

Lakeside Waterworks, Inc.

August 26, 2016

Office of Commission Clerk
Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399

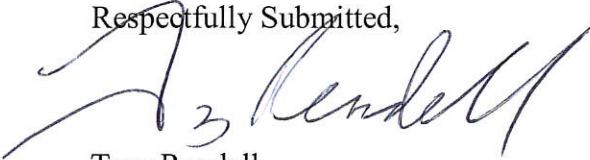
***Re: Docket No. 160195-WS - Application for Staff Assisted Rate Case (SARC)
in Lake County by Lakeside Waterworks, Inc. – FDEP Inspection Report***

Dear Commission Clerk,

Lakeside Waterworks, Inc. (Lakeside) hereby submits the attached inspection report from the Florida Department of Environmental Protection dated August 23, 2016.

Please include the FDEP report in the above referenced docket.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Troy Rendell". The signature is fluid and cursive, with a large initial "T" and "R".

Troy Rendell
Manager of Regulated Utilities
//For Lakeside Waterworks, Inc.



Florida Department of Environmental Protection

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

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Jonathan P. Steverson
Secretary

August 23, 2016

Diane M. Kibitlewski, Owner
U.S. Water Corporation
4939 Cross Bayou Blvd.
New Port Richey, FL 34652

Re: Shangri-La By The Lake Utilities, Inc.
PW Facility ID #3354028
Lake County

Dear Ms. Kibitlewski:

Department personnel conducted an inspection of the above-referenced facility on August 3, 2016. Based on the information provided during the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Monica Busam at 407-897-4171 or via e-mail at Monica.Busam@dep.state.fl.us.

Sincerely,

A handwritten signature in cursive script that reads "Wanda Parker-Garvin".

Wanda Parker-Garvin, Environmental Manager
Central District
Florida Department of Environmental Protection

WPG/mb

Enclosures: Inspection Report

cc: US Water: rhiggins@uswatercorp.com
Grant Foster: gfoster@uswatercorp.net

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SHANGRI-LA BY THE LAKE UTILITES, INC. County Lake PWS ID # 3354028
Plant Location 100 Shangri-La Blvd., Leesburg, FL 34788 Phone 352-589-7744
Owner Name US Water Corporation Phone 727-848-8292
Owner Address 4939 Cross Bayou Blvd., New Port Richey, FL 34652
Contact Person Grant Foster Title Operations Phone 727-848-8292
This Survey Date 8/3/16 Last Survey Date 10/30/2013 Last Compliance Inspection Date 5/29/2012

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 180,000 gpd

PWS STATUS: Approved

RAW WATER SOURCE

GROUND; Number of Wells 2
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Generac model no. SG015EPS-15
Capacity of Standby (kW) 20
Switchover: Automatic Manual
Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

Well Pumps _____
 High Service Pumps HSP #1
 Treatment Equipment All

Satisfy avg. daily demand? Yes No Unknown

Audio-visual alarm? Yes No

Comments _____

TREATMENT PROCESSES IN USE

Hypochlorination, aeration

SERVICE AREA CHARACTERISTICS

Mobile Home Park

Food Service: Yes No N/A

Number of Service Connections 167

Population Served 328 Basis MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Joseph S Byk C-5934

Hrs/day: Required _____ *Visit _____ Actual _____ *Visit _____

Days/wk: Required 3 Actual 6

Non-consecutive Days? Yes No N/A

Comments *Vistis must add up to a cumulative total of at least 0.3 hr/week.

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 25,771 gpd

Maximum Day (from MORs) 100,000 gpd 05/2016

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 4" McCrometer/6" Water Spec

