

State of Florida



## Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850

**-M-E-M-O-R-A-N-D-U-M-**

---

**DATE:** January 4, 2016  
**TO:** Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk  
**FROM:** Clayton Lewis, US Engineering Specialist, Division of Engineering <sup>FE4</sup> CKK  
**RE:** Docket No. 150224-WU-Application for staff-assisted rate case in Polk County by Pinecrest Utilities, LLC.

---

Please file the attached "Pinecrest/DEP correspondence concerning Warning Notice No. 16-653PW5079" in the above mentioned Docket File.

Thank you.

## Terri Jones

---

**From:** Clayton Lewis  
**Sent:** Monday, January 04, 2016 2:37 PM  
**To:** Terri Jones  
**Cc:** Robert Graves; Laura King; Charles Murphy  
**Subject:** FW: Pinecrest Utilities Generator.  
**Attachments:** site schematic Pinecrest Ranches dated 10242006.pdf; WN 010415.pdf; 6535079\_20151231\_Pincrest Ranches.docx

Please file this message with the three (3) attachments in Docket No. 150224 – Pinecrest Utilities.

Please title the filing as “Pinecrest/DEP correspondence concerning Warning Notice No. 16-653PW5079”.

Thank you.


---

**From:** Devine, Owen F [mailto:Owen.Devine@flhealth.gov]  
**Sent:** Monday, January 04, 2016 1:08 PM  
**To:** Mike Smallridge  
**Cc:** Clayton Lewis; Stadelbacher, Ron; Jennifer Alexander (jennifer@constaflow.com); Taghiof, Henry; Reis, Roland  
**Subject:** RE: Pinecrest Utilities Generator.

Mike,

I discussed and forwarded to the Department Legal Counsel Roland Reis your concerns. As we discussed the rules you understood that the requirement for Standby Power occurs if the system has over 150 service connection or 350 individuals served by the system. You indicated does this mean active service connections. As written it does not mean active but means does the system have more than 150 service connections. Here are the findings as found in your systems files and database.

- 1) The discrepancy regarding the lack of working Standby Power has been noted on the last three years of sanitary surveys.
- 2) Sanitary Survey dated 2/17/2003 noted the system needed to be equipped with auxiliary Power. The service connections were identified as 178 and the population served was 559. Both of these numbers exceed the threshold for the requirement of emergency power.
- 3) Sanitary survey letter dated 3/7/2003 and signed by Mr. Rafael Reyes that the capacity and connections on the monthly operation reports need to be updated. The capacity should be 504,000 gpd and the connections 178. Mr. Reyes also noted that the system did not have auxiliary power and the need for the system to initiate the process to comply with the requirements noted below.
- 4) Letter dated 5/27/2004 and signed by Mr. Charles Freed, P.E. (Professional Engineer) indicates the company (Pinecrest Water Supply has received bids for the generator and are in the process of obtaining drawing and specifications.
- 5) Sanitary survey dated 10/13/2005 notes that the system has a functioning auxiliary power source.
- 6) Site Schematic dated 10/24/2006 identifies at least 150 service connections. The map is included at an attachment.
- 7) The above sited service connections and population has been document consistently as written to the last sanitary survey conducted 12/31/15.
- 8) If you dispute the number of service connections and the populations please send written documents regarding the current numbers and justification on how they were determined. I am basing the validity of the attached warning notice on files documentation noted by the last inspector and history of this system on file.

Notice / Adopted	Section	Description	ID	Publish Date
	Final 62-555.320	Design and Construction of Public Water Systems	<u>2264191</u>	Effective: 08/28/2003

(14) Standby Power.

(a) By no later than December 31, 2005, each community water system (CWS) serving, or designed to serve, 350 or more persons or 150 or more service connections shall provide standby power for operation of that portion of the system's water source, treatment, and pumping facilities necessary to deliver drinking water meeting all applicable primary or secondary standards at a rate at least equal to the average daily water demand for the system. If a CWS interconnects with another CWS to meet this requirement, the portion of the combined systems' components provided with standby power shall be sufficient to deliver water at a rate at least equal to the average daily water demand for the combined systems.

Thank you

Owen Devine

*Owen Devine*

Environmental Specialist II  
 Florida Department of Health  
 Environmental Engineering  
 2090 E. Clower Street  
 Bartow, FL 33830-6741  
 863-519-8330 ext. 12151  
 ATTENTION: NEW EMAIL  
[owen.devine@flhealth.gov](mailto:owen.devine@flhealth.gov)

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.

