

COASTAL INCOME PROPERTIES

FILED 10/23/2017
DOCUMENT NO. 09066-2017
FPSC - COMMISSION CLERK

October 23, 2017

VIA USPS and Online Submission

Office of Commission Clerk
State of Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RE: Docket # 20170178-WS **UPDATE TO THE FILING** of Application for Original Certificate of Authorization for Existing Utility Currently Charging for Service in Lake Wales, Florida from The Harbor Waterfront Resort.

To Whom it May Concern:

Enclosed please find the UPDATE to the following information in connection with the above referenced Application for Original Certificate:

- New Sanitary Survey from Florida Department of Health-Polk County dated October 9, 2017

If you have any questions or need anything else, please do not hesitate to call and/or email me at kw@primeincome.properties.

Sincerely,



Kimberly Whitt
Executive Assistant
Coastal Income Properties – The Harbor, LLC

Mission:

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



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

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

October 09, 2017

The HARBOR WATERFRONT RESORT
PWS: Id. No. 3530736

COASTAL INCOME PROPERTIES - THE HARBOR LLC
2840 WEST BAY DRIVE #174
BELLAIR BLUFFS, FL 33770

Dear Water System Owner:

A sanitary survey of your system conducted on October 09, 2017 indicates that the system is substantially in compliance with the public drinking water requirements listed in Chapter 62 Florida Administrative Code.

Reminders:

If you have any questions, please contact me at (863) 519-8330 ext. 2021.

Sincerely,

A handwritten signature in blue ink that reads "H. Taghiof".

Henry Taghiof
Engineer III

**Florida Department of Health
in Polk County**

ENVIRONMENTAL ENGINEERING
2090 East Clower Street • Bartow, FL 33830-6741
PHONE: (863) 519-8330 • FAX: (863) 534-0245
www.MyPolkHealth.org



www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

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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: 10/09/2017
Initials: H-T

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

System/Plant Name The Harbor Waterfront Resort
Plant Location 10511 Monroe Court, Lake Wales, FL 33853
Owner Name The Harbor LLC.
Owner Address 2840 West Bay Drive #174, Belle air Bluffs, FL, 33770
Owner Email kw@coastalincomeproperties.com
Contact Person Wendy Henderson Title Manager Email see above
Operator Name Ben Carlton (Tri Florida) Class & Certification Number D-24188
Operator Address 226 E. Lake Ave, Auburndale, FL ,33823
Operator Email Trifloridawater@msn.com
Alternate Contact Dale Mitchell Title n/a Email n/a
This Survey Date 10/09/2017 Last Survey Date 10/26/2016

PWS TYPE & CLASS [X] Community [] Non-transient Non-Community [] Transient Non-Community

PWS STATUS [X] Approved System [] Accepted System [] Unapproved System

SERVICE AREA CHARACTERISTICS
Mobile Home Park
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

There is a second potable well (AAC6149) located in the park, this well is currently not connected to the water system. Well would have to be cleared before use.
A copy of this report will be sent to the system.

DEFICIENCIES

ACTION TAKEN:

Table with 2 columns: DEFICIENCIES and ACTION TAKEN. Contains one row with 'Henry Taghiof' in the first column.

Inspector Henry Taghiof
Reviewer Ron Stadellacher Title Engineering Specialist III Forward Date 10/12/2017
Title Env. Supervisor II Review Date 10/12/17

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

none

PERMITS/APPROVALS/ACCEPTANCES

Project Name	Approval Number	Approval Date	Connections Approved	Microfilm #
Harry,s Harbor	14520	5/19/72	n/a	
Harry,s Harbor Phase II	5378-14520-A	5/5/78	52	Scanned
Harry,s Harbor Phase II	5379-14520-B	9/27/79	27	Scanned

There are more permits/approvals/acceptances then can be listed here.

ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}

OGC Case Number	Referral Date	Resolution Date	Comments
06-353PW0736A	7/31/2006	10/26/2006	Various violations

DISTRIBUTION SYSTEM

Comments

Pipe Size Range/Type(s)	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	Inline/2"/After Tank	
Flow Measuring Device Reading	<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Hours	27,243.900
Point of Entry Tap/Location	<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	12/10/2001	
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	11/01/1993 <input type="checkbox"/> N/A	
Disinfection By-Products Sampling Plan Date	06/20/2014 <input type="checkbox"/> N/A	
Cross-connection Control Program Plan Date	2008 <input type="checkbox"/> N/A	
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	2.00	Total	n/a	
Remote Residuals	[mg/l]	Free	0.50	Total	n/a	
DPD Test Kit		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Comments						none

