



RADEY
ATTORNEYS & COUNSELORS at LAW

PHONE (850) 425-6654 FAX (850) 425-6694 WEB WWW.RADEYLAW.COM
MAIL POST OFFICE BOX 10967 | TALLAHASSEE, FL 32302 OFFICE 301 SOUTH BRONOUGH ST. | STE. 200 | TALLAHASSEE, FL 32301

e-Mail: tcrabb@radeylaw.com

July 7, 2021

VIA Electronic Filing to the Office of Commission Clerk

Attn: Kerri Maloy, Engineering Specialist
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Re: Docket No. 20210095-WS - Application for transfer of water facilities of Sunshine Utilities of Central Florida, Inc. and Water Certificate No. 363-W to CSWR-Florida Utility Operating Company, LLC, in Marion County.

Dear Ms. Maloy:

On behalf of CSWR-Florida Utility Operating Company, LLC (CSWR-FL or Buyer), and as a supplemental response to item 9 of the Commission's June 24, 2021, deficiency letter, please find enclosed with this letter the most recent sanitary survey and drinking water report for Oak Haven (Exhibit 1) and Sunlight Acres (Exhibit 2).

Thank you for your assistance and the opportunity to provide additional information in support of the application.

Sincerely,

Thomas A. Crabb
Attorney for Buyer CSWR-FL

Exhibit 1



FLORIDA DEPARTMENT OF Environmental Protection

CENTRAL DISTRICT OFFICE
3319 MAGUIRE BLVD., SUITE 232
ORLANDO, FLORIDA 32803

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

March 15, 2021

Dewaine Christmas, President
Sunshine Utilities of Central Florida Inc.
10230 SE Highway 25
Belleview, FL 34420
sunshineutl@aol.com

Re: Oak Haven Quadruplexes
PW Facility ID #3424106
Marion County

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on February 10, 2021. Based on the information provided during and following 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 Sarah Fayed at 407-897-4151 or via e-mail at Sarah.Fayed@FloridaDEP.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jason Seyfert".

Jason Seyfert, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Sarah Fayed, FDEP

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name OAK HAVEN QUADRUPLEXES County Marion PWS ID # 3424106
Plant Location NW 42nd St. & NW 21st Ave., Ocala, FL 34471 Phone 342-347-8228
Owner Name Sunshine Utilities of Central Florida Inc. Phone 342-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420
Contact Person Dewaine Christmas Title President Phone 342-347-8228
This Survey Date 02/10/2021 Last Survey Date 09/26/2018 Last Compliance Inspection Date 08/29/2014

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 288,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination, corrosion control

SERVICE AREA CHARACTERISTICS

Subdivision _____

Food Service: Yes No N/A

Number of Service Connections 41

Population Served 103 Basis MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

Days/wk: *Required* 5+1 *Actual* 5+1

Non-consecutive Days? Yes No N/A

Comments *Visits must total at least 0.6 hr/wk,

5 visits per week and 1 visit per weekend.

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 39,546 gpd

Maximum Day (from MORs) 72,600 gpd 05/2020

Comments _____

Flow Measuring Device _____ Flow Meter

Meter Size & Type 3" Master

Date Last Calibrated 12/2018

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Not Required

Source _____

Capacity of Standby (kW) _____

Switchover: Automatic Manual

Hrs Operated Under Load _____

What equipment does it operate?

Well Pumps _____

High Service Pumps _____

Treatment Equipment _____

Satisfy avg. daily demand? Yes No Unknown

Audio-visual alarm? Yes No

Comments _____

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 None noted # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date Unknown

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID)	1 (AAE0269)			
Year Drilled	1982			
Depth Drilled	285'			
Drilling Method	Cable tool			
Type of Grout	Neat cement			
Static Water Level	18'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated)	Unknown			
Strainer	Unknown			
Length (outside casing)	147'			
Diameter (outside casing)	6"			
Material (outside casing)	Black steel			
Well Contamination History	None noted			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	Reuse Water	N/A		
	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Sta-Rite		
	Model Number	Unknown		
	Rated Capacity (gpm)	400		
	Motor Horsepower	30		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	Ok			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech (x2) Capacity 30 gpd
 Chlorine Feed Rate 100% & 80% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant N/A Remote >2.20
 Remote tap location 2060 NW 42nd St.
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H	
Capacity (gal)	5,000	
Material	Steel	
Gravity Drain	Yes	
By-Pass Piping	Yes	
Protected Openings	Yes	
Sight Glass or Level Indicator	Yes	
PRV/ARV	PRV	
Pressure Gauge	Yes	
On/Off Pressure	40/60	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location	Discharge piping	
Date of Inspection	12/2018	
Date of Cleaning	12/2018	

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"/>	

CORROSION CONTROL

Chemical Used Aqua Gold
 Make Stenner Capacity 17 gpd
 Feed Rate 15% stroke
 Injection points Well discharge piping

HIGH SERVICE PUMPS

Pump Number		
Type		
Make		
Model		
Capacity (gpm)		
Motor HP		
Date Installed		

Comments _____

DEFICIENCIES:

No deficiencies noted at time of inspection.