---

**From:** Mike Smallridge [<mailto:utilityconsultant@yahoo.com>]  
**Sent:** Monday, January 04, 2016 12:05 PM  
**To:** Devine, Owen F <[Owen.Devine@flhealth.gov](mailto:Owen.Devine@flhealth.gov)>  
**Cc:** Clayton Lewis <[clewis@psc.state.fl.us](mailto:clewis@psc.state.fl.us)>  
**Subject:** Pinecrest Utilities Generator.

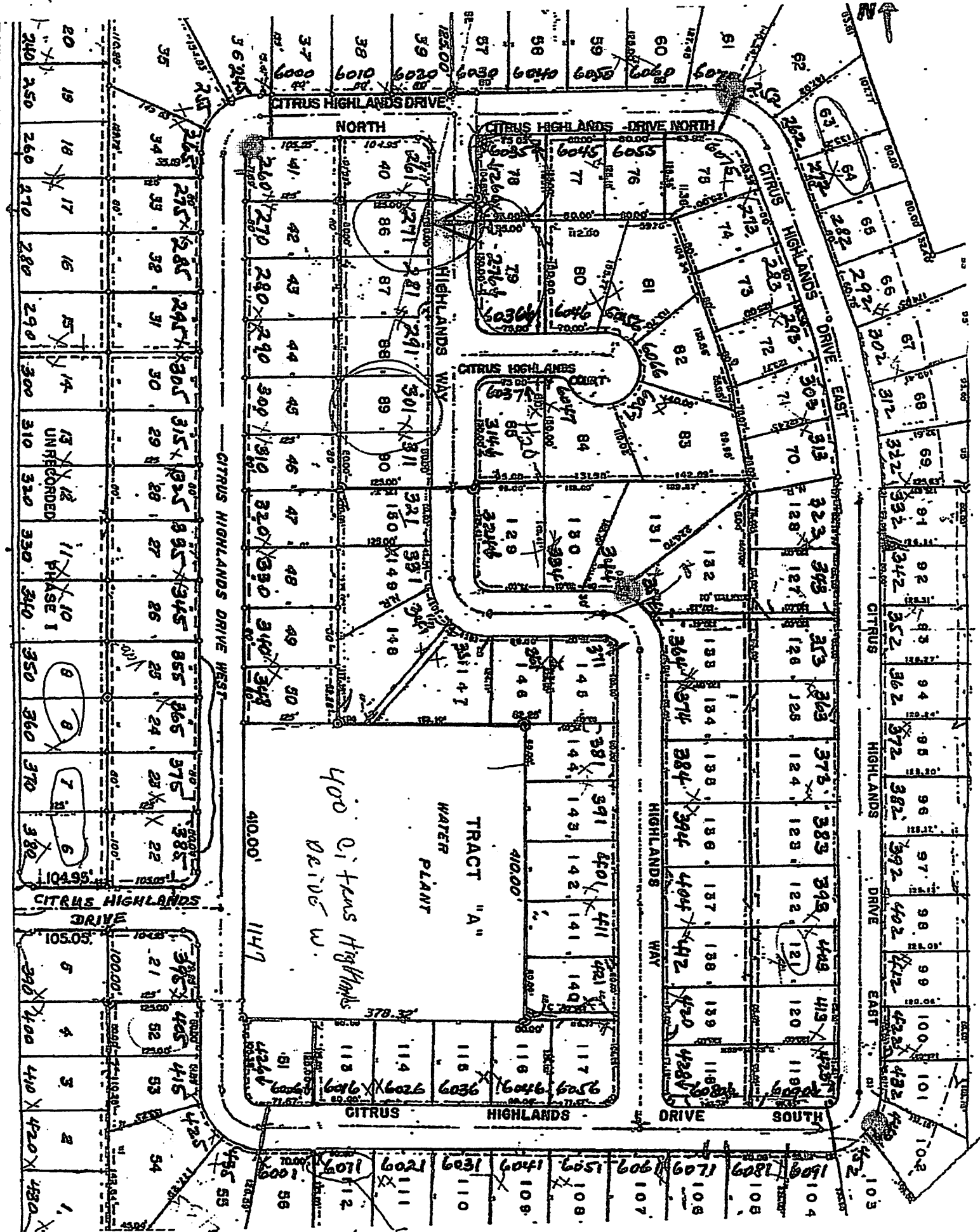
Owen,

Thank you for taking the time to speak with me this morning.

