		
Booster Pump Info				Pressure Gauge	Yes		
Comments Well #1	- 30 gpd	, Well#	2 - 30 gpd	Sight Glass or	Yes		
and transfer pump 30	gpd.			Level Indicator	<u> </u>		
				Fittings for	Yes		
Chlorine Gas Use	YES	NO	Comments	Sight Glass Protected Openings	Yes		
Requirements  Dual System		$\neg$		PRV/ARV	ARV		
Auto-switchover				On/Off Pressure	40/60		
Alarms:		<u> </u>		Access Padlocked	Yes	-	
Loss of Cl <sub>2</sub> capability				Height to Bottom of	103		
Loss of Cl <sub>2</sub> residual				Elevated Tank			
Cl <sub>2</sub> leak detection Scale	H	-		Height to Max.			
Chained Cylinders				Water Level		<u> </u>	
Reserve Supply				Comments			<del></del>
Adequate Air-pak							
Sign of Leaks		<u> </u>					
Fresh Ammonia							
Ventilation							
		_ <u></u>					
Room Lighting				HIGH SERVICE PU	MDĆ		
Warning Signs				Pump Number	WIFS		
Repair Kits				Туре			
Fitted Wrench	· 📙	ᆜ		Make			
Housing/Protection		<u> </u>		i i			
				Capacity (gpm)	`		
AERATION (Gases, I				Motor HP			
Type Aerator Condition	(	Capacit	У				
Bloodworm Presence				Date Installed			
Visible Algae Growth				Maintenance			
Protective Screen Co	ndition .			Comments			
Comments					····	<del></del>	

PWS ID#	3351426 3481329
Date	5/6/04

MONITORING VIOLATIONS		MCL VIOLA	ATIONS	
FICIENCIES:				
	-			
Plant looked great!!				
Note: Irrigation well installed less that	in 50' from we	<u>ll area. Per operato</u>	r well be a	<u>bandonec</u>
in place.				
		·		
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201	Titlo	Emr. Commission 7	Data	EICIDA
nactor K I I			1 1910	
proved by Robinson C. Comp		Env. Specialist I	 Date	5/6/04 5/7/64



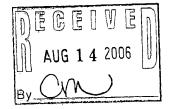
Jeb Bush Governor

# Department of Environmental Protection

Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926 Telephone: 813-632-7600

August 11, 2006

Colleen M. Castille Secretary



Mr. Will Fountaine P.O. Box 490310 Leesburg, FL 34749

Re: Compliance Inspection

The Woods

PWS-ID No. 660-0347

Sumter County

Dear Mr. Fountaine:

The attached Compliance Inspection was conducted on the referenced public water system. No deficiencies were noted at the time of this inspection.

If you have any questions, please contact me at (813) 632-7600, extension 460.

Sincerely,

James Berghorn

Environmental Specialist Drinking Water Section

JB/dm<sup>c</sup>

Attachment

cc: John Worrell, Operator

## **COMPLIANCE INSPECTION**

OWNER/ADDRESS
Candice McClure
P.O. Box 490310
Leesburg, FL 34749

SYSTEM NAME <u>The Woods</u>
ID# <u>6600347</u>
SYSTEM TYPE <u>C</u>
COUNTY <u>Sumter</u>

SUPERVISOR: <u>Bill Dunn</u> INSPECTOR: <u>Jim Berghorn</u> INNSPECTION DATE: <u>7/31/06</u>

*( ) Sanitary Seal/[ *( ) 6' x 6' x 4" Con ( ) Raw Water Tap *( ) Check Valve - ( ) Time Clock ( ) ( ) Water Pressure *( ) Disinfection Fre *( ) Gas Chlorination Scales; Safety	- Housing Se Disinfection Port crete Apron - Cra- o - Missing Th Inoperable M / Flow Meter e Gauge - Missing e Cl <sub>2</sub> Plant <u>2.77</u> n: Need Separate Equipment; Dual of Switch Over; La	*( ) Sacked	initary Hazard _ issing	Broker On/Off Chlorinator	n	-
·	roved Chlorine		No 🔲			
	on - Location: Ho					
	/Second Well Ope					
	tor Name: <u>John V</u>				aintenance Logs	3
	「MENT – Softene			_	<del></del> , ,	
\ <u> </u>	annually Yes				nspected	
	ng on Hydro tank				lation valves Y	es No
	Yes 🗌 No 🗌 💄			No 📘 l	N/A 🔛	
(	ponse Plan Yes [		I/A			
([_]) System flushing	g plan Yes 🔲 No		System flushed	Yes No		
<b>(</b> □) Preventative m	aintenance plan Y	′es 🗌 No				
(□) Miscellaneous						
(□) NO DEFICIENC	CIES NOTED THI	S DATE				
*(X) REQUIRES REI	NSPECTION					
Well# ID#	Well #	ID#	Well#	ID#	Well#	ID#

### Comments

Provide back flow preventers on all faucets, operator installed one while on site



# Department of Environmental Protection

Jeb Bush Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

Colleen M. Castille Secretary

May 20, 2005

response due: June 20, 2005

Ms. Carolyn McFalls 6960 Professional Parkway Suite 400 Sarasota, FL 34240

Re:

Sanitary Survey Report

The Woods

PWS-ID No. 660-0347

Sumter County

Dear Ms. McFalls:

Enclosed please find a copy of the Sanitary Survey Report for the above-referenced potable water system. On the last page of the report you will find a list of deficiencies that were noted during the recent inspection, along with recommended corrective action.

You are requested to correct all listed deficiencies, as recommended, and to notify this office within 30 days, in writing, of your action.

If you have any questions or concerns, please contact me at (813) 744-6100, extension 460.

Sincerely,

James Berghorn

Environmental Specialist Drinking Water Section

JΒ

Enclosure

# State of Florida Department of Environmental Protection Southwest District

## SANITARY SURVEY REPORT

Plant Name	THE WOODS	C	ounty _	SUMTER	_ PWS ID # _	660-0347
Plant Location _	CR 675 Off 301 South Webster, FL 33597	<u> </u>			Phone	<u>352-260-2214</u>
Owner Name	Aqua Source Services, LP				Phone	877-369 <b>-</b> 4881
Owner Address	1343 NE 17th Rd. Ocala, FL 33470 Aqua Source/Brian Heath					
Contact Person	Aqua Source/Brian Heath	Title	Owne	r/Manager	Phone	<u>352-787-0980</u>
This Survey Date	e 5/18/05 Last Survey Date		2/13/	<u>02</u> Las	t C.I. Date	11/3/04
PWS TYPE & C				ATER SOURCE		_ 1
	nt Non-community	Ē	SUR	FACÉ/UDI: So	ource	
☐ Non-Commu			PUR	CHASED from	PWS ID#	
<u>—</u>	····· <b>'</b>					
PWS STATUS						
	stem with approval number & date					
02/78				RY POWER		
		Ĺ	] Yes	☐ None		uired
Unapproved	system	S	ource _	of Standby (	-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
SERVICE AREA	A CHARACTERISTICS	C.	apacity	or Standby (r	setic	
	Community	S1	witchov andby	/er: ☐ Autom Plan: ☐ Yes		iuai
Modific Home C	, on many	ЭI Hi	anuby re One	rated Under L	034 140	
Food Service:	Yes □ No ☒ N/A			uipment does		
•	<del>_</del>					
	MAINTENANCE		Hic	th Service Pu	mps	
	or: 🛛 Yes 🗌 No 🗍 Not required		Tre	eatment Equip	ment	·
	ertification Class-Number	S	atisfy 1	/2 max-day de	emand? \rightarrow Ye	es  No Unk
John Worrell C	C-6597	C	ommer	nts		
O & M Logy M	Yes No Not required	_				
	on Frequency	<b></b> -		SENT DDOOR		-
Hrs/day: Requir	red Actual			MENT PROCE		
Davs/wk: Regu	redActual ired6Actual6			Chlorination/Po on/ Aeration	ttassium Perma	inganate
Non-consecuti	ive Days? Yes No N/A			ditional treatn	ent is neede	
MORs submitted	d regularly? 🛛 Yes 🔲 No 🔲 N/A		None	altional treatin	icht is neede	u:
Data missing fro	om MORs? No Yes N/A			rol of what de	ficiencies?	
Number of Servi	ice Connections 70	_ _	ISTRIF	BUTION SYST		
	ed 150 Basis Permanent			asuring Device		w Meter
	om MORs) gpd			ze & Type		
	MORs) gpd			v Prevention [		
	Capacity gpd			onnections		
						rogram: Yes
				Sampling Pla		
		С	ommei	nts		
OOMET OF	000.000	_				
COMET: SITE ID	PROJECT ID	_				

PWS ID#	6600347
Date	5/19/05

### **GROUND WATER SOURCE**

I Number	WATER SOURCE	1 (AAC 1546)		
Year Drille	d	1974		
Depth Drill	ed	136'		
Drilling Me		Cable Tool		
Type of Gr		None		
Static Wat				
Pumping V	Vater Level			
Design We	ell Yield			
Test Yield				
Actual Yie	ld (if different than rated capacity)			
Strainer				
Length (ou	ıtside casing)	75'		
Diameter (	(outside casing)	4"		
Material (c	outside casing)	Steel		
Well Conta	amination History	No		
Is inundati	Is inundation of well possible?			
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	Unk		
SET	Reuse Water	No		
BACKS	WW Plumbing			
	Other Sanitary Hazard			
	Туре	Submersible		
	Manufacturer Name	Franklin		
PUMP	Model Number			
	Rated Capacity (gpm)	100		
Motor Horsepower		5 H.P.		
Well casing 12" above grade?		Yes		
	ng Sanitary Seal	Yes		
	r Sampling Tap	Yes		
	ound Check Valve	Yes		
Fence/Hou	· ·	Yes		
Well Vent	Protection	Yes		

COMMENTS Directions: I-75 to Exit 62 (Webster ). Take CR 673 and go left to SR 301. Then go 301 South to CR 675 and you will be at The Woods.

PWS ID#	6600347
Date	5/19/05

CHLORINATION (Disinfection)				STORAGE FACILITIES  (G) Ground (H) Hydropneumatic (E) Elevated					
Type: ☐ Gas ☒ Hy Make <u>2-Stenner</u>	ypo Can	acity	17 and	(B) Bladder (C) Clearwell					
Chlorine Feed Rate	Οαρ	acity_	17 gpu	Tank Type/Num		(H)BW			
Chlorine Feed Rate	as used		N/A	Capacity (gal)	2,500	5000			
Chlorine Residuals: I	Plant <u>1.08</u>	R	emote	, , ,					
Remote tap location	Remote tap location DPD Test Kit: On-site With operator		Material	Steel	Steel				
	DPD Test Kit: ☐ On-site ☐ With operator ☐ None ☐ Not Used Daily			Gravity Drain	Yes	Yes			
Injection Points				By-pass Piping	Yes	Yes			
Booster Pump Info _				Pressure Gauge	Yes	No			
Comments				Sight Glass or	Yes	No			
				Level Indicator					
	<del></del>			Fittings for	Yes	No			
Chlorine Gas Use	YES N	0	Comments	Sight Glass	37	17			
Requirements				Protected Openir	ngs Yes	Yes			
Dual System				PRV/ARV					
Auto-switchover				On/Off Pressure	28/38				
Alarms: Loss of Cl <sub>2</sub> capability		-		Access Padlocke	ed Yes	Yes			
Loss of Cl <sub>2</sub> capability  Loss of Cl <sub>2</sub> residual		╡		Height to Bottom	of N/A	N/A			
Cl <sub>2</sub> leak detection				Elevated Tank					
Scale		]		Height to Max. Water Level	N/A	N/A			
Chained Cylinders				Comments The	5 000 Gallon ta	nk is only u	sed		
Reserve Supply		]		for back-wash w		ilik is only u			
Adequate Air-pak							· · · · · · · · · · · · · · · · · · ·		
Sign of Leaks									
Fresh Ammonia									
Ventilation		7							
Room Lighting									
Warning Signs				HIGH SERVICE	PUMPS				
Repair Kits				Pump Number	1				
Fitted Wrench				Туре	Turbine				
Housing/Protection				Make	Baldor				
<u> </u>	<u> </u>			Model	JMM3219				
AERATION (Gases,	Fe, & Mn R	lemo	val)	Capacity (gpm)	7 102		<del></del>		
Type <u>Tray</u>	Сар			Motor HP					
Aerator Condition									
Bloodworm Presence				Date Installed	1990				
Visible Algae Growth Protective Screen Co		ood	<del></del>	Maintenance weekly					
Comments		oou		Comments					
				·					

PWS ID # 6600347 Date 5/19/05

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS									
	PWS	# Samples	Sampling		C > 3300	<u> </u>		<b>C</b> ≤ 3300	
CONTAMINANT	Screen	Required	Location	Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	024	1	Each well	monthly			monthly		
	į	2	Distribution						
Volatile Organics	028	(Note A)	(Note H)	(Notes A, 1)			(Notes A, 2)		
Pesticides & PCBs	029	(Notes B, E)	(Note H)	3 years (Note 1)			3 years (Note 2)		
Nitrate & Nitrite (as N)	030	1	POE	annually			annually		
Inorganics	030	1	POE	3 years (Note 1)			3 years (Note 2)		
Asbestos	030	1 (Note F)	Distribution	9 years (Note 7)			9 years (Note 8)		
Secondaries	031	1	POE	3 years (Note 1)			3 years (Note 2)		
Radionuclides	033	(Note C)	POE	3 years (Note 1)			3 years (Note 2)		
Group I UOCs	035	(Notes B, E, G)	POE	(Note 4)			(Note 5)		
Group II UOCs	034	1 (Notes E,G)	POE	3 years (Note 1)			3 years (Note 2)		
Group III UOCs	036, 037	1 (Note G)	POE	(Note 4)			(Note 5)		
Lead and Copper	047	(Note D)							
TTHM (≥ 10,000 persons)	027	4/plant	Distribution	Quarterly			N/A		

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

PWS ID # 6600347 Date 5/19/05

### NOTES:

### # SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

- **Note B** 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.
- Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.
- Note D Contact the Southwest District's Drinking
  Water Program at (813) 744-6100 or contact
  the Florida Rural Water Association.

- Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.
- Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.
- Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.
- Note H First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

### FREQUENCY:

- Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)
- **Note 2** Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)
- Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)
- Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)
- Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

- **Note 6** Third year of the first three-year compliance period (i.e. calendar year 1995)
- Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)
- Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)
- **Note 9** Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

PWS ID#	6600347
Date	5/19/05

MCL VIOLATIONS
-

DEFICIENCIES:				
1) Aerators walls leaking 62-	555-350 Repa	ir walls of aerator to stop le	eaks	
Note: Please notify the Department in the fu	nture of any ow:	ner, or operator changes th	at occur.	
			•	
			·	
		· · · · · · · · · · · · · · · · · · ·		
Inspector A. Duranting	Title	Env. Specialist II	Date	5/19/05
Approved by Welliams	Ittle _	Env. Supervisor II	_ Date _	5/20/05

February 23, 2005

Mr. Glenn LaBrecque, President Aqua Utilities Florida, Inc. 6960 Professional Parkway East Sarasota, Fl. 34240

RE: Sanitary Survey Inspection Report: PWS # 3641373 Tomoka View Estates Community Water System

Dear Mr. LaBrecque,

This will confirm my visit to the above referenced community public water system for the purpose of conducting a sanitary survey. The survey of the Tomoka View Estates water treatment plant was conducted on December 16, 2004 in the company of Mr. Paul Thompson, the facility's certified operator. I also visited the plant for a follow-up inspection on February 9, 2005.