Date Last Calibrated 11/4/2015

PLANS AND MAPS

Coliform Sampling Plan Yes No N/A

D/DBP Monitoring Plan Yes No N/A

Lead and Copper Plan Yes No N/A

Distribution System Map Yes No N/A

Emergency Response Plan Yes No N/A

Comments _____

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual Yes No

Preventive Maintenance Program Yes No N/A

Flushing Program Yes No N/A

Records Yes No N/A

Isolation Valve Exercise Yes No N/A

Records Yes No N/A

Comments _____

CROSS CONNECTION CONTROL

BFPAs 1 # Tested 1

WWTP RPZ Yes Date Tested 4/2016

Written Plan Yes Date 2007

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	2 (AAH6721)	WR-1	
Year Drilled	1999	2015	
Depth Drilled	330'	397'	
Drilling Method	Cable Tool	Rotary Drill	
Type of Grout	Neat Cement	Unknown	
Static Water Level	12'	11'	
Pumping Water Level	12'	31'	
Design Well Yield	850	Unknown	
Test Yield	1,200 gpm	Unknown	
Actual Yield (if different than rated capacity)	Unknown	450 gpm	
Strainer	Open hole	Unknown	
Length (outside casing)	191'	247'	
Diameter (outside casing)	8"	8"	
Material (outside casing)	Black Steel	Black Steel	
Well Contamination History	None	None	
Is inundation of well possible?	No	No	
6' X 6' X 4" Concrete Pad	Yes	Yes	
SET BACKS	Septic Tank	N/A	N/A
	Reuse Water	N/A	N/A
	WW Plumbing	>200'	>200'
	Other Sanitary Hazard	None observed	None observed
PUMP	Type	Submersible	Submersible
	Manufacturer Name	Unknown	Unknown
	Model Number	30NSBYCZ-T	Unknown
	Rated Capacity (gpm)	850	280
	Motor Horsepower	30	10
Well casing 12" above grade?	Yes	Yes	
Well Casing Sanitary Seal	OK	OK	
Raw Water Sampling Tap	Yes	Yes	
Above Ground Check Valve	Yes	No*	
Security	Yes	Yes	
Well Vent Protection	Yes	Yes	

COMMENTS *Air gap

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner (4) Capacity 40 gpd
 Chlorine Feed Rate 25%, 25%, 30%, 30% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.4 Remote 0.8
 Remote tap location WWTF
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Pre and Post aeration
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated
 (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	G	H1	H2
Capacity (gal)	20,000	3,000	5,000
Material	Concrete	Steel	Steel
Gravity Drain	Yes	Yes	Yes
By-Pass Piping	Yes	Yes	Yes
Protected Openings	Yes	Yes	Yes
Sight Glass or Level Indicator	N/A	Yes	Yes
PRV/ARV	N/A	PRV	PRV
Pressure Gauge	N/A	Yes	Yes
On/Off Pressure	N/A	35/55	35/55
Access Secured	Yes	Yes	Yes
Access Manhole	No	Yes	Yes
Tank Sample Tap Location	On tank	On tank	On tank
Date of Inspection	N/A	08/2012	08/2012
Date of Cleaning	N/A	08/2012	08/2012

Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type Spray Capacity 1,100 gpm
 Aerator Condition Good
 Visible Algae Growth No
 Protective Screen Condition Good
 Frequency of Cleaning As needed
 Date Last Inspected/Cleaned 1/2016
 Comments _____

HIGH SERVICE PUMPS

Pump Number	1	2	3	4
Type	Centrifugal			
Make	Goulds	Goulds	Jacuzzi	Jacuzzi
Model	3656	3656	20DC4	20DC4
Capacity (gpm)	125	125	545	545
Motor HP	7.5	7.5	20	20
Date Installed	1999	1999	2001	2001

Comments _____

DEFICIENCIES:

- No deficiencies noted at the time of inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2016 results have not yet been received. Early sampling is recommended.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2016, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2016.
- Monitoring schedules are available on the Central District's Drinking Water Website.
<http://www.dep.state.fl.us/central/Home/DrinkingWater/InHouseCompliance/MonitoringSchedules/MonitoringSchedules.htm>

COMMENTS:

- A recent file review by the Department indicates that on July 12, 2016, an invoice for the Annual Operating License Fee was mailed. Payment is due by August 15, 2016. As of the date of this letter, the Department cannot confirm receipt of your 2016 payment. The amount of **\$500.00** is due no later than December 15, 2016, at which time, the balance will be pursued by the Department's collection agency.

Annual operating license fees for drinking water systems are not refundable and shall be due and payable as follows:

- The annual operating license fees set forth in this section shall be required for all public water systems for which the Department is granted administrative authority. The amount due shall be the applicable annual operating license fee described in subsections (3), (4), (5), or (6) of this section, and are due and payable no later than 45 days after receipt of an operating license fee invoice from the Department for public water systems that are subject to regulation under Section 403.861, F.S., on that date.
- Non-payment or late payment of an annual operating license fee shall be grounds for enforcement action pursuant to Sections 403.121, 403.141, and 403.161, F.S. Non-payment of an annual operating license fee shall be grounds for revocation or denial of an application for a drinking water construction permit. [Rule 62-4.053(2)(c), F.A.C.]
- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or frwa@frwa.net, for free technical assistance with your system. FRWA has extended benefits offered to members.
- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.

Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]

- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:
 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or

COMMENTS (continued):

- The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]
- Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]

Inspector's
Signature

Monica Zusum

Title: Environmental Specialist I

Date: 8/12/2016

Reviewer's
Signature

Wanda Parker Kovic

Title: Environmental Manager

Date: 8/17/2016