As per our conversation, I am in receipt of your letter. As I said, I believe I have an obligation to the Florida Public Service Commission and my customers ( before I ask for a rate increase) to confirm that the utility does fall under this rule. In my plain reading of the rule, it is questionable, but I am not an attorney either. I will also take your advise and insure that consta-flow is reporting updated information on the MOR's.

I have copied this email to the PSC staff.

Mike Smallridge



400 Citrus Highlands Drive W.

TRACT "A"  
WATER PLANT

CITRUS HIGHLANDS DRIVE WEST

CITRUS HIGHLANDS DRIVE SOUTH

NORTH

CITRUS HIGHLANDS DRIVE NORTH

CITRUS HIGHLANDS DRIVE EAST

CITRUS HIGHLANDS DRIVE

EAST

20	19	18	17	16	15	14	13 UNRECORDED	12	11 PHASE I	10	9	8	7	6	5	4	3	2	1
240	250	260	270	280	290	300	310	320	330	340	350	360	370	380	390	400	410	420	430
348	348	353	352	351	350	299	288	277	266	255	244	233	222	211	200	189	178	167	156

36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55
600	600	6010	6020	6020	260	270	280	290	300	310	320	330	340	348	351	354	357	360	363
348	348	353	352	351	299	288	277	266	255	244	233	222	211	200	189	178	167	156	145

63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82
240	250	260	270	280	290	300	310	320	330	340	350	360	370	380	390	400	410	420	430
348	348	353	352	351	299	288	277	266	255	244	233	222	211	200	189	178	167	156	145

83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102
300	310	320	330	340	350	360	370	380	390	400	410	420	430	440	450	460	470	480	490
348	348	353	352	351	299	288	277	266	255	244	233	222	211	200	189	178	167	156	145

103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122
400	410	420	430	440	450	460	470	480	490	500	510	520	530	540	550	560	570	580	590
348	348	353	352	351	299	288	277	266	255	244	233	222	211	200	189	178	167	156	145

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

January 4, 2016

Pinecrest Utilities, LLC  
3336 Grand Blvd.  
Suite 102  
Holiday, FL 34690

RE: Pinecrest Utilities Public Water System  
PWS ID No. 6535079

**Warning Notice No. 16-653PW5079**

Dear Public Water System Owen:

The purpose of this letter is to advise you of the violations of law for which the above mentioned facility's public water system may be responsible, and to seek your cooperation in resolving the matter. A review of the facility's drinking water records indicates that violations of Florida Statutes and Rules may exist at the facility.

- System failed to provide standby power for operation of the system's water source, treatment, and pumping facilities necessary to deliver drinking water meeting all applicable primary or secondary standards at a rate at least equal to the average daily water demand for the system in accordance with 62-555.320(14)(a) of the Florida Administrative Code (F.A.C.). (This deficiency has been noted on the 2/12/2013; 11/26/2014 and the 12/31/2015 sanitary survey inspections).

You are requested to contact (863) 519-8330 Ext. 12151 upon receipt of this Letter to arrange a meeting to discuss this matter. Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter. Please be advised that this Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

**Owen Devine**

Digitally signed by Owen Devine  
DN: cn=Owen Devine, o=Environmental Engineering, ou=Department of Health in Polk County, email=Owen.Devine@flhealth.gov, c=US  
Date: 2016.01.04 07:32:17 -05'00'

Owen Devine  
Environmental Specialist II

Page 2  
Pinecrest Utilities Public Water System

Email copy to:

[Michael Smallridge] [utilityconsultant@yahoo.com](mailto:utilityconsultant@yahoo.com)

[Clayton Lewsi] [CLewis@PSC.STATE.FL.US](mailto:CLewis@PSC.STATE.FL.US)

Copy to:

Roland Reis, Legal Counsel  
Polk County Health Department  
1290 Golfview Avenue, 4th floor  
Bartow, Florida 33830



Vision: To be the Healthiest State in the Nation

Environmental Engineering
2090 East Clower Street, Bartow, FL 33830
Phone (863) 519-8330

SANITARY SURVEY REPORT

DATA INPUT
Date: 12/31/2015
Initials: H-T

COMPLIANCE RESULTS
I, C, M, F, O checkboxes

System/Plant Name Pinecrest Utilities, LLC
Plant Location Citrus Highlands Drive, off Hankin Road Bartow
Owner Name Michael Smallridge
Owner Address 1902 Barton Park Road, Suite 210, Auburndale, FL 33823
Owner Email utilitymessage@yahoo.com
Contact Person Michael Smallridge Title Owner Email utilitymessage@yahoo.com
Alternate Contact Gaines Alexander Title Operator Email gaines@constaflow.com
This Survey Date 12/31/2015 Last Survey Date 11/26/2014

PWS TYPE & CLASS [X] Community [ ] Non-transient Non-Community [ ] Transient Non-Community
PWS STATUS [X] Approved System [ ] Accepted System [ ] Unapproved System

SERVICE AREA CHARACTERISTICS
Subdivision
Food Service: [ ] Yes [ ] No [X] N/A

GENERAL SURVEY COMMENTS
A copy of this report will be sent to the system.