Overall, the Tomoka View Estates drinking water system is well maintained and operated. However, this Department is concerned about the system's water quality problems – namely high copper and trihalomethane (THM) concentrations in the finished drinking water. Optimal corrosion control treatment needs to be maintained; and the treatment options for trihalomethane reduction need to be evaluated. As noted in previous correspondence, this office requests that a written proposal be submitted by no later than <u>June 1, 2005</u> outlining a plan of action for achieving compliance with the THM Maximum Contaminant Level (MCL).

The three deficiencies noted during this survey are listed below. On page 6 of the enclosed sanitary survey report, these deficiencies have been listed along with reference to the pertinent section of the Florida Administrative Code. (FAC) Additionally at the end of this letter, I have included some additional information about new permitting requirements applicable to this water system.

The following is a description of corrective action required for each noted deficiency:

- 1. Repair the damaged areas of the fence surrounding the water plant including the top strands of barbed wire that are bent down or entirely missing in some sections.
- 2. Submit an updated written cross connection control plan to this office reflecting current system ownership and demonstrate implementation of this plan.
- 3. Document operator testing of phosphate additive concentration in finished water (at least twice per month) and compare operator 's test kit readings to certified laboratory results of phosphate concentration at least once per year. (NOTE: A tap sample should be submitted to a laboratory for both ortho-phosphate and phosphate concentration when Lead/Copper tap samples are collected.)

You are required to correct the listed deficiencies for this water system no later than <u>April 15, 2005</u>. On or before this date provide a written response to this Department stating that all deficiencies have been corrected or listing specific dates of completion for any items still in progress. If any deficiencies need further explanation, please contact me immediately.

VOLUSIA COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH ENGINEERING • SAFE DRINKING WATER PROGRAM
1845 HOLSONBACK DRIVE
DAYTONA BEACH, FLORIDA 32117

In addition, this office requests that an updated Lead/Copper sample plan be submitted as soon as possible and prior to sample collection in the current monitoring period (January – June 2005). This system's service population has been increased to 644 based on a factor of 3.5 persons per household. Therefore, a minimum of 20 samples must be collected in each 6 month monitoring period. Please include at least five additional sample sites (minimum of 25 sites) in the sample plan - preferably selecting taps without water softeners. If a sample tap with a water softener is selected, note this in PART IV of the sample plan.

I have listed below some requirements for this community water system as detailed in the revised Chapter 62-555 F.A.C., effective August 28, 2003:

- 1. Biogrowths shall be routinely cleaned (at least annually) from the walls of the water storage tanks at this facility. Accumulated sludge and biogrowths shall be cleaned from inside water storage tanks and these tanks shall be inspected for structural and coating integrity by a professional engineer once every five years (certified no later than August 2008).
- 2. Equipment manuals must be bound and indexed or a plant operation and maintenance manual must be provided at the water treatment plant by no later than <u>December 31, 2005</u>. ALL preventive maintenance work and equipment repairs must be documented in plant maintenance logs.
- 3. A written "Emergency Response Plan" (ERP) for this water system addressing vandalism; drought; hurricanes; fire; flooding; and hazardous material release, if applicable, must be developed and be available for review by this office no later than <u>December 31, 2005</u>. (NOTE: Florida Rural Water Association will be conducting training seminars during March and April 2005.)
- 4. An audio-visual alarm system that is activated in the event that any power source fails must be provided by no later than <u>December 31, 2005</u>. If the water plant is not staffed during all hours that the stand-by power is in operation, the alarm shall telemeter notification to a place staffed during all hours that the stand-by power source is in operation; or trigger automatic telephone dialing or paging to enable notification to an authorized representative of the water system.
- 5. Key isolation valves of the distribution system need to be indentified and regularly exercised (or replaced, as needed) to ensure that line breaks can be repaired without total loss of system pressure. The exercising of these main valves should be documented in operational log and their replacement noted on distribution system map which must be kept up-to-date.
- 6. All legitimate customer complaints and responses by system personnel should be documented in a separate section of operational log book or in a separate log available for periodic review.

Please be aware that the Florida Rural Water Association (FRWA) is available to public water suppliers for consultation and technical assistance. Water suppliers are not required to be a member of the association in order to receive assistance and it is recommended that their services by utilized when assistance is needed. The local FRWA circuit rider is Mr. David Hanna and he may be contacted at (850) 668-2746.

In conclusion, I would like to thank Paul Thompson and Nicole Zinn of Aqua Utilities for their cooperation during the course of this survey. If you should have any questions regarding this correspondence, please feel free to contact me at (386) 274-0717.

Sincerely,

Patricia Carrico, R.E.H.S. Environmental Specialist II

c.c: Paul Thompson, Operator - Central Florida Office

### Department or ⊓ealth Volusia County Health Department

# SANITARY SURVEY REPORT

Plant Name	TOMOKA VIEW ESTATES	_ 0	ounty	Volusia	PWS ID#_	3641373
Plant Location	336 Apache Trail, Ormond Beach, Fl. 3217	6			Phone <u>38</u>	<u>6-937<b>-</b>1143</u>
Owner Name	Agua Utilities Florida, Inc.				Phone	941-907-7420
Owner Address	6960 Professional Parkway East Sarasota	FL.	44240			
Contact Person	Paul Thompson T	itle _	Operator		Phone	386-937-1143
This Survey Date	Paul Thompson Te 12/16/04 - 2/09/05 Last Survey Date		12/20/01	Last	C.I. Date	04/27/04
PWS TYPE & C				R SOURCE		2
Community (		$\succeq$	GROUN	D; Number	or vveiis	2
	t Non-community	<u> </u>	SURFAC	JE/UDI; Soi	arce	
☐ Non-Commu	inity					
DWO CTATUC		Ļ	Emerge	ncy Water S	Source	
PWS STATUS	atam with anaroual number 2 data	N	OTE: Ormo	ond Bch. (P)	<u>NS 3640963)</u>	water main with
	stem with approval number & date accepted 10/1975 (Plan #6348-5/1963)					some fire water.
Unapproved	system			POWER S		
		$\times$	Yes	None		uired
	CHARACTERISTICS	S	ource <u>L</u>	P gas fueled	generator-GE	NERAC
Subdivision (A	Il single family homes)	C	apacity of	Standby (k)	M)	30 kW
		S	witchover:	X Automa	atic 🔲 Man	nual
Food Service:	☐ Yes ☐ No ☒ N/A	St	andby Pla	n: 🔀 Yes	No	
ODEDATION 9	MAINTENANCE	H	rs Operate	ed Under Lo	ad	4 hrs/mo.
	or: Yes No Not required	W	<u>/hat equip</u>	ment does i	t operate?	
			🔀 Well p	umps <u>2</u>		
	ertification Class-Number		🔀 High S	Service Pun	nps <u>3 (All)</u>	
raul Thompson	#A 7251			nent Equipr	ment <u>All</u>	
O & M Log: M	Yes No Not required					es 🗌 No 🗍 Unk
Operator Visitati	ion Frequency	С	omments	250 gal. LF	Storage Tanl	k on-site.
Hrelday: Poqui	red N/A Actual N/A	_				
Dayshuk Pegu	rired 6 Actual 7		DE 4 T14E4	IT DDOOF	0050 11110	<b>-</b>
Mon-consecut	ive Days? ☐ Yes ☐ No ☒ N/A				SSES IN US	
MORe submitted	d regularly? X Yes No N/A				ntrol, Hypoch	
Data missing fro	om MORs? No Yes N/A				ent is neede	a'?
Data missing inc	minimorts: Mine III res III min		None Note		-:	
Number of Serv	ice Connections184			of what defi	ciencies?	
	red 644 Basis 3.5 per S.C.	_	N/A			
	om MORs) 45,841 gpd	D	ISTRIBUT	TION SYST	EM	
Max. Day (from	MORs) 85,000 gpd (Apr. 2004)				Flor	w Meter
Max-day Design	Capacity 193,000 gpd					turbine meter-3"
	8,000 gal. (%Storge/MaxDav=21%)				evices: 🔯	
	e and Max Day based on period from				one observed	
	Note: System is built-out. No increase in				on Control F	
	ns since last survey; but population				n: 🛛 Yes [	
	ously a factor of 2.3 X (service					ks calibration of
connections) was					anks are in us	
						flow devices are
				distribution s		now devices are
		11.	bulled off	area induction 8	730111.	

1.1010	12116/114
Date	12/16/04

102

### **GROUND WATER SOURCES**

Well Numbe	er	1 (North)	2 (South)	3	4
FLUID#	(NO FLUID #'s)	(Outside Plant	(Inside Plant		
Location Year Drilled		Fence) 2003	Fence) 1965		
Depth Drille		136 ft.	150 ft.		
Drilling Meth	nod	Combination	Unknown		
Type of Gro	ut	Neat Cement	Unknown		
Length (out:	side casing)	120 ft.	120 ft.		
Diameter (o	utside casing)	6 in.	6 in.		
Material (ou	itside casing)	Black.Steel	Galv. Steel		
Well Contar	mination History	None	None		
Is inundation	n of well possible?	No	No		
6' X 6' X 4"	Concrete Pad	Yes	Yes		
	Septic Tank	< 100 ft.*	< 100 ft.*		
SET	Reuse Water	N/A	N/A		
BACKS	WW Plumbing	< 100 ft.*	< 100 ft.*		
	Other Sanitary Hazard	None Noted	None Noted		
	Туре	Submersible	Submersible		
	Manufacturer Name	Unknown	Unknown		
PUMP	Model Number	75S	Unknown		
	Rated Capacity (gpm)	75 gpm	200 gpm		
	Motor Horsepower	5 HP	5 HP		
Well casing	12" above grade?	Yes	Yes		
Well Casing	Sanitary Seal	Good	Good		
Raw Water	Sampling Tap	Yes	Yes		
Above Grou	und Check Valve	Yes	Yes		
Fence/Hous	sing	Housing	Fence		
Well Vent P	Protection	Yes	Yes		

COMMENTS \*Both Wells are within 100' of nearby septic systems. Department has waived setback requirement for septic tanks provided monthly well samples remain negative for total coliform bacteria.

TVV0 1U#_	3041 <i>313</i>	·
Date	12/16/04	103

CHLORINATION (Disinfection)  Type: Gas Hypo  Make Stenner 85M5 (2) Capacity 85 gpd  Chlorine Feed Rate				
Avg. Amount of Cl <sub>2</sub> used 30 gal. per day Chlorine Residuals: Plant 1.4 Remote 0.8 Remote tap location 160 Greenbriar DPD Test Kit: On-site With operator None Not Used Daily				
Injection Points @ in Comments Individua Dumont Chem. Co. fills	1 CL2 pt	imp for	each well.	
Chlorine Gas Use Requirements	YES	NO	Comments	
Dual System			N/A	
Auto-switchover			N/A	
Alarms: Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection			N/A N/A N/A	
Scale			N/A	
Chained Cylinders			N/A	
Reserve Supply			N/A	
Adequate Air-pak			N/A	
Sign of Leaks N/A				
Fresh Ammonia			N/A	
Ventilation			N/A	
Room Lighting			N/A	
Waming Signs			N/A	
Repair Kits			N/A	
Fitted Wrench			N/A	
Housing/Protection			N/A	
AERATION (Gases, Type <u>Cascade</u> Aerator Condition <u>Cascade</u> Bloodworm Presence Visible Algae Growth Protective Screen Comments <u>Aerator</u>	Good None No Ondition	Capaci	ty <u>Unknown</u>	

### STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell

Tank Type/Number	G	С	
Capacity (gal)	15,000	3,000	
Material	Conc.	Conc.	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	No	
Pressure Gauge	N/A	N/A	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	N/A	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	N/A	
On/Off Pressure	N/A	N/A	
Access Padlocked	Yes	Yes	
Height to Max. Water Level	N/A	N/A	

### HIGH SERVICE PUMPS

Pump Number	1	2	3
Туре	Cent.	Cent.	VFD
Make	Marathon	Marathon	StaRite
Model	Unknown	Unknown	Unknown
Capacity (gpm)	Unknown	Unknown	Unknown
Motor HP	5	5	5
Date Installed	1999	?	2004
Maintenance	OK	OK	OK

Comments VFD = Variable Frequency Drive pump Pump #3 runs continuously. Others for back-up only to maintain pressure @ 55-60 psi.

### OTHER CHEMICAL ADDITIVES:

Chemical Stiles-Kem Phosphate Blend= SK 7661 Purpose Corrosion Control Inhibitor for Cu/Pb. Equipment Used 2-Stenner -3 GPD pumps (each well) Feed Rate/ Dose 1.0 ppm PO4 \* Comments: 60% Poly/40% Ortho Blend added before aerator into larger tank. \*PO4 conc. not documented

regularly. Test kit should be checked annually with lab.

### DISTRIBUTION SYSTEM MAINTENANCE

**Cross-Connection Control** 

Is A CCC Plan On File?	Yes
CCC Plan Appears Adequate?	Yes
CCC Plan Date:	April 2002*
Record Of CCC Plan Implementation?	No *
Number Of RPZ-DC Backflow Devices on System:	None
ReUse Water in Use?	No
Adequate Annual Testing Records?	No testing/ No devices

Comments: \*Florida Water Services Plan, No record of adoption by Aqua Utilities. Operator checks individual homes, only if there is a problem.

Flushing And Valve Maintenance

Distribution	Size of Mains Shown?	Yes
	Valves and Dead-Ends Shown ?	Yes
	Hydrants Shown?	No Hydrants on system
Is Distribution Map Available? Map Updated?		Yes /Yes
Is Flushing Plan on File?		No
Flushing Documented?		Yes
# Sites and Frequency of Flushing?		6*/ Monthly
Valve Maintenance Program?		No
Valve Maintenance Activity Documented?		No

Comments: \*6 dedicated flush/sampling valves installed on distribution system.

### SAMPLING PLANS

**Total Coliform Sampling Plan** 

Approved Sampling Plan?	Yes
Total Coliform Plan Date:	6/2002
# of Samples Required Monthly:	2
Total # of Unique Sites in Plan:	6

Comments: Samples are being collected per plan

Disinfection By-Product (DBP) Sampling

Is The Plan Adequate?	Yes
Maximum Residence Time Site:	160 Greenbriar
Plan Date:	March 2004

Comments: July specified as "annual" sample month.

Lead And Copper (Tap Water) Sampling

Lead And Copper (Tap Water) Sampling		
Lead And Copper Plan Date:	Sept. 2002	
No. Of Standard Sites (In Plan)	17 listed*	
No. Of Reduced Sites (In Plan)	5*	
Is Corrosion Control Treatment Required? (for Cu or Pb?)	Yes	
Present Monitoring Status	Bi Annual	
No. Of WQP Sites (In Plan)	1*	
Samples Collected per Plan (# Collected)	7	

Comments: \*Sample plan based on 420 pop. Increase to 20 regular/10 reduced sites and 2 WQP sites required due to adjustment in population with this survey.

### **MISCELLANEOUS**

Emergency Response Plan (ERP)

Required (+ 350 pop.)?	Yes
Date Created:	Due: 12/31/05
Location of Plan:	No plan currently

Comments:	
Commence.	

