

FLORIDA UTILITY SERVICES 1, LLC
3336 GRAND BLVD. SUITE 102
HOLIDAY, FL. 34690
863-904-5574

February 2, 2017

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

RECEIVED-FPSC
2017 FEB -6 AM 9:13
COMMISSION
CLERK

RE: Docket # 160193-WU

Dear Commission Clerk:

Enclosed Please find the 2015 Sanitary Survey Report that was accidentally left out of the staff requested information.

On behalf of the utility,



Mike Smallridge



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: 05/04/2016
Initials: THS

COMPLIANCE RESULTS

Compliance checkboxes: I, C, M, F, O

System/Plant Name McLeod Gardens County Polk PWS ID# 6535393
Plant Location Bomber Road & Spruce Road, Eagle Lake Phone (863)293-2577
Owner Name Tevalo Inc. (James Vaughn) Phone (863)293-2577
Owner Address P.O.Box 2898, Winter Haven, FL 33883 Cell n/a
Owner Email need update Fax (863)293-2827
Contact Person Kim Gossett Title Manager Email kgossett123@yahoo.com Phone (863)557-0241
Operator Name James Rosser Class & Certification Number C-7658 Phone (863)241-7713
Operator Address P.O. Box 696, Haines City, FL 33845 Cell (863)241-7713
Operator Email jamesrosserseu@aol.com Fax n/a
Alternate Contact N/A Title n/a Email n/a Phone n/a
This Survey Date 05/03/2016 Last Survey Date 06/02/2015 Last C.I. Date 11/17/2010

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 [X] No [] N/A

TREATMENT PROCESSES IN USE

Is any additional treatment needed? Hypochlorination
For control of what deficiencies? None at this time
N/A

GENERAL SURVEY COMMENTS

System has a Model FX-1000p Amperometric Chlorine Analyzer installed. System also has an onsite generator.

Copies of this report and the letter were mailed to the owner.

DEFICIENCIES

ACTION TAKEN:

Table with 2 columns: DEFICIENCIES and ACTION TAKEN. Row 1: Tank inspection due in February 2016. Late and under enforcement. Warning letter sent.

Inspector Thomas H. Spohn Title Environmental Specialist II Forward Date 05/04/2016
Reviewer Ron Stadelbacher Title Env. Supervisor II Review Date 5/4/16

System Name: McLeod Gardens

PWS ID# 6535393
 Survey Date 05/03/2016

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

Nitrite/Nitrate sampled 12/07/2015. In compliance.
 BacTs sampled 06/16/20-16. In compliance.
 PWS fee current.

PERMITS/APPROVALS/ACCEPTANCES

Project Name	Approval Number	Approval Date	Connections Approved	Microfilm #
Mc Leod Garden	5396-5393-A1	2/19/96	176	Scanned
Mc Leod Garden	5396-5393-A2	6/12/96	35	Scanned
Mc Leod Garden	5398-5393-A3	1/14/98	28	Scanned
Mc Leod Garden	5300-5393-A4	8/7/00	30	Scanned

COMMENTS

ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}

Case Number	Referral Date	Resolution Date	Comments
			None listed

DISTRIBUTION SYSTEM

Comments

Pipe Size Range/Type(s)	8" to 3/4" galvanized, 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	Inline/wells discharge	
Flow Measuring Device Reading <input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Hours	59,745,258	Previously 51,002,270
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	Rcv'd 01/19/1999	
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	
Lead & Copper Sampling Plan Date	04/28/1998 <input type="checkbox"/> N/A	Sampling due June-Sept. 2018
Disinfection By-Products Sampling Plan Date	04/05/2004 <input type="checkbox"/> N/A	
Cross-connection Control Program Plan Date	04/01/2013 <input type="checkbox"/> N/A	Current
Satisfactory Cross-connection Control Program Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Asbestos Waiver or Plan Date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments	None	

DISINFECTION RESIDUALS

Plant Residuals	[mg/l]	Free	2.30	Total	n/a	POE at plant.
Remote Residuals	[mg/l]	Free	1.02	Total	n/a	104 Weeping Willow Road.
DPD Test Kit		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Comments						

OPERATION & MAINTENANCE

Comments

Certified Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/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	
Operator Visitation Frequency → → → →	Required	Actual
	Hrs/day: 0.3	0.6
	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		95
Present Population Served		332
Population Basis		M.O.R.
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		0
Number of Water Users Over 9 Months Per Year		332
		based on MORs
System Average Day Demand (Last 12 Months)	26,830	gpd
		based on MORs
System Maximum Day Demand (Last 12 Months)	42,900	gpd
		based on MORs
System Maximum Day Design Capacity	712,800	gpd
		Based on 24 Hour Pump Calculation
Adequate Flushing Program (Frequency)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Recorded in O&M manual
Sufficient Valve Exercising	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Additional Comments	Permitted Capacity = 250,000 gpd	

GROUND WATER SOURCES

STORAGE FACILITIES

Well Number	1	2
WMD Permit Number	207172.01	601257.01
Florida Unique Well ID Number	AAC5917	AAC5918
Grout Type	Cement	Cement
Well Completion Date	1968	1988
6'x6'x4" Concrete Pad / Condition	Yes(ok)	Yes(ok)
Depth Drilled (feet)	854'	280'
Well Contamination History	None	None
Drilling Method	Rotary	Cable
Casing Material	B-Steel	B-Steel
Casing Diameter (inches)	10"	4"
Casing Length (feet)	168'	105'
Well Inundation Possible	Not Likely	Not Likely
SET BACKS (feet)	Septic Tank	>200'
	WW Plant	N/A
	WW Plumbing	>200'
	Other Sanitary Hazard	Not Seen
PUMP	Type	submersible
	Manufacturer	J Line
	Model Number	8KC
	Rated Capacity (gpm)	425
MOTOR	Manufacturer	unknown
	Model Number	unknown
	Horsepower	25
Well Casing 12" Above Pad	Yes	Yes
Well Casing Sanitary Seal	Yes	watertight
Raw Water Sampling Tap	Yes	compliant
Above Ground Check Valve	Yes	Yes
Secured / Housed	Yes	Yes
Well Vent Protected	Yes	Yes
Comments	Well #1 is backup/fire. Both have access ports.	

(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell (R) Retention									
Y = Yes / N = No / I = Inapplicable			Y	N	I	Y	N	I	
Tank Type/Number	H-1								
Capacity (gal)	10,000								
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"/>
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"/>
Protected Openings	<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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
On/Off Pressure (PSI)	see below								
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"/>	<input type="checkbox"/>
Height to Minimum Water Level (C, E, G)	N/A								
Height to Maximum Water Level (C, E, G)	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"/>
Tank Inspection Due Date	2/9/2016								
Comments	On/off 4" well 40-60, 10" well 35-60								
	Tank inspection due 2/2016. Enforcement.								
DISINFECTION					Hypo chlorination				
Number of Feeders					1				
Injection Point Location(s)					Prior to Tank				
Capacity (gpd)					44				
Adequate Ventilation					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Safety Equipment					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Stroke (%)					65%				
Feeder(s) Manufacturer . . .					Pulsafeeder				
Housed or Protected					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
Comments					Capacity from 94 to 44.				

System Name: McLeod Gardens

PWS ID# 6535393

Survey Date 05/03/2016

AUXILIARY POWER SOURCE

	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
Type	Generac Generator	
Description	30 KW 3 phase 480 volt	
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 type="checkbox"/> Yes <input checked="" 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	Auxiliary power is not required by the system at this time.	