OPERATION & MAINTENANCE

Comments

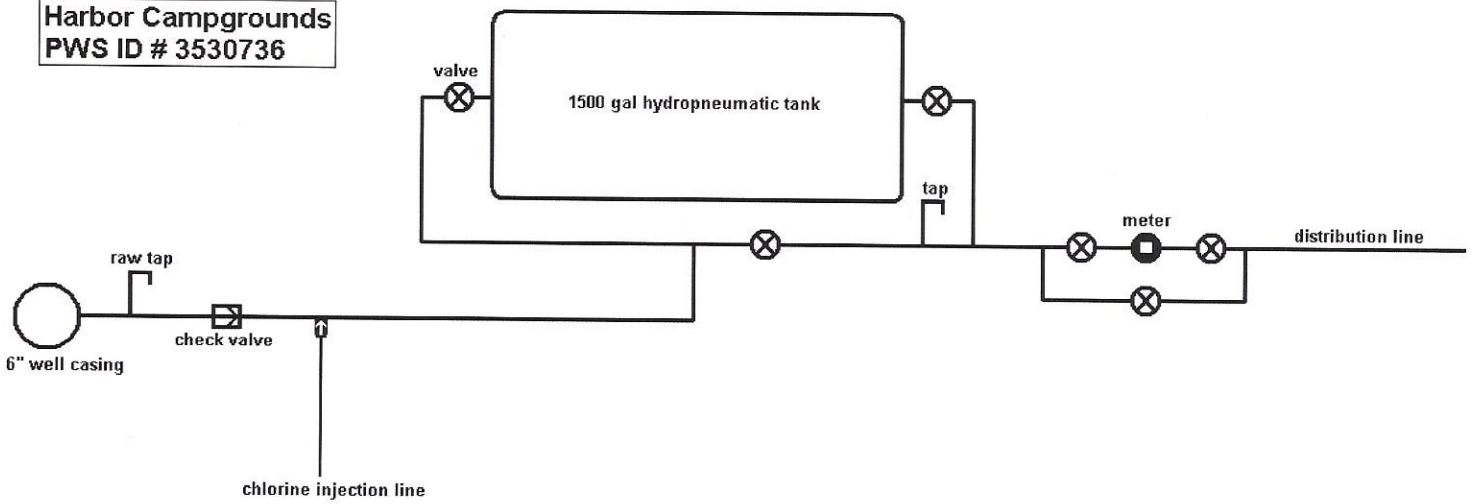
Certified Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Operation & Maintenance Log	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Operation and Maintenance Manual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Operator Visitation Frequency → → →		<i>Required</i> <i>Actual</i>
	Hrs/wk	0.3 0.5
	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		119
Present Population Served		211
Population Basis		Manager
Population Seasonal (Timeframes)	<input checked="" type="checkbox"/> Yes <input 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		120
Number of Water Users Over 9 Months Per Year		25
		Year Round
System Average Day Demand (Last 12 Months)	20,651	gpd
System Maximum Day Demand (Last 12 Months)	64,350	gpd
System Maximum Day Design Capacity	115,200	gpd
		Based on 24 Hour Pump Calculation
Adequate Flushing Program (Frequency)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	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		Permitted Capacity = 115,200 gpd

GROUND WATER SOURCES

STORAGE FACILITIES

Well Number	1		(G) Ground (H) Hydro (E) Elevated (B) Bladder (C) Clearwell (R) Retention	
WMD Permit Number	unknown		Y = Yes / N = No / I = Inapplicable	Y N I Y N I
Florida Unique Well ID Number	AAC6150		Tank Type/Number	H-1
Grout Type	Cement		Capacity (gal)	1500
Well Completion Date	1974		Material	Steel
6'x6'x4" Concrete Pad / Condition	Yes(ok)		Gravity Drain	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Depth Drilled (feet)	575'		By-Pass Piping	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Well Contamination History	None		Protected Openings	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Drilling Method	Cable		Pressure Gauge	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Casing Material	B-Steel		Pressure Relief Valve	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Casing Diameter (inches)	6"		Air Relief Valve	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Casing Length (feet)	365'		Sight Glass / Level Indicator	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Well Inundation Possible	not likely		Fittings for Sight Glass	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
SET BACKS (feet)	Septic Tank	N/A	On/Off Pressure (PSI)	40/60
	WW Plant	>250'	Secured Access	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	WW Plumbing	30'	Height to Minimum Water Level	N/A
	Other Sanitary Hazard	Not Seen	Height to Maximum Water Level	N/A
PUMP	Type	submersible	Tank Equipped With Access Manhole	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Manufacturer	unknown	Tank Inspection Report Date	4/19/2016
	Model Number	unknown	Comments	NONE
	Rated Capacity (gpm)	80		
MOTOR	Manufacturer	Franklin E	DISINFECTION	Hypochlorination
	Model Number	2821138110	Number of Feeders	1
	Horsepower	5	Injection Point Location(s)	Prior to Tank
Well Casing 12" Above Pad	yes		Capacity (gpd)	17
Well Casing Sanitary Seal	watertight		Adequate Ventilation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Raw Water Sampling Tap	compliant		Safety Equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Above Ground Check Valve	Yes		Stroke (%)	40%
Secured / Housed	Yes		Feeder(s) Manufacturer	Stenner
Well Vent Protected	Yes		Housed or Protected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Comments	well equipped with access port		Comments	none

Harbor Campgrounds
PWS ID # 3530736



well AAC6150



air compressor on tank



hydropneumatic tank



point of entry tap