**Consumer Confidence Reports (CCR)** 

Distribution / Reporting Timeframes Met?	Yes
CCRs In Conformance With Rules?	Yes
Delivery Methods Appropriate?	Yes
Usual Delivery Method(s):	Mail/ Internet

Commonto	
Comments:	

Recordkeeping

Analyses, MOR, Inspections Retained for 5 (Bacteria) to 10 yrs?	Yes	
Where are the above records stored?	Main Office	
Equipment Manuals at Plant (or nearby location)?	Yes*	
Operation and Preventive Maintenance Manual ?	No	
Maintenance Work Properly Documented?	Yes	
Customer Complaints Documented?	Yes	

Comments: \*All manuals are not bound/indexed.

### Security:

Security is adequate except fence is bent over in some areas. Some barbed wire is damaged and missing on top of entrance gate.

MONITORING REQUIREMENTS

Contaminant	Samples Required	Sampling Location	Frequency	Next Deadline For Sampling
Microbiological (Bacti)	2	Each Well	Monthly	02/28/05
Microbiological (Bacti)	2	Distribution / Per Approved Sampling Plan	Monthly	02/28/05
Volatile Organic Contaminant Group	1	POE	3 years	12/31/06
Synthetic Organic Contaminant Group	1	POE	3 years	12/31/06
Nitrate & Nitrite (as N)	1	POE	Annually	12/31/05
Inorganic Contaminant Group	1	POE	3 years	12/31/06
Asbestos	1	Distribution / Per Approved Sampling Plan	9 years	09/30/12
Radionuclide Contaminant Group	1	POE	Qtrly	03/31/09
Disinfection By-Products (TTHM & HAA5)	1 each	Distribution / Per Approved Sampling Plan	THM - Qtrly HAA - Annual	03/31/05 07/31/05
Disinfection Residual Monitoring	2	Distribution / Same as microbiological samples	Monthly	02/28/05
Secondary Contaminant Group	1	POE	3 years	12/31/06
Lead and Copper (Tap Water)	20	Distribution / Per Approved Sampling Plan	6 months	06/30/05

Known Water Quality Issues		
·		
None - except for high Trihalomethane and Copper concentrations as listed below.		

MAXIMUM CONTAMINANT Level / ACTION Level MCL / AL VIOLATIONS	Other Violations
Trihalomethane MCL Exceeded (12/2004)	Minor CCR Report Violation (7/2002)
90% Copper Action Level Exceeded (9/2004)	Insufficient Pb/Cu TAP Sample Sites (6/2002)
	Late Reporting Pb/Cu TAP Sample Results (12/2001)

### Deficiencies:

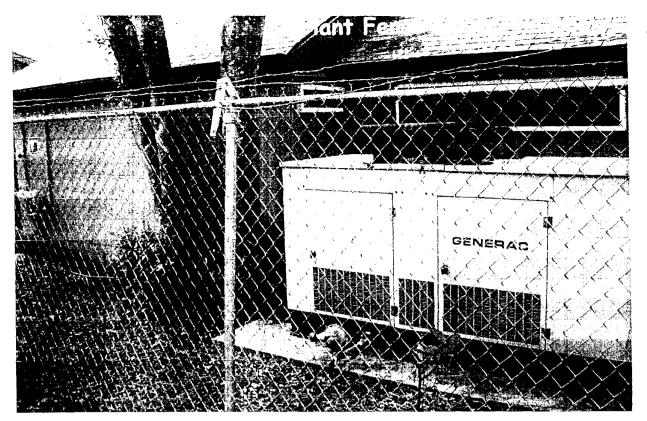
- 1.) Water plant fence and top barbed wire damaged. (62-555.350 Florida Administrative Code= F.A.C.)
- 2.) No record of cross connection control plan implementation by current owner. (62-555.360 F.A.C.)
- 3.) No documentation of Phosphate concentration in finished water. (Chapter 62-555.35 F.A.C.)

### Additional Requirements/Comments:

- 1.) Submit updated Lead/Copper sample plan with increased tap sample and water quality sites.
- 2.) Document annual cleaning of storage tanks and certified tank inspections every five years.
- 3.) Consolidate all equipment manuals into one bound and indexed notebook. (Due: 12/31/05)
- 4.) Create Emergency Response Plan by 12/31/05.
- 5.) Install audio-visual alarm system for power outage or auxiliary power source operation.
- 6.) Exercise key isolation valves and maintain updated distribution system map.
- 7.) Document all legitimate customer complaints and operator responses in a log book.

Inspector: Patricia Carrico / Title Environmental Specialist II Date 2/23/05

Approved by: Paul Hextell / Title Environmental Supervisor II Date 2/24/05.



REPLACE BARBED WIRE HERE





Jeb Bush Governor John O. Agwunobi, M.D., M.B.A. Secretary

Sent Certified: 7000 1670 0008 8254 3007

November 14, 2003

Twin Rivers, PWS ID: 3641399

Florida Water Services Paul Thompson P.O. Box 609520 Orlando, FL 32860

Dear Mr. Thompson:

This letter confirms my visit to the above referenced facility on October 17, 2003, in the presence of your representative (Jim Hogan) for the purpose of conducting a sanitary survey. A copy of the Sanitary Survey inspection form is enclosed for your records. There were deficiencies noted during the survey and an office file review was conducted. The deficiencies are listed on page six of the survey form and as follows:

- Submit updated bacteriological sampling plan for review that represents the extent of the distribution area.
   Collect samples from indicated sampling points each month. Chapter 62-550.518(1) Florida Administrative Code.
- 2. Submit water line distribution system area map, valve locations, valve exercise plan and flushing plan. Submit justification that plans are adequate to control biofilm and sedimentation in distribution system. Ch.62-555.330(8) F.A.C. (2003)
- 3. Install flow meter at point of entry to record water flow rates. Ch.62-555.350(1) F.A.C.
- 4. Replace severely corroded Hydropneumatic tank. Ch. 62-555.350(1) F.A.C.
- 5. Submit Cross Connection Control Plan to include placement, annual maintenance, record keeping and potential sites of backsiphonage from used water, industrial, sewage, or any other substance other than potable water. Follow guidance of "Recommended Practice for Backflow Prevention and Cross Connection Control" by American Water Works Association.Ch.62-555.360(2)F.A.C.

You are required to correct items 1,2,3 and 5 deficiencies for the subject system and to provide a written statement to this Department no later than January 15, 2004. Letter should state any changes in equipment and when deficiencies were corrected. Replacement of hydropneumatic tank shall be replaced by March 1, 2004 and notify Department upon completion of replacement.

Please provide the information, where available, for items marked unknown "Unk" on the sanitary survey report. Thank you for you cooperation with this Department. If you have any questions or any items in this letter need further explanation, feel free to call Tuesday through Friday (386) 274-0719.

Sincerely,

Darren R. Guffey Environmental Specialist II

CC: PWS File # 3641399

# State of Florida Department of Health Volusia County Health Department

## SANITARY SURVEY REPORT

Plant Name	TWIN RIVERS	Cc	ounty	Volusia	PWS ID# _	3641399
Plant Location	Riverdale Avenue				Phone	386-503-4339
Owner Name	Florida Water Service				Phone	386-445-3311
Owner Address	#2 Utility Drive, Palm Coast, FL 32137					
Contact Persor	Jim Hogan/Donald Hulcolm	Title _	A opera	itor	Phone	386-503-4339
This Survey Da	ate <u>10/17/03</u> Last Survey Date		9/27/00	La	st C.I. Date _	1/22/03
PWS TYPE &	CLASS	RA	W WAT	ER SOUR	CE	
		$\boxtimes$	GROU	ND; Numbe	er of Wells	11
	ent Non-community		SURFA	ACE/UDI; S	Source N/A	
Non-Comm			PURC	HASED from	m PWS ID#_	N/A
	·					<b>\</b>
<b>PWS STATUS</b>			Emerg	ency Water	r Capacity <u>N</u>	I/A
	system with approval number & date			-		
	7), As Builts (10/7/75)			Y POWER		
	5/27/2003				Not Req	
Unapprove	d system					iesel Generator)
050//05 405	TA OUADACTEDICTION	Ca	pacity o	of Standby (	(kW)	30
SERVICE ARE	EA CHARACTERISTICS				matic 🔲 Mar	iual
- C 1 1' ' '					s 🖾 No	
Subdivision	☐ Yes ☒ No ☐ N/A				Load	4 hrs/mo.
Food Service:	☐ Yes ☑ NO ☐ N/A				s it operate?	
OPERATION A	& MAINTENANCE	Į.	X Well	pumps1	well pump	
	ator: ⊠ Yes ☐ No ☐ Not required	Ļ	High	Service Pi	umps2	
	Certification Class-Number	L	<u>X</u> i irea	tment Equi	pment <u>all tre</u>	atment
	C-10109, Jim Hogan A-4052,	Sa	itisty 1/2	max-day d	demand? 🖂 Ye	es
	6762, Donnie Holcomb A-5091	Co	omments	s <u>none</u>		
O & M Log: 🔯	Yes No Not required					
Operator Visita	ation Frequency	TE	?F∆TMF	ENT PROC	ESSES IN US	F
Hrs/day: Req	ation Frequency uired <u>N/A</u> Actual <u>1.5 hrs.</u>		Chlorami		LOOLO III OO	<b>-</b>
Days/wk: Red	quired6Actual6			inhibitor		
Non-consecu	utive Days? ☐ Yes ☐ No ☒ N/A				ment is neede	d?
	ed regularly? 🛛 Yes 🗌 No 🔲 N/A		N/A	tional troat		<b>.</b>
Data missing f	rom MORs? ⊠ No ☐ Yes ☐ N/A			of what de	eficiencies?	
N/A			N/A			
Number of Ser	rvice Connections 82	וח	CTDIBI	JTION SYS	TEM	
Population Se	rved 190 Basis 2.3 x con.,est			suring Devi		None
	(from MORs) 19,303 gpd			e & Type _		None
	m MORs) <u>28,250 gpd</u>				Devices: 🛛 `	Yes □ No
	gn Capacity 385,000 gpd			nections _		103110
Comments n					ction Control F	Program: No
	CII V				lan: 🛛 Yes [	
						n sampling plan.
					lushing and val	
					ter at point of e	
			pian. Ins	tan now me	ier at ponit of el	iu y.

PWS ID#_	3641399
Date	10/17/03

### **GROUND WATER SOURCE**

Well Numb	per	1	2	3	4
Year Drilled		1967	N/A	N/A	N/A
Depth Dril	led (ft.)	190'			
Drilling Me	ethod	Rotary			
Type of G	rout	Unk			
Static Wat	er Level (ft.)	Unk			
Pumping \	Nater Level (ft. below surface)	Unk			
Design W	ell Yield (gpm)	Unk			
Test Yield	(gpm)	Unk			
Actual Yie	d (if different than rated capacity)	Unk			
Strainer		Unk			
Length (or	utside casing) (ft.)	95'	1000000		
Diameter	(outside casing) (in.)	6"			
Material (d	outside casing)	Steel			
Well Cont	amination History	No			
Is inundation of well possible?		No			
6' X 6' X 4	" Concrete Pad	Yes			
	Septic Tank	150'			
SET	Reuse Water	No			
BACKS	WW Plumbing	100			
	Other Sanitary Hazard	N/A			
	Туре	Submersible			
	Manufacturer Name	Franklin			
PUMP	Model Number	Unk			
	Rated Capacity (gpm)	268			
Motor Horsepower		7.5			
Well casing 12" above grade?		Yes			
Well Casi	ng Sanitary Seal	Yes			
Raw Wate	er Sampling Tap	Yes			
Above Gr	ound Check Valve	See comment			
Fence/Ho	using	Yes	THE STATE OF THE S		
Well Vent	Protection	Yes			

COMMENTS	No check valve needed at well because of airgap at aeration spray nozzles.

· · · · · · · · · · · · · · · · · · ·							
	PWS ID # <u>3641399</u> Date <u>10/17/03</u>						
	ITIE	S					
7) 2)	Cle	earwell	#1 T F	alic (L)	Elevated		
nbe	er	C		C	G		
		4500		4500	1500		
		concret	e	concrete	steel		
		No		No	No		
		No		No	Yes		
3		N/A		N/A	No		
		N/A		N/A	No		
		N/A		N/A	No		
ing	js	Yes		Yes	N/A		
		N/A		N/A	Unk		
9		N/A		N/A	N/A		
ed		Yes Yes		Yes			
n c	of	6'		6'	20'		
_	5'			5'	19'		
rdropneumatic tank serves as ground pneumatic tank is in poor condition patches covering leaky rusted areas.							
ΞP	UN	IPS					
		1		2	N/A		
		cent.		cent.			
		gnetek		1agnetek			
	C	entury		Century			
		unk		unk			
		5		5/3			
		unk		unk			

CHLORINATION (Dis		n)			
Type: 🗌 Gas 🔀 Hy	/po	,			
Make <u>Stenner</u> Chlorine Feed Rate _	<del></del> (	Capacity	/3 gpd		
Chlorine Feed Rate _	unk		N1/A		
Avg. Amount of Cl <sub>2</sub> ga Chlorine Residuals: F	as used	* [	N/A		
Remote tap location _	Iastho	ouse on	Tymber Creek		
rd.	Last III	<u> </u>	Tymoor Creek		
DPD Test Kit: Or	 n-site	☐ Witl	h operator		
☐ No	ne	☐ Not	Used Daily		
Injection Points <u>Drip</u>		learwell			
Booster Pump Info N					
Comments Backup C					
*Chloriamine residua	is: Plant	1.82pp	<u>m.</u>		
Remote: 1.6			· · · · · · · · · · · · · · · · · · ·		
Chlorine Gas Use	YES	NO	Comments		
Requirements					
Dual System			N/A		
Auto-switchover			N/A		
Alarms:					
Loss of Cl <sub>2</sub> capability		$\vdash$	N/A		
Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection		H			
Scale			N/A		
Chained Cylinders			N/A		
Reserve Supply			N/A		
Adequate Air-pak			N/A		
Sign of Leaks			N/A		
Fresh Ammonia			N/A		
Ventilation			NA		
Room Lighting			NA		
Warning Signs			NA		
Repair Kits			NA		
Fitted Wrench			NA		
Housing/Protection			NA		
AERATION (Gases, Type <u>Spray</u> Aerator Condition <u>f</u> Bloodworm Presence Visible Algae Growth	air no no	Capacit	y unk		
Protective Screen Co	ndition	very g	ood		
Comments <u>none</u>	Comments none				

STORAGE FACILITIES  (G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell							
Tank Type/Numb	er	C		С	G		
Capacity (gal)		4500		4500	1500		
Material		concret	e	concrete	steel		
Gravity Drain		No		No	No		
By-pass Piping		No		No	Yes		
Pressure Gauge	Ī	N/A		N/A	No		
Sight Glass or Level Indicator		N/A		N/A	No		
Fittings for Sight Glass		N/A		N/A	No		
Protected Openings		Yes		Yes	N/A		
PRV/ARV		N/A		N/A	Unk		
On/Off Pressure		N/A		N/A	N/A		
Access Padlocked		Yes		Yes	Yes		
Height to Bottom of Elevated Tank		6'			20'		
Height to Max. Water Level		5'		5'	19'		
Comments Hydropneumatic tank serves as ground storage. Hydropneumatic tank is in poor condition and has several patches covering leaky rusted areas.							
HIGH SERVICE I	JUN	125	-	2	N/A		
Туре		cent.		cent.	11/11		
Make		agnetek	$\frac{1}{N}$	1agnetek			
Model		entury		Century			

Pump Number	1	2	N/A
Туре	cent.	cent.	
Make	Magnetek	Magnetek	
Model	Century	Century	
Capacity (gpm)	unk	unk	
Motor HP	5	5/3	
Date Installed	unk	unk	· · · · · · · · · · · · · · · · · · ·
Maintenance	monthly	monthly	

Comments	_ riessure gau	ige is infine a	u piani.
			-

PWS ID # \_\_\_\_\_\_3641399 Date \_\_\_\_\_\_10/17/03

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS								
	# Samples	Sampling		C > 3300		C ≤ 3300		
CONTAMINANT	Required	Location	Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bact)	1	Each well	monthly			monthly		
	2	Distribution					monthly	Tenth of next month
Volatile Organics	(Note A)	(Note G)	(Notes A, 1)			(Notes A, 2)	2006	
Pesticides & PCBs	(Notes B, E)	(Note G)	3 years (Note 1)			3 years (Note 2)	2006	
Nitrate & Nitrite (as N)	1	POE	annually			annually	2004	
Inorganics	1	POE	3 years (Note 1)			3 years (Note 2)	2006	
Asbestos	1 (Note F)	Distribution	9 years (Note 7)			9 years (Note 8)	2012	
Secondaries	1	POE	3 years (Note 1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 years (Note 2)	2006	
Radionuclides	(Note C)	POE	3 years (Note 1)			3 years (Note 2)	2006	
Lead and Copper	(Note D)					Annually	2004	
Disinfection Byproduct	1	Distribution	Quarterly			Annually	2004	

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

PWS ID # 3641399 Date 10/17/03

#### NOTES:

### # SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

- Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.
- Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.
- Note D Contact the Volusia County Health
  Department at (904) 947-3436 or contact the
  Florida Rural Water Association.