DEFICIENCIES ACTION TAKEN:

Table with 2 columns: DEFICIENCIES, ACTION TAKEN:
Row 1: The system may not have an auxiliary power source. Refer to Enforcement

Inspector Henry Taghiof Title Engineering Specialist III Forward Date 12/31/2015
Reviewer Review Date
PA SITE ID
ENV. ENG SS Rev 08/2013



**MONITORING COMPLIANCE DATA  
 {Last Twelve Months}**

COMPLIANCE GROUP	MONITORING	REPORTING	EXCEEDANCE	MCL
Chemical	compliant	compliant	none	none
Bacteriological	compliant	compliant	none	none

Items checked with an (x) are explained below.

**COMMENTS**

All sampling is current.

**PERMITS/APPROVALS/ACCEPTANCES**

Project Name	Approval Number	Approval Date	Connections Approved	Scanned
Citrus Highlands S/D	5386-331	12/23/1986	150	003696
Pinecrest Ranches Well Addition	5389-5079	11/20/1989	n/a	n/a
Distribution & Backup Well Addition	5302-5079-A1	10/10/2002	28	n/a

**COMMENTS**

none

**ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}**

OGC Case Number	Referral Date	Resolution Date	Comments
10-653PW5079A	01/29/2010	03/01/2010	Failure to pay license fee
10-653PW5079B	04/07/2010	08/31/2010	Bac-T MCL Violation

System Name: Pinecrest Utilities, LLCPWS ID# 6535079  
Survey Date 12/31/2015**TREATMENT PROCESSES IN USE**

disinfection by hypochlorination

iron sequestering by ortho-phosphate injection

Is any additional treatment needed? / Reason? none at this timeDo components / chemicals meet NSF standards? yes**DISTRIBUTION SYSTEM****Comments**

Pipe Size Range/Type(s)	6" – 2" PVC	
New/Altered Piping @ Plant(s) Color Coded & Labeled	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Flow Measuring Device Type/Size/Location	6" inline totalizing	
Flow Measuring Device Reading (gallons)	012,926	
Point of Entry Taps for Each Plant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Backflow Prevention Devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cross-connections Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bacteriological Sampling Plan Date	03/08/2013	
Satisfactory Bacteriological Sampling Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
System Records Retention Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	At utility office
Lead & Copper Sampling Plan Date	06/21/2012	
Disinfection By-Products Sampling Plan Date	04/11/2014	
Cross-connection Control Program Plan Date	no plan found	
Satisfactory Cross-connection Control Program Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	no plan found
Emergency Preparedness/Response Plan Date	no date on plan, current	
Current Drinking Water Distribution System Map	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Asbestos Waiver or Plan Date	01/01/2011	Oracle date

**OPERATION & MAINTENANCE****Comments**

Certified Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Operator Name	Gaines Alexander	Consta Flow
Operator Certification Class-Number	C-5472	
Operator Phone Number	863-965-2599	
Operator Cell Phone Number	863-287-2417	
Operator Fax Number	863-965-1733	
Operator Mailing Address	5574 Commercial Blvd., Winter Haven, FL 33880	
Operator E-mail Address	<a href="mailto:gaines@constaflow.com">gaines@constaflow.com</a>	
Operation & Maintenance Log	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Operation and Maintenance Manual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>Operator Visitation Frequency</b> →      →      →		<i>Required</i> <i>Actual</i>
	Hrs/wk	0.3      0.7
	Days/wk	3      3
Non-consecutive Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Monthly Operation Reports Submitted Regularly & Timely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Data Missing From Monthly Operation Reports	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Plant Category - Class	V-D	
Number of Service Connections	178	
Present Population Served	405	
Population Basis	owner	
Population Seasonal (Timeframes)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Water System Used Over 60 Days Per Year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Number of Water Users 6 - 9 Months Per Year	n/a	
Number of Water Users Over 9 Months Per Year	405	
System Average Day Demand (Last 12 Months)	20,090	gpd
System Maximum Day Demand (Last 12 Months)	47,500	gpd
System Firm Capacity (Calculate assuming largest plant is out of service)	129,600	gpd
System Maximum Day Design Capacity	417,600	gpd
		<b>Permitted for 150,000 gpd</b>
Adequate Flushing Program (Frequency)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	as needed, no dead ends
Sufficient Valve Exercising	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	no isolation valves
Additional Comments		none