Note E Contact the Volusia County Health
Department at (904) 947-3436 to obtain an application for reduced monitoring.

Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

Note G First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

#### FREQUENCY:

- Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)
- **Note 2** Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)
- Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)
- Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)
- **Note 5** Second year of the first three-year compliance period (i.e. calendar year 1994)

- Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)
- Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)
- Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)
- Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

PWS ID#	41399
Date	10/17/03

MONITORING VIOLATIONS	MCL VIOLATIONS
9/9/02Failed to certify public education	
per department's deadline concerning	
Lead and Copper	
7/1/02 Two minor deficiencies on CCR.	
6/30/02 Insufficient number of sites	
sampled for Lead and Copper.	

#### **DEFICIENCIES:**

- 1.Submit updated bacteriological sampling plan that represents the extent of the distribution area. Collect samples from indicated sampling points. Chapter 62-550.518 (1) Florida Administrative Code
- 2. Submit water line distribution system area map, valve locations, valve exercise plan and flushing plan. Submit justification that plans are adequate to control biofilm and sedimentation in distribution system. Ch. 62-555.330(8) F.A.C. (2003)
  - 3.Install flow meter at point of entry to record water flow rates. Ch. 62-555.350 (1) F.A.C.
  - 4.Replace severely corroded Hydropneumatic tank. Ch. 62-555.350(1) F.A.C.
- 5. Submit Cross Connection Control Plan to include placement, annual maintenance, record keeping and potential sites of backsiphonage from used water, industrial, sewage, or any other substance other than potable water. Follow guidance of "Recommended Practice for Backflow Prevention and Cross Connection Control" by American Water Works Association.Ch.62-555.360(2)F.A.C.

#### COMMENTS:

1. Stage 1 Disinfection Byproduct Rule requirements pertinent to this system will become effective January 1, 2004. This includes 1 sample per treatment annually per sampling plan during month of warmest water temperature. Submit sampling plan by March 30, 2003 (Example: One sample during one of summer months.)

Chapter 62-550.310(2a) F.A.C.

- 2. Action Levels were exceeded from samplings of Lead and Copper during fall 2001 and spring 2002 (See data for dates and results). Owner of system changed corrosion inhibitor chemical on 8/21/02 from Stiles-Kem SK-7641 to SK-7661. The change was made upon recommendation of corrosion inhibitor supplier. Subsequent Lead and Copper results in November 2002 and May 2003 have shown no new Action Level trigger.
- 3. Disinfection Byproducts or total trihalomethanes were elevated consistently from February 2000 (See data for dates and results). Owner installed Ammoniation system early 2003 to reduce the levels of Disinfection Byproducts produced in water system. Subsequent Total Disinfection Byproduct sample from July 2003 show a significant reduction in contaminant levels.

Inspector	Title Environmental Specialist II	Date <u>11/14/2003</u>
Approved by	Title Environmental Supervisor II	Date

PWS ID_	36405 <u>57</u>
Date	5-8-03

OTHER TASTE/ODOR CONTROL PROCESSES

Explain: N/A

	FILTRATION (Suspended Solids Removal)
AMMONIATION	Type Rapid Sand Size 30 yards <sup>3</sup> each No. of Units 3
Make <u>Capital</u> Capacity 400 #/day	
Injection Points Recarb basin	Length of Filter Runs 95-100 hours
Comments	Type of Filter Media silica sand
	Is media visible? yes Clean after BW? yes
	Filter Rate 800 gpm BW Rate 2700 gpm
COAGULATION (Turbidity Removal)	Filter Capacity 2.4 MG/d
Chemicals Used N/A	Cracks/Cementation/Channeling none
Condition of Floc	Effluent Stability good Algae Growth no
Is settling OK?	Turbidity in clearwell? Not significant
Comments	Head Loss Gauge On each unit
	Comments
SOFTENING (Ca/Mg Hardness Removal)	
	FLUORIDATION
Chemical Precipitation Process:	Chemical Used NaHSiF <sub>6</sub> Strength 22-26%
Chemicals Used Slaked lime and a polymer:	Corrosion Noted on glass Plugging Noted no
LC-214 acrylamide	Feeder Make/Model LMI A-151-91 FS
Nature of Floc white flocculent mass	High Level Ventilation (acid) Yes
Sludge Blanket Appearance fine	Acid carboys/day tank vented outside N/A
Is settling OK? settles	Designated Electrical Outlet (acid) Yes
Excessive carry-over? No	Analytical Testing Equipment Yes
Secondary Precipitation not seen	Anti-siphon Valves Yes
Effluent Stability stable	Residual Range 0.6 mg/l
Recarbonation Type CO <sub>2</sub> gas	Point of Application Added to main whenever HS
Sludge Recirculation Used Sludge piped to pond	pumps are engaged-then to service or starage
Comments Repairs on softeners alternates	Emergency Eyewash Yes
	Comments
Ion Exchange Process:	
Make N/A Model	
Capacity	ADDITIVES
Grade of Salt for Regeneration	Meets NSF 60 & 61 Yes
Backwash Effluent Destination	
Comments	
STABILIZATION	
STABILIZATION  Effluent S.L. N/A	
Effluent S.I. N/A Is pH control done?	
Chemical UsedInjection Point	
pH Range of Effluent	

PWS ID 3641399 Date10/17/2003

OTHER TASTE/ODOR CONTROL PROCESSES	FILTRATION (Suspended	
Explain: N/A	Type N/ASize	No. of Units
	Length of Filter Runs	140. 01 011110
	Type of Filter Media	
A BARACONII A TIONI	Is media visible?	Clean after RW
AMMONIATION  Makes Stannar/45M4 Conseity 2gnd	Eiltor Poto	Clean and DVV
Make Stenner/45M1 Capacity 3gpd	Filter Rate	BW Nate
Injection Points Clear well feed point	Filter Capacity	
Comments 19% aqua ammonia in 15 gal containers.	Cracks/Cementation/Cha	nneling
	Effluent Stability	Algae Growth
	Turbidity in clearwell?	
COAGULATION (Turbidity Removal)	Head Loss Gauge	
Chemicals Used N/A	Comments	
Condition of Floc		
Is settling OK?		
Comments	FLUORIDATION	
	Chemical Used N/A	Strength
	Corrosion Noted	
SOFTENING (Ca/Mg Hardness Removal)	Feeder Make/Model	
	High Level Ventilation (ad	
Chemical Precipitation Process:	Acid carboys/day tank ve	
Chemicals Used:N/A	Designated Electrical Ou	tlet (acid)
	Analytical Testing Equipr	ment
Nature of Floc	Anti-siphon Valves	
Sludge Blanket	Residual Range	
Is settling OK?	Point of Application	
Excessive carry-over?	Emergency Eyewash	
Secondary Precipitation	Comments	
Effluent Stability		
Recarbonation Type		
Sludge Recirculation Used Comments	ADDITIVES NSF 60/61:	YES
Ion Exchange Process:	CORROSION CONTRO	
Make N/A Model	Corrosion Control is poly-c	
Capacity	SK 7661, Stiles-Kem Divis	
Grade of Salt for Regeneration	is NSF 60 Approved. Feed	
Backwash Effluent Destination	Stenner Pump, Chlorine to	Ammonia rate 4:1.
Comments		<del></del>
STABILIZATION		
Effluent S.I. N/A Is pH control done? Chemical Used		
Injection Point		
pH Range of Effluent		

# State of Florida Department of Environmental Protection Central District

# SANITARY SURVEY REPORT

Plant Name	VALENCIA '	TERRACE S/D	C	ounty	Lake	PWS ID # .	3351421
Plant Location	Trout Lane, Fruitla	nd Park				Phone _	352/787-0980
Owner Name	Florida Water Service	ces, Attn: Craig Anders	on				
Owner Address	P.O. Box 609520.	Orlando, FL 32860					
Contact Person	Will Fontaine		Title	Lead Ope	erator	Phone	352/787-0980
This Survey Date	e 4/29/04	Last Survey Date		10/4/01	La	st C.I. Date	8/24/99
Tills Out vey but	0						
PWS TYPE & C	LASS				R SOUR		
Community (	(5C)		$\boxtimes$	GROUN	D; Numbe	er of Wells	2
	it Non-community			SURFAC	CE/UDI; S	ource	
☐ Non-Commu				PURCH	ASED fror	n PWS ID#_	
	•			Emerger	ncy Water	Source	
PWS STATUS							
Approved sy	stem with approval	number & date		•	-		
HRS #8412, 1	1/8/72, HRS #B-146	73, 7/26/73,	Αl	JXILIARY	POWER	SOURCE	
WC35-2019,	1/12/78, WC35-2611	96, 12/19/94	$\boxtimes$	Yes [	None	☐ Not Req	uired
Unapproved	system		Sc	urce <u>K</u>	atolight Ge	nerator (propar	1e)
	•		Ca	apacity of	Standby (	kW)	85
SERVICE AREA	CHARACTERIST	TICS	Sv	vitchover:	Autor	nat <u>ic</u> 🔲 Man	lual
Residential and	Commercial		St	andby Pla	n: 🛛 Yes	s 🔲 No	
			Hr	s Operate	ed Under L	_oad	1 hr/wk.
Food Service:	Yes □ No □	N/A	W	hat equip	ment does	it operate?	
			, i	X Well p	umps A	.11	
	MAINTENANCE	_	i	High S	Service Pu	imps	
	or: X Yes No			Treatr	nent Equit	oment <u>All</u>	
	ertification Class-N		Sa	tisfy 1/2 r	nax-day d	emand? XYe	es  No Unk
B. Heath C-582	4, W. Fontaine C-68	13, J. Worrell	C	nments	nan day d	O,,,,a,,,a,,	
C-6597, G. Kiss	sick C-7846		•	, 2111111111111111111111111111111111111		· · · · · · · · · · · · · · · · · · ·	
O & M Log: 🛛 `	Yes 🔲 No 🗌 N	ot required				··	
Operator Visitati	on Frequency		TF	REATMEN	NT PROC	ESSES IN US	E
Hrs/day: Requir	redA	ctual					
Days/wk: Requi	ired <u>6</u> A	ctual6	-	Aqua Dene	for corros	ion control	
	ve Days? Yes					nent is neede	
MORs submitted	d regularly? 🔯 Ye	s 🔲 No 🔲 N/A	• • •	nat addition	onal trout		
	m MORs? 🔯 No		Fo	or control	of what de	eficiencies?	
					or mar ac	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ce Connections		DI	<b>STRIBUT</b>	<b>TON SYS</b>	TEM	
Population Serve	ed <u>839</u> Basis	per MOR	FI	ow Measu	uring Device	ce <u>Flo</u>	w Meter
	om MORs)73		M	eter Size-	& Type	6" McCromete	er
Max. Day (from)	MÓRs) <u>.1565</u> 1	MGD 5/03	Ва	ackflow Pr	revention I	Devices: 🛛 Y	es No
Max-day Design	Capacity	.720 MGD				None observed	
			W	ritten Cro	ss-connec	tion Control F	rogram: Yes
		······	C	oliform Sa	mplina Pl	an:⊠ Yes 「	]No □N/A
					piing r ii		
	· · · · · · · · · · · · · · · · · · ·		٥,	J. 1 11 10 1 10 3		**	
COMET: SITE ID	PROJE	CT ID	_		<del></del>		

Received

MAY 1 2 2004

PWS ID#	3351421
Date	5/6/04

### **GROUND WATER SOURCE**

Well Numb	Der SOURCE	1	2(back-up)		
Year Drille	d	1973	1977		
Depth Drilled		285'	350'		
Drilling Me	ethod	UNK	Cable Tool		
Type of G	rout	UNK	Cement		
Static Wat	er Level	UNK	50'		
Pumping V	Water Level	UNK	UNK		
Design We	ell Yield	UNK	UNK		
Test Yield		UNK	UNK		
Actual Yie	ld (if different than rated capacity)	UNK	UNK		
Strainer	,	UNK	UNK		
Length (or	utside casing)	130'	190'		
Diameter	(outside casing)	8"	8"	,	
Material (d	outside casing)	Black Steel	Black Steel		
Well Contamination History		Some	Some		
Is inundation of well possible?		No	No	-	
6' X 6' X 4" Concrete Pad		Yes	Yes		
	Septic Tank				
SET	Reuse Water				
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
	Туре	Vert. Turbine	Submersible		
	Manufacturer Name	Goulds	Jacuzzi		
PUMP	Model Number	8DHHC	2056-H5-TZ		
	Rated Capacity (gpm)	750	250		
	Motor Horsepower	50	20		
Well casing 12" above grade?		Yes	No-Accepted		
Well Casing Sanitary Seal		Yes	Yes		
Raw Wate	er Sampling Tap	Yes	Yes		
Above Gro	ound Check Valve	Yes	Yes		
Fence/Ho	using	Yes	Yes		
Well Vent	Protection	Yes	Yes		

COMMENTS	Provide additional information for "UNK", if available.	

					PWS ID # _	3351421 5/6/04
CHLORINATION (Dis Type: ⊠ Gas ☐ Hy	/po	•		STORAGE FACILITII (G) Ground (H) Hy		itic (E) Elevated
Make Regal	(	Capacity	/50 ppd	(B) Bladder (C) Cl	earwell	
Chlorine Feed Rate _ Avg. Amount of Cl₂ ga	9-10 pr	od		Tank Type/Number	H/1	
Avg. Amount of Cl <sub>2</sub> ga	as used		3 ppd	Capacity (gal)	6,600	
Chlorine Residuals: Remote tap location				Material	Steel	
DPD Test Kit: 🛛 Or	n-site	Witi	n operator	Gravity Drain	Yes	
□No	ne	☐ Not	Used Daily	By-pass Piping	Yes	
Injection Points <u>Prio</u> Booster Pump Info <u>1</u>	r to H/1	& by-pa	SS	Pressure Gauge	Yes	
Comments					Yes	
				Sight Glass or Level Indicator	res	
Chlorine Gas Use	YES	NO	Comments	Fittings for Sight Glass	Yes	
Requirements	123	NO	Comments	Protected Openings	Yes	
Dual System		$\boxtimes$		PRV/ARV	PRV	
Auto-switchover				On/Off Pressure	40/60	
Alarms:				Access Padlocked	Yes	
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection				Height to Bottom of Elevated Tank		
Scale	Ø			Height to Max.		
Chained Cylinders	$\boxtimes$			Water Level Comments	<u> </u>	
Reserve Supply	$\boxtimes$					
Adequate Air-pak			w/operators			
Sign of Leaks			-			
Fresh Ammonia						
Ventilation						
Room Lighting						
Warning Signs				HIGH SERVICE PUR	MPS	
Repair Kits				Pump Number		
Fitted Wrench				Туре		
Housing/Protection				Make		
Troublight Total Colors	L 23			Model		
AEDATION (O	r_ 'o •	l I'' - · ·	I)	Capacity (gpm)		
<b>AERATION</b> (Gases, Type	ге, & №	ın Kemo Capacit	ovai) y	Motor HP		
TypeAerator ConditionBloodworm Presence				Date Installed		
Bloodworm Presence	<del></del>			Maintenance		
Visible Algae Growth Protective Screen Co	ndition			Comments		
Comments						
<del> </del>						

			PWS ID # Date	3351421 5/6/04
MONITORING VIOLATIONS		MCL V	IOLATIONS	
DEFICIENCIES:	-			
Overall, the plant looked good!!				
		, sept		
		···		
·	···			
<u>.                                    </u>	<u> </u>			
		<u>/</u>		
Inspector		Env. Specialist I	Date	5/6/04
Approved by Roberto C. Comp	Title	Env. Manager	Date _	5/7/04

# State of Florida Department of Environmental Protection Central District

### SANITARY SURVEY REPORT

	Plant Name	VENETIAN	VILLAGE	C	ounty	Lake	PWS ID #_	3351426
	Plant Location 382	17 Tammi Drive	. Lake Jem, FL				Phone	352/787-0980
	Owner Name Flori	da Water Service	es Attn: Craig Anders	son				
	Owner Address P.C							
	Contact Person Wi	Il Fontaine		Title	Lead Ope	erator	Phone	352/787-0980
	This Survey Date	4/28/04	Last Survey Date	-	6/6/00	La	st C.I. Date	10/4/01
	PWS TYPE & CLASS				W WATE			
	Community (5D)							22
	Non-transient Nor	n-community		ñ	SURFAC	CE/UDI: S	Source	
	Non-Community	ir obrining		H	PURCH	ASED fro	m PWS ID#	
					Fmerge	ncv Wate	r Source	
	PWS STATUS			لــــا				
	Approved system	with approval	number & date			indy vialo	- Copacity	
	HRS B14513, 11/9			Αl	JXILIARY	POWER	SOURCE	
	WC35-21855, 9/28	10.4					☐ Not Req	uired
	☐ Unapproved syste			Sc	urce K	atolight Ll	Gas	
	Chappione alon			Ca	apacity of	Standby	Gas (kW)	35
	SERVICE AREA CH.	ARACTERIST	CS	Sv	vitchover:	X Auto	matic Man	ual
	Subdivision			St	andby Pla	ın: 🛛 Ye	s No	
				Hr	s Operate	ed Under	Load	1 hr/wk.
	Food Service: Ye	es 🗌 No 🔯	N/A	W	hat equip	ment doe	s it operate?	
	<b>OPERATION &amp; MAIL</b>			Ī	High S	Service Pu	ımps	
	Certified Operator:			į	Treatr	nent Equi	pment All	
	Operator(s) & Certific			Sa	atisfv 1/2 r	nax-day o	demand? ⊠Ye	es 🗌 No 🔲 Unk
	B. Heath C-5824, J. V			Co	omments			
	W. Fontaine C-6813							
	O & M Log: ⊠ Yes		t required			<del></del> .		
	Operator Visitation F	requency		TF	REATMEN	NT PROC	<b>ESSES IN US</b>	E
	Hrs/day: Required	Ac	tual	_]	<u>Disinfectio</u>	n		
	Days/wk: Required_	3Ac	tual 6					
	Non-consecutive D	ays? Yes	∐ No ⊠ N/A	W	hat addition	onal treat	ment is neede	d?
	MORs submitted reg	ularly? 🔀 Yes	∐ No ∐ N/A	_				
	Data missing from M	ORs? 🗵 No	_ Yes	Fo	or control	of what de	eficiencies?	
								.*· <del>-</del>
_	Number of Service C	onnections	144		STRIBUT			
7	Population Served	502 Basis	MOR \				ce Flor	w Meter
	Average Day (from M				eter Size			
	Max. Day (from MOR						Devices: X	
	Max-day Design Cap						None Observed	
	Comments	<del> </del>					ction Control P	
							an: 🛛 Yes 🏻	
							ision on primary	well.
	AA4488				2" Master	Meter on b	ack-up well.	
	COMET: SITE ID	PROJE	CT ID					
							Receiv	/ed

MAY 1 2 2004

PWS ID#	3351426	
Date	5/6/04	

### **GROUND WATER SOURCE**

GROOND	WATER SOURCE				
Well Numb	oer	1(inside)	2(outside)		
Year Drille	d	1971	1977		
Depth Drilled		200'	230'		
Drilling Me	ethod	Rotary	Cable Tool		
Type of G	rout	UNK	Neat Cement		
Static Wat	er Level	UNK	UNK		
Pumping \	Water Level	UNK	UNK		
Design Wo	ell Yield	UNK	UNK		·
Test Yield		UNK	UNK		
Actual Yie	ld (if different than rated capacity)	UNK	UNK		
Strainer		UNK	UNK		
Length (or	utside casing)	UNK	123'		
Diameter	(outside casing)	8"	6"		
Material (d	outside casing)	Blk. Steel	Blk. Steel		
Well Cont	amination History	None noted	None noted		
Is inundat	ion of well possible?	No	No		
6' X 6' X 4	" Concrete Pad	Yes	Yes		
	Septic Tank	N/A	N/A		
SET	Reuse Water	N/A	N/A		
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	N/A	N/A		
	Туре	Vert. Turbine	Submersible		
	Manufacturer Name	Peerless	Goulds		
PUMP	Model Number	81B-6	6A5		
	Rated Capacity (gpm)	240	100		
	Motor Horsepower	15	5		
Well casing 12" above grade?		Yes	Yes		
Well Casi	ng Sanitary Seal	Yes	Yes		
Raw Wate	er Sampling Tap	Yes	Yes		
Above Gr	ound Check Valve	Yes	Yes		
Fence/Ho	using	Yes	Yes		
Well Vent	Protection	Yes	N/A		
L		<del></del>	<u> </u>	_!	. I

Well Vent Protection	Yes	N/A	
COMMENTS Provide additional info	ormation for "UNK", if	available.	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

					PWS ID # Date	3351426 5/6/04	· 
CHLORINATION (Dis Type: ☐ Gas ☑ Hy Make <u>Chem-tech</u>	/po	•	/ 30* gpd	STORAGE FACILITI (G) Ground (H) Hy (B) Bladder (C) Cl	ydropneuma	atic (E) Ele	vated
Chlorine Feed Rate	100% \	W1, 80%	W2	Tank Type/Number			
Avg. Amount of Cl2 ga	as used		N/A	Capacity (gal)	5,000		
Chlorine Residuals: F Remote tap location				Material	Steel		
DPD Test Kit: 🖾 Or				Gravity Drain	Yes		
☐ No	ne	☐ Not	Used Daily	By-pass Piping	Yes		
Injection Points <u>Prior</u> Booster Pump Info _	r to H/1			Pressure Gauge	Yes		
Comments This is a	dual sys	tem - nri	mary system				
includes 2 chlorinator				Sight Glass or Level Indicator	Yes		
a back-up chlorinator	at 15 gr	od capaci	ty.	Fittings for	Yes		
Oblavina Can Una	YES	NO	Comments	Sight Glass			
Chlorine Gas Use Requirements	153	NO	Comments	Protected Openings	Yes		
Dual System				PRV/ARV	PRV		
Auto-switchover				On/Off Pressure	40/60		
Alarms:				Access Padlocked	Yes		
Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection				Height to Bottom of Elevated Tank			
Scale				Height to Max. Water Level			
Chained Cylinders				Comments 2-4" Ner	tune compo	und meter on	
Reserve Supply				discharge side of pla			
Adequate Air-pak							
Sign of Leaks				-			<del></del>
Fresh Ammonia							
Ventilation							
Room Lighting							
Warning Signs				HIGH SERVICE PU	MPS	-	
Repair Kits				Pump Number			
Fitted Wrench			/**	Туре			
Housing/Protection			·	Make			
	<u> </u>	······································		Model			
AERATION (Gases, I	Fe & M	In Remo	oval)	Capacity (gpm)			
				Motor HP			
TypeAerator Condition		•		Date Installed			
Bloodworm Presence				Maintenance			
Visible Algae Growth Protective Screen Co	ndition	···		Comments			
Comments							

PWS ID#	3351426
Date	5/6/04

MONITORING VIOLATIONS	<u> </u>	MCL VIC	LATIONS
		,	
EFICIENCIEC.			
EFICIENCIES:			
No deficiencies!! Keep up the go	ood work!!		·
	·		
		;	
		*	
		•	
		· · · · · · · · · · · · · · · · · · ·	
	·		
	<u> </u>		
spector XhL	Title	Env. Specialist I	Date5/6/04
pproved by Robinso C. G.			- 18 ×
pproved by 1200000 C. C.		Env. Manager	Date <u>5/7/04</u>



Jeb Bush Governor John O. Agwunobi, M.D., MBA Secretary

July 19, 2005

CS/Village Water Ltd PWS: Id. No. 6532779

Carolyn McFalls
Aqua Source Utility, Inc.
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

Dear Ms. McFalls:

A sanitary survey of your water system conducted on July 18, 2005 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code*.

#### Deficiencies are listed below:

- 1. The system is not being flushed as necessary. Chapter 62-555.350(2) indicates that all dead end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water. Please submit a copy of the flushing plan to this Department.
- 2. Please revise the flushing plan and submit a copy to this Department since new flush valves have been added to the distribution conveyance. Chapter 62-555.350(2) indicates that all dead end water lines supplying drinking water shall be flushed in accordance with a written flushing program.
- 3. The operation and maintenance manual was not available for review during the sanitary survey. Chapter 62-555.350(13) states that the supplier of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual must be kept updated and shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment. Bound and indexed equipment maufacturer manuals shall be considered sufficient to meet the requirements of this section. Please ascertain that a manual will be made available for reference at the plant or at a convenient location near the plant no later than December 31, 2005.

CS/Village Water Ltd Page 2

4. The drinking water distribution map was not available for review during the sanitary survey. Chapter 62-555.350(14) states that the supplier of water shall have an up-to-date map of the drinking water distribution system. The map must show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. Please submit a copy of the map to this office no later than December 31, 2005.

If you have any questions, please contact me at (863) 519-8330 extension 1137.

Sincerely,

Henry Taghiof Engineer III

HT/adh

Cc: David Rodriguez



Governor

# Department of Environmental Protection

Northeast District 7825 Baymeadows Way, Suite B-200 Jacksonville Florida 32256-7590

Colle n Castlle cretery

May 3, 2006

SENT VIA EMAIL: CMMCCLURE@AQUAAMERICA.COM

Ms. Candice McClure P.O. Box 490310 Leesburg, FL 34749

> Putnam County - Potable Water Compliance Inspection 2006 Welaka Mobile Home Park // PWS ID: 2541242

Dear Ms. McClure:

A sanitary survey of the above referenced Community Public Water System was conducted on April 19, 2006 with the courteous assistence of Mr. Paul Thompson. The Department is pleased to inform you that your facility is in compliance with the Florida Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) Title 62.

To update our files, please provide the Department copies of the following:

- 1. The Department does not have a Cross-Connection Control Plan for this system. Please provide a copy to this office. If needed, enclosed is a copy of two sample CCCP's to us as an example. Rule 62-555.360(2).
- 2. The Department has not received a copy of a written Coliform (i.e. bacteriological) Sampling Plan. Please provide a written Plan that addresses the location, timing, and frequency of sampling. Also, it is recommended that the Plan include the protocol that will be followed if either a well or a distribution sample is positive. A copy of a Sample Bacteriological Plan is enclosed Rule 62-550.518(1).

As a reminder, this system is required to monitor for the following remaining parameters during 2006: All Inorganic contaminants, including Nitrate and Nitrite, Synthetic Organic Contaminants, Volatile Organic Contaminants, Bacteriologicals (monthly), and disinfectant residual levels (monthly with Bacti's),

Page 2 of 2 Ms. Candice McClure

Please call me at (904) 807-3321 or email me at Amber. Otto@dep. state. fl. us if you have any questions. Your cooperation with the Florida Safe Drinking Water Program is appreciated.