Plant Name: Pinecrest Utilities, LLC

PWS ID# 6535079  
 Survey Date 12/31/2015

**GROUND WATER SOURCES**

Well Number	2	4		
WMD Permit Number	unknown	808751		
Florida Unique Well ID Number	AAC3938	AAO1210		
Grout Type	cement	neat cement		
Well Completion Date	1989	11/28/2010		
6'x6'x4" Concrete Pad / Condition	yes / fair	yes / good		
Depth Drilled (feet)	315	115		
Well Contamination History	none	none		
Drilling Method	rotary	combination		
Casing Material	black steel	black steel		
Casing Diameter (inches)	6	4		
Casing Length (feet)	78	90		
Well Inundation Possible	unlikely	unlikely		
SET BACKS (feet)	Septic Tank	>500'	>500'	
	WW Plant	>500'	>500'	
	WW Plumbing	>500'	>500'	
	Other Sanitary Hazard	none seen	none seen	
PUMP	Type	submersible	submersible	
	Manufacturer	Betta Flo	Schaefer Pump	
	Model Number	200710B	90LD554-PE	
	Rated Capacity (gpm)	200	90	
MOTOR	Manufacturer	Franklin Elec.	Franklin Elec.	
	Model Number	unknown	PH#2243038b02	
	Horsepower	25	5	
Well Casing 12" Above Pad	yes	yes		
Well Casing Sanitary Seal	watertight	watertight		
Raw Water Sampling Tap	compliant	compliant		
Above Ground Check Valve	yes	yes		
Secured / Housed	secured	secured		
Well Vent Protected	yes	yes		
Comments	none			

**AUXILIARY POWER SOURCE**

	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
Type		Honda Generator
Description		Portable *
Functional	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*
Automatic Switchover	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*
Exercised Under Continuous Load Frequently	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*
Operates All Necessary Equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*
Capacity Satisfies System Average Daily Water Demand	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*
Additional Comments	<b>*Generator was not onsite, uncertain if this generator is still available.</b>	

Plant Name: Pinecrest Utilities, LLC

PWS ID# 6535079  
 Survey Date 12/31/2015

**DISINFECTION**

Type	Chlorination				Comments
Phase	<input type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid				
Number of Feeders	2				
Adequate Air-Pak	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Alarms					
Loss of Cl <sub>2</sub> Capability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Loss of Cl <sub>2</sub> Residual	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Cl <sub>2</sub> Leak Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Fresh Ammonia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Injection Point Location(s)	prior to tank				
Automatic Switchover	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Reserve Supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Maximum Day Capacity	[gas (lb/day)]	[liquid (gpd)]	30 gpd / 17 gpd		
Adequate Ventilation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Room Lightning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Safety Equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Feed Rate or Stroke	[gas (lb/day)]	[liquid (%)]	100% / 100%		
Sign of Leaks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Feeder(s) Manufacturer	Pulasatron / Stenner				
Housed or Protected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Chained Cylinders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Plant Residuals	[mg/l]	Free	0.69	Total	n/a
Remote Residuals	[mg/l]	Free	0.32	Total	n/a
Scales Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Repair Kits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
DPD Test Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Additional Comments	The chlorination system is not functioning properly; operator has been trying to address the problem.				

**STORAGE FACILITIES**

	(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell (R) Retention											
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Tank Type/Number	H / 1											
Capacity (gal)	6,000											
Material	steel											
Gravity Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By-Pass Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected Openings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Glass / Level Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fittings for Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On/Off Pressure (PSI)	30/50											
Secured Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Height to Minimum Water Level	n/a											
Height to Maximum Water Level	n/a											
Tank Equipped With Access Manhole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Inspection Report Date	01/2011											
Comments	tank is equipped with air compressor											

Plant Name: Pinecrest Utilities, LLC

PWS ID# 6535079  
Survey Date 12/31/2015

**ADDITIVES**

Product Name	Aqua Mag			
Chemical Name	Ortho-Phosphate			
Chemical Purpose	iron sequestering			
Meets NSF 60 or Equivalent	yes			
Injection Point Location	prior to tank			
Feeder Manufacturer	Stenner			
Feeder Model	unknown			
Feeder Capacity (gpm)	17			
Comments	none			