Sincerely,

Amb M. Oto Amber Otto Environmental Specialist

JJD:BRR:AMO:ao

Correspondence File

cc: Paul Thompson, operator (via mail)

enclosed: Sanitary Survey, CCCP examples, Bacti plan example

State of Florida Department of Environmental Proteotion
Northeast District

# SANITARY SURVEY REPORT

	County Putnam PWS ID# 25 11242
Plant Name Welaka Mobile Home Park	Phone
Plant Location Hamilton Road; Satsuma, FL	Phone 352-732-0627
Owner Name Candice McClure	
Owner Address P.O. Box 490310; Leesburg, FL 34/4	9
Designated Rep. Paul Thompson	Title Lead Operator Phone 300-33-1143
the state of the s	THE LAST CHARGES FILLIS SOUTH TO THE
This Survey Date 4/19/2006 Last Survey Date	11/17/2006 Last C.I. Date 7 2/02
This Survey Date	
PWS TYPE & CLASS: Community - (5D)	RAW WATER SOURCE
PARS TALE OF STREET	☐ GROUND; Number of Wells
SERVICE AREA CHARACTERISTICS	SURFACE/UDI; Source
Mobile Home Park	PURCHASED from PWS ID#
MIODINE NOTIFIC VIEW	Emergency Water Source Saratog Harbor
Food Service; Yes No No N/A	Emergency Water Capacity
Long delates Tiles Tiles 52 (4)	
GENERAL INFORMATION	AUXILIARY POWER SOURCE
Number of Service Connections 110	☐ Yes ☐ None ☒ Not Required
Population Served 250 Basis estimate	Source
Plant Design Capacity 86,000 and	Capacity of Standby (kW)
, rain by an appropriate the second s	Capacity of Standby (KVV)
Basis MORa	Switchover: Automatic Manual
Average Day (from MORs) 13,577 gpd	Standby Plan: Yes No
Max. Day (from MORs) 32,130 gpd	Hrs Operated Under Load
Total Storage Capacity 1.800 gailons	What equipment does it operate?
Comments Based on Merch 2006 data	☐ Well pumps
· <del>   -  -  -</del> -	High Service Pumps
LOGATION	☐ Treatment Equipment
LOCATION	Satisfy 1/2 max-day demand? Yes No Unk
Latitude 29° 31' 53.75" North	Comments
Longitude 81° 40' 7.49" West	
GPS: Yes Date: 7/16/1997	
Directions HWY, 17 South, Right on CR309, Right on	TREATMENT PROCESSES IN USE
Hamilton Road, Plant is on left past Welaka MHP sign	Hypo-chlorination
· <del></del>	What additional treatment is needed?
OPERATION & MAINTENANCE	None
Certified Operator:   Yes ☐ No ☐ Not required	For control of what deficiencies?
Operator(s) & Certification Class-Number	N/A
Paul Thompson A-7251	N/A
T aut Thompsoft A-1231	DISTRIBUTION SYSTEM
O & M Log: Yes No Not required	Flow Measuring Device Flow Meter
O & M Log: ☑ Yes ☐ No ☐ Not required  Operator Visitation Frequency	
	Meter Size & Type 4' Neptune Meter
Hrs/day: RequiredActual_	Backflow Prevention Devices: Yes No.
Days/wk: Required 2 Actual 5	Cross-connections None Seen
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	Written Cross-connection Control Program: No
MORs submitted regularly? ⊠ Yes ☐ No ☐ N/A	Coliform Sampling Plan: Yes No I N/A
Date missing from MORs? No Yes N/A	Comments Please submit a cross-connection
	control plan, and a coliform sampling plan -in ither
	could be found in our files.

oloka Mak	oile Home Park	.			# 254 242
elaka Mul	Jie Hulle Falk			Survey	Date <u>4/19/</u> 006
	VATER SOURCE		2541242		
	er (PWS Identification)		1		
	(System Identification)		1963		
ear Drilled			<del></del>		
epth Drille	ed		183'		
alitude			9 31' 53.75"N		
ongitude			81 40 7.49'W		
	/ Date (if applicable)		res 7/16/1997		
lorida We		<b>_</b>	AAC1852		
Static Water		ļ	Unkriown		
Actual Yiel	d (if different then rated capacity)				
Strainer			Unknown	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ength (ou	tside casing)		85'		
Diameter (	outside casing)		4"	The state of the s	
Material (c	utside casing)		Steel		
Well Conte	amination History		None		1 190 年 25 沙县 公司基於
s inundati	on of well possible?		Not Likely		
3' X 6' X 4	Concrete Pad		Yes		
	Septic Tank		None seen		
SET	Reuse Water		None seen		
BACKS	WW Plumbing		None seen		
	Other Sanitary Hazard		None seen		
	Туре		Submersible		
	Manufacturer Name		Unknown		
PUMP	Model Number		Unknown		
	Rated Capacity (gpm)	1	76 (last survey)		ASSESSMENT OF THE PARTY OF THE
	Mator Horsepower		5 (last survey)		
Well casin	g 12" above grade?		Yes		
	ng Sanitery Seal		Yes		
	r Sampling Tap	1	Yes - Smooth		1
	ound Check Valve	1	Yes	<del>                                     </del>	
Fence/Hou		+	Both	<del> </del>	
	Protection	1	Yes		<del></del>
		ــــــــــــــــــــــــــــــــــــــ			
OMMEN	rs				
			2		

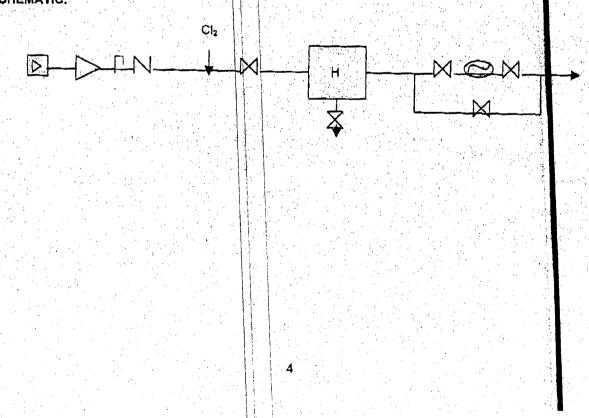
Welaka Mobile Home	<u>Park</u>			S	ntveà Da	25 1 to 4/1 /2	2006
CHLORINATION (Dis	rination	40	· · · · · · · · · · · · · · · · · · ·	STORAGE FACILITIE (B) Bladder (CW) Clear (G) Ground (H) Hydrop	ES Well (C) (	Contact E	) Elevated
Make <u>Stenner</u> Chlorine Feed Rate	Capacity	10 gpg	<del></del> -	Tank Type/Number	Н		
Ava Amount of Claga	s used	N/A		Capacity (gal)	3,000		
Chlorine Residuals: P	lant1.5 l	Remote 1.	<u>6</u>	Material	Steel		
Remote tap location	-site X Wit	operator	<del></del>	Gravity Drain	Yes	3	+
□ No	ne 🔲 Not	Used Paily		By-pass Piping	No		
Injection Points <u>Upst</u> Booster Pump Info	ream of hydrota	nk	<del></del>	Pressure Gauge	Yes		
Comments			<del></del>	Sight Glass or			
				Level Indicator	S.G.		
Chlorine Gas Use Requirements	YES NO	Commen N/A	its	Fittings for Sight Glass	Yes		
Dual System				Protected Openings	Yes		
Auto-switchover				PRV/ARV	PRV		
Alarms:				On/Off Pressure	40/58		
Loss of Cl <sub>2</sub> capability				Access Padlocked	Yes		
Loss of Cl <sub>2</sub> residual				Height to Bottom of Elevated Tank	N/A		
Cl <sub>2</sub> leak detection				Height to Max.	1		
Scale	· <u>U</u> · <u>U</u>			Water Level	N/A		
Chained Cylinders			-	Comments	<del></del>		
Reserve Supply							
Adequate Air-pak	_닏_닏_						
Sign of Leaks	<del></del>						
Fresh Ammonia			+-1				
Ventilation							
Room Lighting			+-				
Warning Signs Repair Kits	-		+	HIGH SERVICE PUN	IPS		
Fitted Wrench	-			Pump Number			
Housing/Protection	<del>                                     </del>		++	Туре			
	<u> </u>			Make			
AERATION (Gases, F	a & Mn Pame	(lev)		Model			
Type N/A	Capacit	y		Capacity (gpm)			
Aerator Condition			$\Box$	Motor HP			
Bloodworm Presence Visible Algae Growth			+	Date installed			
Protective Screen Cor	ndition			Maintenance			
Comments				Comments			
							1
			3				

PWS ID# Survey Date 4/19

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS							
CONTAMINANT	Last Sampled	Due Date	COMMENTS				
Microbiological (Bacteria)	XXXXXXXXX	Monthly	2 distribution samples + 1 from each raw soul (distribution number based upon the population	ee (berved)			
Disinfectant Levels	xxxxxxx	Monthly	2 field readings (i.e. one taken with each mile sample that is taken from the distribution syst report the quarterly averages of the month	n). Only			
Disinfection Byproducts (DBPs)	2004	waiver	Total Trihalomethanes (TTHMs) & Haloacetic taken in accordance with your D/DBPR Monit	cids (HAA5s)			
Nitrate & Nitrite (as N)	2005	2006	Taken from each Point of Entry to the distribut (i.e. from each plant's effluent)	n system			
Inorganic Contaminants	2003	2006	Taken from each Point of Entry to the distribut (i.e. from each plant's effluent)	n system			
Volatile Organic Contaminants	2003	2008	Taken from <u>each</u> Point of Entry to the distribut (i.e. from each plant's effluent)	n system			
Synthetic Organic Contaminants	2003	2006	Taken from each Point of Entry to the distribut (i.e. from each plant's effluent).  2 quarterly samples required if >2,300 peop				
Radionuclides	2003	waiver	Taken from each Point of Entry to the distribut				
Secondary Standards	2003	2006	Taken from each Point of Entry to the distribut	) system			
Lead and Copper	2005	2008	Samples taken from pre-approved sample p	n sites.			
Asbestos	waiver	2010	Samples taken from distribution. Walver avila no asbestos pipe in the distribution system.	able if there			

Unless otherwise noted, all samples shall be representative of each source after treatment.

### SCHEMATIC:



Fax: 904-448-4366

Welaka Mobile Home Park			PWS ID # Survey Da	254 242 ate 4/19 2006	<u>B</u>
MONITORING VIOLATIONS			ICL VIOLATION	9	
None		None			1111
					است بسد
DEFICIENCIES:					
Cross-connection control plan should		tted			
Coliform Sampling plan should be su	upmitled				
					- <u>*</u> .
				3	
	11 1				
			1 1 214		
				3	
Inspector Amber Otto		40 Fm.			
Amber Otto	<del></del>	tle <u>Environmental Sp</u>	<u>ecialist i</u> [	Date <u>5/3/</u>	6
Approved by Alma R. Alling		ile <u>Engineer Specie</u>	alist IV r	Date5/3/	
Blanca R. Rodriguez		5		UIB 0/3[	



# Department of Environmental Protection

Jeb Bush Governor Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590

Colleen M. Castille Secretary

December 22, 2005

Mr. Paul Thompson Aqua Utilities Inc. P.O. Box 490310 Leesburg, FL 34749-0310

> Putnam County – Potable Water Saratoga Harbor Water System PWS ID: 2541008

Dear Mr. Thompson:

On November 2, 2005 a sanitary survey was performed at the above referenced Community Water System with your courteous assistance. The water system was found in good condition. Based on the survey and the water quality data received, this facility is in compliance with the Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) title 62.

However, the following is recommended to maintain the facility in compliance with the Drinking Water Program.

- 1. This facility needs to continue monitoring for Disinfection By-Products on a quarterly basis during 2006. Quarterly monitoring is needed because the annual average (last 4 quarters) for TTHMs is 70.2 ug/L which it is above 60 ug/L per Federal Rule 40 CFR 141.132(b). It is recommended that this water system continue adjusting the aeration/disinfection treatment as necessary to maintain the formation of TTHMs below the 80 ug/L MCL.
- 2. We recommend to schedule the cleaning and painting of the aerator and tanks during the next year to maintain the system in good condition.

We have received all the chemical analyses due for 2005, and the results were found satisfactory. Enclosed is a copy of the sanitary report for your records. If I may be of further assistance to you, please contact me at (904) 807-3303. Thank you for your cooperation with the Safe Drinking Water Act.

Sincerely,

Blanca R. Rodriguez

Potable Water Section

BRR:brr

"More Protection, Less Process"

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# State of Florida Department of Environmental Protection Northeast District

## **SANITARY SURVEY REPORT**

Plant Name Saratoga Harbor W1	P	County _	Putnam	_ PWS ID #	2541008
Plant Location Gibbs Road, Satsuma, Flori	da			Phone3	386-937 <b>-1</b> 143
Owner Name Agua Utilities Inc Candice M	1cClure			_ Phone3	352-435-4020
Owner Address P.O. Box 490310, Leesburg	j, FL 34749-	-0310			
Designated Rep. Paul Thompson, Lead Ope	<u>rator                                   </u>	itle <u>Supe</u>	rvisor	_ Phone <u>3</u>	386-937-1143
Facility Contact Paul Thompson	Ti	itle <u>Lead</u>	Operator	_ Phone <u>800</u>	)-250-7532 emerg.
Facility Contact Paul Thompson This Survey Date 11/2/2005 Last Sur	vey Date	6/18/	<u>01</u> Las	t C.I. Date _	
PWS TYPE & CLASS: Community - (4D)		RAW W	ATER SOURC	E	1
SERVICE AREA CHARACTERISTICS		SUR	FACE/UDI: So	ource	
subdivision		PUR	CHASED from	PWS ID #	
		Eme	gency Water	Source	
Food Service: Yes No N/A					
	•		-		
GENERAL INFORMATION			RY POWER S		
Number of Service Connections 46			☐ None		
Population Served 160 Basis		Source_	of Standby (k		
Plant Design Capacity 158,400		Capacity	of Standby (k	(W)	
Basis	<del></del>	SWITCHOV	′er: ∟j Autom	atic 🔲 iviar	nual
Average Day (from WORs) 20,500 gpd	<del></del>	Standby	Plan: Yes	∐ No	
Max. Day (from MORs) 58,800 gpd		Hrs Opei	rated Under L	oad	· · · · · · · · · · · · · · · · · · ·
Total Storage Capacity 45,000		what edi	upment does	it operate?	
Comments	<del></del>	U VVE	ll pumps		····
	<del></del>		n Service Pur	nps	
LOCATION		Sotiofy 1	annen Equip	ment	es  No Unk
Latitude 29° 31' 55.16" North		Common	te max-uay ue	manu: [] i	22 []140 []OUK
Longitude 81° 40' 59.47" West		Comme			
GPS: <u>Yes</u> Date: <u>7/16/97</u>					····
Directions US 17 South, pass Palatka and continue to		TREATM	IENT PROCE	SSES IN US	ξE
Satsuma. Turn right on CR-309 (light in Satsuma). Turn		Aeratio	n and hypo-cl	nlorination	
on Hamilton Rd. Turn left on Saratoga Dr. Turn right or Avenue. Plant is on the right on Gibbs Ave.	GIDDS				
TWO HOUSE THAT TO STATE OF THE	·	What add	ditional treatm	ent is neede	d?
OPERATION & MAINTENANCE					
Certified Operator: X Yes No Not rec	luired	For contr	ol of what def	iciencies?	
Operator(s) & Certification Class-Number			-		
Mr. Paul Thompson, C-7251, Aqua Utilities	· · · · · · · · · · · · · · · · · · ·	DISTRIR	UTION SYST	ENA	
Operator/Uti superv. 386-937-1143 (cell)			asuring Device		w Motor
O & M Log:   ✓ Yes   ✓ No   ✓ Not required			ze & Type:		
Operator Visitation Frequency			Prevention D		
Hrs/day: RequiredActual	<del></del>		nnections <u>n</u>		163 [] INO
Days/wk: Required 5 Actual 5			ross-connect		Program: Yes
	] N/A		Sampling Pla		
MORs submitted regularly? Yes No	] N/A	Commen		[ 1 1 2 2 F	7 140 [] 14/W
Data missing from MORs? 🛛 No 🔲 Yes 🗀	IN/A	Commen			
	<del></del>				

## Saratoga Harbor WTP

PWS ID # <u>2541008</u> Survey Date <u>11/2/2005</u>

### **GROUND WATER SOURCE**

GROUND		1		
	ber (PWS Identification)	1		
Well Name (System Identification)		1		
Year Drille		1971		
Depth Dril	led	179'		
Latitude		29 31' 55.156		
Longitude		81 40' 59.467"		
GPS (Y or 1	N) / Date (if applicable)	Yes-1997		
Florida W	ell ID	AAC1853	·	
Static Wat	ter Level	Unk		
Actual Yie	eld (if different than rated capacity)		·	
Strainer		Unk	·	·
Length (or	utside casing)	Unk		
Diameter	(outside casing)	4"		
Material (d	outside casing)	Steel		
Well Conta	amination History	None		
Is inundati	ion of well possible?	No		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	Ok		
SET	Reuse Water	NA		
BACKS	WW Plumbing	Ok		
	Other Sanitary Hazard	Ok		
	Type	Centrifugal -two		
	Manufacturer Name	Goulds		
PUMP	Model Number	3556		
	Rated Capacity (gpm)	110 each		
	Motor Horsepower	7.5 each		
Well casing 12" above grade?		Yes		
Well Casir	ng Sanitary Seal	Yes		
Raw Wate	er Sampling Tap	Yes		
Above Gro	ound Check Valve	Yes		
Fence/Ho	using	Fence		
Well Vent	Protection	No		
·		<u> </u>		1

COMMENTS	
One well and two well pumps, same type.	

### Saratoga Harbor WTP

CHLORINATION (Disinfection) Type: Hypo-Chlorination
Make Stenner Cap

Chlorine Feed Rate 50%

DPD Test Kit: On-site

Remote tap location

Avg. Amount of Cl2 gas used

Capacity\_

Chlorine Residuals: Plant 1.6 Remote 1.5

3 gpd

With operator 
 Not Used Daily 
 Not Used Daily

N/A

•			140
		25410 ate 11/2/20	
STORAGE FACILITII (B) Bladder (CW) Clear (G) Ground (H) Hydrop	well (C)		
Tank Type/Number	G	Н	<del></del>
Capacity (gal)	40000	5000	
Material	steel	steel	
Gravity Drain	Yes	Yeş	
By-pass Piping	Yes	No	,
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	No	S.G.	
Fittings for Sight Glass	N/A	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	NA	40-60	
Access Padlocked	Yes	Yes	
Height to Bottom of		NA	

Injection Points <u>prio</u> Booster Pump Info	r hydrota	nk				
Comments CL2 analyzer is not used anymore						
Chlorine Gas Use Requirements	YES	NO	Comments			
Dual System			· · · · · · · · · · · · · · · · · · ·			
Auto-switchover						
Alarms: Loss of Cl <sub>2</sub> capability Loss of Cl <sub>2</sub> residual Cl <sub>2</sub> leak detection						
Scale						
Chained Cylinders						
Reserve Supply						
Adequate Air-pak						
Sign of Leaks						
Fresh Ammonia						
Ventilation						
Room Lighting						
Warning Signs						
Repair Kits			·			
Fitted Wrench						
Housing/Protection						
AERATION (Gases, Fe, & Mn Removal) Type <u>cascade</u> Capacity <u>215 gpm</u> Aerator Condition <u>good</u> Bloodworm Presence <u>none</u> Visible Algae Growth <u>none</u> Protective Screen Condition <u>good</u> Comments						
			***************************************			

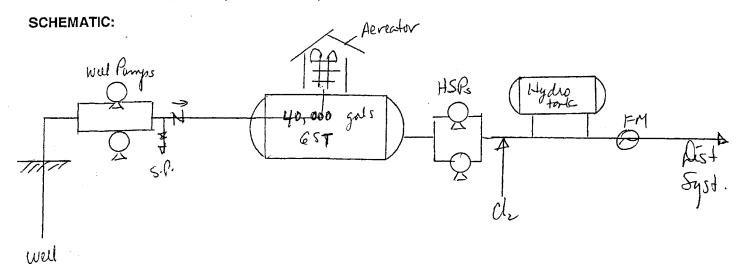
			(S.C.) See	1		
Tank Type/Number		G		<u> </u>		
Capacity (gal)		40000	5000			
Material	<u></u>	steel	steel			
Gravity Drain		Yes	Yes			
By-pass Piping		Yes	No			
Pressure Gauge	)	N/A	Yes			
Sight Glass or Level Indicator		No	S.G.			
Fittings for Sight Glass		N/A	Yes			
Protected Open	ings	Yes	Yes			
PRV/ARV		N/A	PRV			
On/Off Pressure	)	NA	40-60			
Access Padlock	ed	Yes	Yes			
Height to Botton Elevated Tank	n of		NA			
Height to Max.						
Water Level Comments		<u> </u>	<u> </u>			
Pressure, good.						
HIGH SERVICE	РИМ	PS				
Pump Number						
Туре	centr		centr			
Make	Goulds		Goulds			
Model						
Model	140		140			
Capacity (gpm)	14			I		
i		.5	7.5			
Capacity (gpm)		.5	7.5			
Capacity (gpm)  Motor HP	7	.5	7.5 fair			

### Saratoga Harbor WTP

PWS ID # <u>2541008</u> Survey Date <u>11/2/2005</u>

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS						
CONTAMINANT	Last Sampled	Due Date	COMMENTS			
Microbiological (Bacteria)	xxxxxxx	Monthly	distribution samples + 1 from <u>each</u> raw source (distribution number based upon the population served)			
Disinfectant Levels	xxxxxxx	Monthly	field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). Only report the quarterly averages of the monthly readings.			
Disinfection Byproducts (DBPs)	2005	2006	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.			
Nitrate & Nitrite (as N)	2005	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)			
Inorganic Contaminants	2003	2006	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)			
Volatile Organic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)			
Synthetic Organic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent).  2 quarterly samples required if >3,300 people served.			
Radionuclides	2003	2009	Taken from <u>each</u> Point of Entry to the distribution system (i.e. from each plant's effluent)			
Secondary Standards	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)			
Lead and Copper	2004	2007	Samples taken from pre-approved sample plan sites.			
Asbestos	waiver	2011 or waiver	Samples taken from distribution. Waiver available if there is no asbestos pipe in the distribution system.			

Unless otherwise noted, all samples shall be representative of each source after treatment.



PWS ID # <u>2541008</u> Survey Date <u>11/2/2005</u>

MONITORING VIOLATIONS	MCL VIOLATIONS
none	TTHMs > MCL in 2004
· · · · · · · · · · · · · · · · · · ·	TTHMs < MCL in 2005

DEFICIENCIES:	<u> </u>		
Facility was found in good condition.			
Only the tanks and aerator need to be cleaned an	d/or pa	painted as soon as possible.	
·			
			<del></del>
	<del>.</del>		
	· <del></del>	<del></del>	
			<del></del>
			<del></del>
· ^	·		<del></del>
01 2 21.			· · · · · · · · · · · · · · · · · · ·
Inspector Blanca R. Rodriguez	Title	tle <u>Engineer IV</u> Date 12/22	105
Approved by John J. Davis, P.G.	Title	tle Potable Water Supervisor Date 12/22	105



# Department of Environmental Protection

jeb Bush Governor Northeast District 7825 Baymeadows Way, Suite B200 Jacksonville, Florida 32256-7590 March 4, 2004

David B. Strubs Secretary

Mr. Craig Anderson Florida Water Services Post Office Box 609520 Orlando, Florida 32860 Received

MAR 0 8 2004

Dear Mr. Anderson:

Environmental Services

Putnam County - Potable Water Wootens Mobile Home Park PWS ID: 2541280

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courteous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. I was pleased to find that the water system is in good operating condition and generally well maintained. Based on this survey and our records, the Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated there-under, Florida Administrative Code (FAC) Title 62.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me at Annalise Stahlman@dep.state.fl.us or (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely:

Annalise M. Stahlman Environmental Specialist

Ennahell Stallman

Odraspondence File EDC:BRR:AMS:ams

Enclosure:

Sanitary Survey Dated 3/3/04

"More Protection, Lass Process"

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# State of Florida Department of Environmental Protection Northeast District

## SANITARY SURVEY REPORT

Plant Name WOOTENS MOBILE HOME PARK	County Putnam PWS ID #2541280
Plant Location Point Pleasant at Hess Road, Georgeto	own Florida Phone <u>386-329-1122</u>
Owner Name Florida Water Services	Phone 407-880-0058
Owner Address Post Office Box 609520 Orlando Flor	rida 32860
Contact Person Mr. Paul Thompson	Title Lead Operator, FWS Phone 386-329-1122
This Survey Date 3/3/04 Last Survey Date	6/18/01 Last C.I. Date 8/1/02
PWS TYPE & CLASS: Community - (5D)	RAW WATER SOURCE
	☐ GROUND; Number of Wells 1
SERVICE AREA CHARACTERISTICS	SURFACE/UDI; Source PURCHASED from PWS ID #
Residential Mobile Home Park	PURCHASED from PWS ID #
	Emergency Water Source
Food Service: Yes No No N/A	Emergency Water Capacity
GENERAL INFORMATION	AUXILIARY POWER SOURCE
Number of Service Connections29	☐ Yes ☐ None ☒ Not Required
Population Served 29 Basis approximation	Source
Plant Design Capacity 36,000 gpd	Capacity of Standby (kW)
	Switchover: Automatic Manual
Basis well design capacity Average Day (from MORs) 2,267 gpd	Standby Plan: Yes No
Max, Day (from MORs) 3,560 gpd	Hrs Operated Under Load
Max. Day (from MORs) 3,560 gpd Total Storage Capacity 670 gallons	What equipment does it operate?
Comments Data based on January 2004 MOR	Well pumps
	High Service Pumps
	Treatment Equipment
LOCATION	Satisfy 1/2 max-day demand? Yes No Unk
Latitude 29° 23' 45.66" North	Comments
Longitude 81° 39' 0.56" West	Oomanents
GPS: Yes Date: 7/30/97	
Directions US 17 South, Right at CR309, right on	TREATMENT PROCESSES IN USE
Parker Rd., Right on Hess Rd., Plant is at the	Hypo-chlorination and Aeration
intersection with Pleasant Circle	
OPERATION & MAINTENANCE	What additional treatment is needed? None
Certified Operator:   ✓ Yes   ✓ No   ✓ Not required	For control of what deficiencies?
Operator(s) & Certification Class-Number	N/A
Paul Thompson, A-7251	11//
Donald Holcomb, A-5091	DISTRIBUTION SYSTEM
O & M Log:   ✓ Yes   ✓ No   ✓ Not required	Flow Measuring Device Flow Meter
Operator Visitation Frequency	Meter Size & Type 2" Precision Meter
Hrs/day: Required N/A Actual N/A	Backflow Prevention Devices: X Yes No
Days/wk; Required 3 Actual 5	Cross-connections None Noted
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A	Written Cross-connection Control Program: Yes
MORs submitted regularly?   ✓ Yes   No   N/A	Coliform Sampling Plan:   ✓ Yes   ✓ No   ✓ N/A
Data missing from MORs? No Yes N/A	Comments Satisfactory
Complete Operations, Maintenance, Equipment	Commond Canadactory
Logs and Sampling plans on site.	
code and demining pigno off site.	
COMET: SITE ID PROJECT ID	

PWS ID # <u>2541280</u> Survey Date <u>3/3/04</u>

GROUND WATER SOURCE

Well Number (PWS Identification) Well Name (System Identification) 1 Year Drilled Unknown Depth Drilled Unknown Latitulude Latitulude Longitude B1:39:0.559 GPS (Y or N) / Date (If applicable) Yes, 7/30/97 Florida Well ID AAC1981 Static Water Level Unknown Actual Yield (If different then rated capacity) Strainer Unknown Length (outside casing) Unknown Diameter (outside casing) Well Contamination History None Is inundation of well possible? No 6' X 6" X 4" Concrete Pad OK SET BACKS WW Plumbing Other Sanitary Hazard Type Manufacturer Name Goulds PUMP Model Number  GT10	
Pear Drilled Unknown  Depth Drilled Unknown  Latitulude 29:23:45.66  Longitude 81:39:0.559  GPS (Y or N) / Date (Il applicable) Yes, 7/30/97  Florida Well ID AAC1981  Static Water Level Unknown  Actual Yield (Il different than rated capacity)  Strainer Unknown  Length (outside casing) Unknown  Diameter (outside casing) 2"  Material (outside casing) Steel  Well Contamination History None  Is inundation of well possible? No  6' X 6' X 4" Concrete Pad OK  Septic Tank  SET Reuse Water  BACKS WW Plumbing  Other Sanitary Hazard  Type Jet  Manufacturer Name Goulds	
Depth Drilled  Latitulude  Latitulude  Longitude  B1:39:0.559  GPS (Y or N) / Date (Il applicable)  Yes, 7/30/97  Florida Well ID  AAC1981  Static Water Level  Unknown  Actual Yield (Il different than rated capacity)  Strainer  Unknown  Length (outside casing)  Unknown  Diameter (outside casing)  Well Contamination History  Is inundation of well possible?  No  6' X 6' X 4" Concrete Pad  OK  Septic Tank  Reuse Water  BACKS  WW Plumbing  Other Sanitary Hazard  Type  Manufacturer Name  Goulds	
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GPS (Y or N) / Date (Il applicable)  Florida Well ID  AAC1981  Static Water Level  Actual Yield (Il different than rated capacity)  Strainer  Unknown  Length (outside casing)  Diameter (outside casing)  Well Contamination History  Is inundation of well possible?  6' X 6' X 4" Concrete Pad  Septic Tank  SET  Reuse Water  BACKS  WW Plumbing  Other Sanitary Hazard  Type  Manufacturer Name  Goulds	
Florida Well ID Static Water Level Unknown  Actual Yield (II different than rated capacity)  Strainer Unknown  Length (outside casing) Unknown  Diameter (outside casing)  Material (outside casing) Steel Well Contamination History None Is inundation of well possible? No 6' X 6' X 4" Concrete Pad OK  SET Reuse Water BACKS WW Plumbing Other Sanitary Hazard Type Manufacturer Name Goulds	
Static Water Level Unknown  Actual Yield (It different than rated capacity)  Strainer Unknown  Length (outside casing) Unknown  Diameter (outside casing) 2"  Material (outside casing) Steel  Well Contamination History None  Is inundation of well possible? No  6' X 6' X 4" Concrete Pad OK  Septic Tank  SET Reuse Water  BACKS WW Plumbing  Other Sanitary Hazard  Type Jet  Manufacturer Name Goulds	
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Length (outside casing)  Diameter (outside casing)  Material (outside casing)  Well Contamination History  Is inundation of well possible?  No  6' X 6' X 4" Concrete Pad  OK  Septic Tank  SET  Reuse Water  BACKS  WW Plumbing  Other Sanitary Hazard  Type  Manufacturer Name  Goulds	***
Diameter (outside casing)  Material (outside casing)  Well Contamination History  Is inundation of well possible?  No  6' X 6' X 4" Concrete Pad  OK  Septic Tank  SET  Reuse Water  BACKS  WW Plumbing  Other Sanitary Hazard  Type  Manufacturer Name  Goulds	
Material (outside casing)  Well Contamination History  Is inundation of well possible?  6' X 6' X 4" Concrete Pad  Septic Tank  SET  Reuse Water  BACKS  WW Plumbing  Other Sanitary Hazard  Type  Manufacturer Name  Steel  No  OK  Septic Tonk  Jet  Manufacturer Name  Goulds	
Well Contamination History  Is inundation of well possible?  No  6' X 6' X 4" Concrete Pad  OK  Septic Tank  Reuse Water  BACKS  WW Plumbing  Other Sanitary Hazard  Type  Manufacturer Name  Goulds	
Is inundation of well possible?  6' X 6' X 4" Concrete Pad  OK  Septic Tank  SET Reuse Water  BACKS  WW Plumbing Other Sanitary Hazard  Type Manufacturer Name  Goulds	
6' X 6' X 4" Concrete Pad OK  Septic Tank Reuse Water  BACKS WW Plumbing Other Sanitary Hazard Type Jet Manufacturer Name Goulds	
Septic Tank  SET Reuse Water  BACKS WW Plumbing  Other Sanitary Hazard  Type Jet  Manufacturer Name Goulds	
SET Reuse Water  BACKS WW Plumbing  Other Sanitary Hazard  Type Jet  Manufacturer Name Goulds	
BACKS WW Plumbing Other Sanitary Hazard Type Jet Manufacturer Name Goulds	
Other Sanitary Hazard Type Jet Manufacturer Name Goulds	
Type Jet  Manufacturer Name Goulds	
Manufacturer Name Goulds	
PUMP Model Number GT10	
Rated Capacity (gpm) 20	
Motor Horsepower 1	
Well casing 12" above grade? OK	
Well Casing Sanitary Seal OK	
Raw Water Sampling Tap OK - smooth	
Above Ground Check Valve OK	
Fence/Housing Secure	· · · · · · · · · · · · · · · · · · ·
Well Vent Protection Not required	

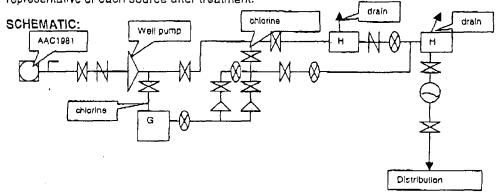
COMMENTS The well appears to be in good condition.	
	_

						SID#25	
					Surv	ey Date 3-M	ar-04
CHLORINATION (Di Type: <u>Hypo-Chlorina</u> Make <u>Stenner</u>	atlon ,		y <u>17 gpd</u>	STORAGE FAC (G) Ground (F (B) Bladder (C			E) Elevated
Chlorine Feed Rate				Tank Type/Num			H2
Avg. Amount of Cl <sub>2</sub> g Chlorine Residuals:	as used_ Plant 1	0	N/A Remote 1.0	Capacity (gal)	100	00 480	315
Remote tap location	outside	tap		Material	fib	er steel	steel
DPD Test Kit: 🔯 O			h operator Used Daily	Gravity Drain	Ye	i	Yes
Injection Points ups				By-pass Piping	Ye	s Yes	Yes
Booster Pump Info 1	V/A			Pressure Gauge	N/,	Yes	Yes
Comments <u>Satisfac</u>	tory			Sight Glass or Level Indicator	No	No	No
Chlorine Gas Use	YES	NO	Comments	Fittings for Sight Glass	N/A	A N/A	N/A
Requirements Dual System		$\dot{\Box}$	<del></del>	Protected Openi	ngs Ye	s N/A	N/A
Auto-switchover		_		PRV/ARV	N/A	None	None
Alarms:				On/Off Pressure	N/A	40/50	40/50
Loss of Cl2				Access Padlocke	ed Ye	s Yes	Yes
capability Loss of Cl₂ residual		H		Height to Bottom	of N/A	N/A	N/A
Cl <sub>2</sub> leak detection				Elevated Tank Height to Max.	N/A	N/A	N/A
Scale				Water Level	1 ""	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100.
Chained Cylinders				Comments Stor		ies appear to	be in good
Reserve Supply				operating cond	ition.		
Adequate Air-pak							
Sign of Leaks							
Fresh Ammonia							
Ventilation							
Room Lighting							
Warning Signs				HIGH SERVICE	PUMPS		•
Repair Kits				Pump Number	1	2	
Fitted Wrench				Туре	Cent.	Cent.	
Housing/Protection				Make	Goulds	Goulds	
				Model	*	•	
AERATION (Gases, F				Capacity (gpm)			
Type <u>Cascade</u>	Ca	pacity		Motor HP	3	3	
Aerator Condition G Bloodworm Presence				Date Installed	Unk.	Unk.	
Visible Algae Growth	No			Maintenance	Good	Good	
Protective Screen Cor Comments <u>Aerator a</u>			annd	Comments Mo			
condition Aerator a	חשמופ נס	, ne in	goog	Pumps appear	n good co	ndition	
							<del></del>

PWS ID # 2541280 Survey Date 3-Mar-04

	<del>-</del>	NCE MON	NITORING ATER SYSTEMS				
serving < 3300 persons							
CONTAMINANT	Last Sampled	Due Date	COMMENTS				
Microbiological (Bacti)	xxxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)				
Volatile Organic Contaminants	2003	2006	Samples due every 3 years				
Synthetic Organic Contaminants	2003	2006	Samples due every 3 years				
Nitrate & Nitrite (as N)	2003	2004	Nitrate/Nitrite due annually				
Inorganic Contaminants	2003	2006	Inorganic Samples due every 3 years				
Asbestos	Waiver	Waiver expires 12/31/2010	Samples taken from distribution. Walver available if no aspestos pipe in the distribution system.				
Secondary Standards	2003	2006	Secondaries due every 3 years				
Radionuclides	2003	2006	Radionuclides due every 3 years				
Disinfection Byproducts [i.e. Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s)];	N/A	2004	Per sampling plan				
Lead and Copper	2001	2004	Sample locations are from pre-approved sample plan				

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.



PW\$ ID #	2541280	_
Survey Date	3/3/04	_

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None
DEFICIENCIES:	
This facility appears to be well maintained and in good	operating condition.
	,
	,
- Andrews - Andr	
Inspector Churches Matallan Title Annalise M. Stahlphah	Environmental Specialist II Date 3/4/04
	• •
Approved by Blanca R. Rodriguez Title	Engineer IV Date 3/4/04



# Department of Environmental Protection

Jeb Bush Governor Southwest District 3804 Coconut Palm Drive Tampa, Florida 33619

Colleen M. Castille Secretary

March 17, 2005

RECEIVED

MAR 1 8 2005

Aqua Utilities
Florida Inc.

Ms. Carolyn McFalls Regional Compliance Supervisor Aqua Utilities Florida, Inc. 6960 Professional Parkway East, Suite 400 Sarasota, FL 34240

Re: Sanitary Survey Report

Zephyr Shores MHP PWS-ID No. 651-2018

Pasco County

Dear Ms. McFalls:

Enclosed please find a copy of the Sanitary Survey Report for the above referenced potable water system. No deficiencies were noted during the recent inspection.

If you have any questions or concerns, please contact me at (813) 744-6100, extension 319.

Sincerely,

Edward Watson

Sward Witton

Environmental Specialist III

**Drinking Water Section** 

**EW** 

Enclosure

"More Protection, Less Process"

Printed on recycled paper.

# State of Florida Department of Environmental Protection Southwest District

## **SANITARY SURVEY REPORT**

Plant Name	ZEPHYR SHORES ESTATES	County _	PASCO_	_ PWS ID # _	6512018
Plant Location_	SR 54 West of Zephyrhills			Phone	941 <b>-</b> 907 <i>-</i> 747
Owner Name	Aqua Utilities Florida, Inc.			Phone	
Owner Address	6960 Professional Pkwy. East. Suite 400	Sarasota, FL 3	4240		
Contact Person	Carolyn McFalls	Title Compli	iance Sup.	Phone	
This Survey Dat	6960 Professional Pkwy. East. Suite 400 Carolyn McFalls te 2/25/05 Last Survey Date	9/5/01	Las	st C.I. Date	·
PWS TYPE & C			TER SOUR		
☐ Community					1
	nt Non-community		ACE/NON S	nurce	
Non-Commi			HASED from	ource	65176X5
	unity	Fmero	rency Water	Source	0312005
PWS STATUS		Emero	ency Water	Capacity	
Approved sy	stem with approval number & date	<b>E</b> o.3	jorioj vrater	<u> </u>	
	11-3-71 & WC-51-1146 10-2-78	AUXILIAF	Y POWER	SOURCE	
				■ Not Requ	
Unapproved	system	Source		·	
		Capacity of	of Standby (I	(W)	
• • • • • • • • • • • • • • • • • • • •	A CHARACTERISTICS	Switchove	er: 💹 Autom	natic 🔲 Man	ual
Mobile Home I	Park	Standby P	Plan: 🔲 Yes	: ∐ No	
Fred Conden	Myas Mais Maya			oad	
Food Service:	Yes No N/A	What equi	ipment does	it operate?	
OPERATION &	MAINTENANCE	Ŭ Me∥	pumps		
	tor: 🛛 Yes 🗌 No 🔲 Not required	High	Service Pu	mps	
Operator(s) & C	Pertification Class-Number	Trea	tment Equip	ment	<u> </u>
	ez 7880-A	Satisfy 1/2	max-day de	emand? LJYe	s No Unk
		Comment	S <u>Has interc</u>	onnect with PC	UD SE #1
O&M Log: 🛛	Yes No Not required				
Operator Vicitat	ion Fraguescu	TREATM	ENT PROCE	SSES IN US	F
Hrs/day: Requi	iredActual				
Days/wk: Requ	iredActual	Contornia	11011		
Non-consecut	IVE Davs: IXI Yes I INO I IN/A	What add	itional treatm	ent is needed	j?
MORs submitte	d regularly? ⊠ Yes ☐ No ☐ N/A				
Data missing fro	om MORs? No Yes N/A	For contro	ol of what de	ficiencies?	
					· · · · · · · · · · · · · · · · · · ·
Number of Serv	rice Connections215	DISTRIBL	TON SYST	EM	
Population Serv	red 540 Basis Jan. 2005 MOR			e Flov	v Meter
Average Day (fr	rom MORs) 37129 and	Meter Size	e & Type	Water Spec.	
Max. Day (from	MORs) 49000 gpd	Backflow I	Prevention D	Devices: Y	es No
Max-day Design	Capacity gpd	Cross-con	nections <u>N</u>	None	
Comments		Written Cr	oss-connect	ion Control P	rogram: Yes
		Coliform S	Sampling Pla	n: 🗌 Yes 🗵	No N/A
		Comment	s		
COMET: SITE IS	D PROJECT ID				
COMETABLE	PHOJECT ID				

1

PWS ID#	6512018
Date	3/16/05

### **GROUND WATER SOURCE**

	WATER SOURCE			
Well Numl		1 / AAC0104		
Year Drille	od	Unk		
Depth Dril	led	Unk		
Drilling Me	ethod	Unk		
Type of G	rout	Unk		
Static Wat	ter Level	Unk		
Pumping \	Water Level	Unk		
Design W	ell Yield	Unk		
Test Yield		Unk		
Actual Yie	d (if different than rated capacity)	Unk		
Strainer		Unk		
Length (or	utside casing)	Unk	·	
Diameter	(outside casing)	Unk		
•	outside casing)	Unk		
U	amination History	None		
U	ion of well possible?	No		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	-		
SET	Reuse Water	•		
BACKS	WW Plumbing	-		
	Other Sanitary Hazard	-		
	Туре	Submersible		
	Manufacturer Name	Unk		
PUMP	Model Number	Unk		
	Rated Capacity (gpm)	Unk		
	Mator Horsepower	Unk		
Ħ	g 12" above grade?	Yes		
	ng Sanitary Seal	Ok		
	er Sampling Tap	Yes		
Above Gro	ound Check Valve	Yes		
Fence/Ho	using	Yes		
Well Vent	Protection	Yes		
			 	i

COMMENTS	
· · · · · · · · · · · · · · · · · · ·	

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo

Avg. Amount of Cl2 gas used \_\_\_

Chlorine Residuals: Plant 4.28 Remote 1.67

DPD Test Kit: On-site With operator None Not Used Daily

YES

\_\_\_\_\_ Capacity \_\_\_\_

AERATION (Gases, Fe, & Mn Removal)

Protective Screen Condition \_\_\_\_

NO

Remote tap location <u>lift station water tap</u>

Make <u>Chem Tech</u> Chlorine Feed Rate \_\_\_\_

Injection Points \_\_\_\_\_ Booster Pump Info \_

Chlorine Gas Use

Requirements
Dual System

Loss of Cl<sub>2</sub> capability Loss of Cl<sub>2</sub> residual Cl<sub>2</sub> leak detection

Chained Cylinders

Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia

Ventilation

Room Lighting

Warning Signs

Fitted Wrench
Housing/Protection

Aerator Condition Bloodworm Presence Visible Algae Growth

Comments

Repair Kits

Auto-switchover

Alarms:

Scale

Comments \_\_\_

Capacity 15 gpd

N/A\_

Comments

(G) Ground (H) Hy (B) Bladder (C) Clo	earwell		.,
Tank Type/Number	H-1		
Capacity (gal)	7512		
Material	steel	-	
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass			
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	60 psi		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level Comments			
HIGH SERVICE PUN	IPS		
Pump Number			
Туре			
Make			
Model			
Capacity (gpm)			
Motor HP			
		-	
Date Installed	1		1

PWS ID#

PWS ID # 6512018 Date \_\_\_\_\_ 03/16/05

		C	COMPLI OMMUNITY I	ANCE MON		TEMS			
-	PWS	# Samples	Sampling		C > 3300			C ≤ 3300	
CONTAMINANT	Screen	Required	Location	Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	024	1	Each well	monthly			monthly	and the second s	monthly
		2	Distribution						monthly
Volatile Organics	028	(Note A)	(Note H)	(Notes A, 1)	······································		(Notes A, 2)	2003	2006
Pesticides & PCBs	029	(Notes B, E)	(Note H)	3 years (Note 1)			3 years (Note 2)	2003	2006
Nitrate & Nitrite (as N)	030	1	POE	annually			annually	2004	2005
Inorganics	030	1	POE	3 years (Note 1)			3 years (Note 2)	2003	2006
Asbestos	030	(Note F)	Distribution	9 years (Note 7)			9 years (Note 8)	Waiver	
Secondaries	031	1	POE	3 years (Note 1)			3 years (Note 2)	2003	2006
Radionuclides	033	(Note C)	POE	3 years (Note 1)			3 years (Note 2)	2003	2009
Group I UOCs	035	(Noles B, E, G)	POE	(Note 4)			(Note 5)	_	
Group II UOCs	034	1 (Notes E,G)	POE	3 years (Note 1)			3 years (Note 2)		
Group III UOCs	036, 037	1 (Note G)	POE	(Note 4)			(Note 5)		
Lead and Copper	047	(Note D)						2003	2006
DBPs	027	1	Distribution				Annual	2004	2005

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

PWS ID#	6512018
Date	3/16/05

#### NOTES:

#### # SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

- Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.
- Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.
- Note D Contact the Southwest District's Drinking Water Program at (813) 744-6100 or contact the Florida Rural Water Association.

- Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.
- Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.
- Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.
- Note H First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

### FREQUENCY:

- Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)
- Note 2 Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)
- Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)
- Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)
- Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

- Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)
- Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)
- Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)
- Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

Approved by \_\_

PWS ID #	6512018
Date	03/16/05

MONITORING VIOLATIONS	MCL VIOLATIONS
EFICIENCIES:	
o deficiencies noted at the time of insp	pection
**CCR needs to contain information fr	rom sampling of Zephyr Shores and Pasco County
Utilities interconnect.	
* Operator indicated at inspection inte	erconnect valve is kept 1/4 turn open at all times and
* Operator indicated at inspection inte	erconnect valve is kept ¼ turn open at all times and ermine exact amount of water Pasco is providing.
* Operator indicated at inspection inte	
* Operator indicated at inspection inte	
* Operator indicated at inspection inte	
* Operator indicated at inspection inte	
* Operator indicated at inspection inte	
* Operator indicated at inspection inte	
* Operator indicated at inspection inte	
* Operator indicated at inspection inte	
* Operator indicated at inspection inte	

Title Env. Manager Date 3/14/05