MONITORING REMINDER:

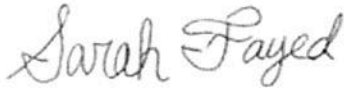
- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2021 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2021, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2021.
- Monitoring schedules are available on the Central District's FTP site: <https://floridadep.gov/central/cd-compliance-assurance/content/resources-drinking-water-facilities-and-operators-central>

COMMENTS:

- 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
 - 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 Signature

Sarah Fayed

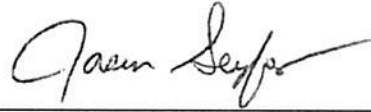
Printed Name

Environmental Specialist

Title

03/09/2021

Date



Reviewer Signature

Jason Seyfert

Printed Name

Environmental Manager

Title

3/14/21

Date

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Oak Haven PWS I.D. #: 3424106
System Type (check one): Community Nontransient Noncommunity Transient Noncommunity
Address: ON - File
City: _____ ZIP Code: _____
Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 12/22/2020 Sample Time: 11:25 AM PM (circle one)
Sample Location (be specific): Point of entry Location Code: _____
Disinfectant Residual (required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____ S.U.

Sample Type (check one only)

- Distribution
 Entry Point (to distribution)
 Plant Tap (not for compliance with 62-550)
 Raw (at well or intake)
 Max Residence Time
 Ave Residence Time
 Near First Customer

Reason(s) for Sample (check all that apply)

- Routine Compliance with 62-550 Replacement (of invalidated sample)
 Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
 Composite of Multiple Sites** Clearance (permitting)
 Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
See 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach result pages for each site.

SAMPLER CERTIFICATION

I, Marc Boucher, Foreman, do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: Marc Boucher Date: 12/22/2020

Certified Operator #: _____ Phone #: 352-470-3619 Sampler's Fax #: _____

Sampler's E-mail: _____



Aqua Pure Water & Sewage Service, LLC
 3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470
 (352) 355-2383

**Florida Department of Environmental Protection
 Safe Drinking Water Program Laboratory Report**

Page 2 of 4; Chain of Custody serves as Page 4 of this report

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, LLC Florida DOH Certification #: E83265 Certification Expiration Date: 6/30/2021
 Address: 3855 E. Silver Springs Blvd., Unit 107 Ocala, FL 34470 Phone #: (352) 355-2383

ANALYSIS INFORMATION

PWS ID: 3424106 System Name: Oak Haven Sample Number: Not Provided
 Sample Location: Point of Entry
 Laboratory Assigned Submission Number: 205334 Date Sample(s) Received: 12/22/20

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
 Inorganics, Nitrate
 Inorganics, Nitrite

Subcontracted Laboratory DOH Certification Number(s): Not Applicable

Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
 The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 355-2383.

Signature: Michael Morse

Date: December 28, 2020

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No

_____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____

DEP / DOH Reviewing Official: _____



Aqua Pure Water & Sewage Service, LLC
3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470
(352) 355-2383

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Report**

System Name: Oak Haven
PWS ID: 3424106
Submission Number: 205334

**INORGANIC CONTAMINANTS
62-550.310(1)**

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier ¹	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.10	U	EPA353.2	0.10	12/22/20	4:37 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.05	U	EPA353.2	0.05	12/22/20	4:37 PM	E83265

Defined in Florida Administrative Code Rule 62-160, Table 1

U - The compound was analyzed, but not detected; < laboratory method detection limit.



AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107
Ocala, Florida 34470
(352) 355-2383

DRINKING WATER CHAIN OF CUSTODY

Date Received / Time Received
DEC 22 '20 PM 12:55

Client: **Sunshine Utilities**

Submission Number: 205334

Report to: (Name and Mailing Address)

On file

Parameter(s) Requested

Sample Number

Inorganic Contaminants

NO₃ NO₂ F

205334A

CN

All Metals Sb As Ba Be Cd Cr

Pb Hg Ni Se Na Tl

Asbestos

Secondary Contaminants

Cl SO₄ TDS F Color

Odor

Foaming Agents

All Metals Al Cu Fe Mn Ag Zn

Disinfection Byproducts

Total THM (All 4) THM Partial:

HAA (All 5) HAA Partial:

Other:

Radionuclides

Gross Alpha Ra²²⁶ Ra²²⁸ U

Other:

Volatile Organic Contaminants

All 21

Partial:

Synthetic Organic Contaminants

All Except Dioxin

Partial:

Miscellaneous

Turbidity Alkalinity Conductivity

Total Sulfide

Dissolved Metals (Field Filtered)

o-PO₄ (Field filtered)

Dissolved Oxygen

Other:

Other:

Other:

Other:

Other:

Copy to: **DEP Central**

PO Number:

Contact Name: **Dewaine Christmas**

Contact Phone: **352-347-8228**

System Name: **Oak Haven**

System ID Number: **3424106**

Sample Location: **Point of Entry**

Sampler Name: Marc Boucher

Date Sample Collected: 12/22/2020

Time Sample Collected: 11:25 AM

Field Test Results (if applicable) Cl₂ Residual:

Temp: pH: DO:

Other:

Sample Custody

Relinquished Signature: Marc Boucher

Date: 12/22-20 Time: 12:150pm Condition:

Relinquished Signature:

Date: Time: Condition:

Relinquished Signature:

Date: Time: Condition:

Laboratory Use Only

Received By: W Special

Sample Temp. at Time of Receipt: 10.8 °C On Ice Not on Ice

Paid Check or Receipt Number and Initials:

Comments:

Exhibit 2



FLORIDA DEPARTMENT OF Environmental Protection

CENTRAL DISTRICT OFFICE
3319 MAGUIRE BLVD., SUITE 232
ORLANDO, FLORIDA 32803

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

September 4, 2020

Dewaine Christmas, Owner
SE 32nd Court
Bellevue, FL 34420
sunshineutl@aol.com

Re: Return to Compliance
Sunlight Acres Subdivision
PW Facility ID #3421520
Marion County

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on July 28, 2020. Based on the information provided during and following the inspection, the facility is now determined to be in compliance with the Department's rules and regulations. Any non-compliance items which may have been identified at the time of the inspection have been corrected.

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 Ellia Ruggiero at 407-897-4168 or via e-mail at Ellia.Ruggiero@floridadep.gov.

Sincerely,

David Smicherko

David Smicherko, Manager
Central District
Florida Department of Environmental Protection

cc: Ellia Ruggiero Ellia.Ruggiero@floridadep.gov
David Smicherko David.Smicherko@floridadep.gov



FLORIDA DEPARTMENT OF Environmental Protection

CENTRAL DISTRICT OFFICE
3319 MAGUIRE BLVD., SUITE 232
ORLANDO, FLORIDA 32803

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

August 18, 2020

Dewaine Christmas, Owner
SE 32nd Court
Belleview, FL 34420
sunshineutl@aol.com

Re: Compliance Assistance Offer
Sunlight Acres Subdivision
#3421520
Marion County

Dear Mr. Christmas:

An inspection was conducted at your facility on July 28, 2020 under the authority of Section 403.091, Florida Statutes (F.S.). During this inspection, potential non-compliance with the requirements under Chapter 403, F.S., Chapter 62-555.350, Florida Administrative Code (F.A.C.), and Chapter 62-602.650, F.A.C. were observed. The purpose of this letter is to offer you compliance assistance as a means of resolving this/these matter(s).

Please see the attached inspection report for a full account of Department observations and recommendations. We request you review the item(s) of concern noted in the attached inspection report and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should either:

1. Describe what you have done or provide a time schedule to address the items of concern noted in the attached report (see "Deficiencies" section of the report)
2. Provide information that either mitigates the concerns or demonstrates them to be invalid, or
3. Arrange for one of our inspectors to visit your facility to discuss the item(s) of concern.

It is the Department's desire that you are able to adequately address the items of concern so that this matter can be closed. Your failure to respond appropriately may result in the initiation of formal enforcement proceedings.

Please address your response and any questions to Ellia Ruggiero of the Central District Office at 407-897-4168 or via e-mail at Ellia.Ruggiero@floridadep.gov. We look forward to your cooperation with this matter.

Sunlight Acres Subdivision
ID#:3421520
Compliance Assistance Offer
Page 2 of 2
August 18, 2020

Sincerely,

David Smicherko

David Smicherko, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report (with attachments)

cc: Ellia Ruggiero Ellia.Ruggiero@floridadep.gov
David Smicherko David.Smicherko@floridadep.gov

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SUNLIGHT ACRES SUBDIVISION County Marion PWS ID # 3421520
Plant Location SE 32nd Court, Belleview, FL 34420 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida, Inc Phone 352-347-8228
Owner Address 10230 E Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Operator Phone 352-347-8228
This Survey Date 7/28/2020 Last Survey Date 5/15/2015 Last Compliance Inspection Date N/A

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 180,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Chlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 79

Population Served 198 Basis Owner

OPERATION & MAINTENANCE LOG: Yes

Location WTP

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-0007459

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

Days/wk: *Required* 3 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 15,329 gpd

Maximum Day (from MORs) 53,700 gpd 10/2019

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Sensus

Date Last Calibrated Unknown*

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Not Required

Source _____

Capacity of Standby (kW) _____

Switchover: Automatic Manual

Hrs Operated Under Load _____

What equipment does it operate?

Well Pumps _____

High Service Pumps _____

Treatment Equipment _____

Satisfy avg. daily demand? Yes No Unknown

Audio-visual alarm? Yes No

Comments _____

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

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 None

Tested N/A

WWTP RPZ N/A

Date Tested N/A

Written Plan N/A

Date N/A

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1(AAE0260)			
Year Drilled	1983			
Depth Drilled	125'			
Drilling Method	Cable Tool			
Type of Grout	Neat Cement			
Static Water Level	30'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	66'			
Diameter (outside casing)	6"			
Material (outside casing)	Black Steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	N/A		
	Reuse Water	>200'		
	WW Plumbing	>200'		
	Other Sanitary Hazard	None		
PUMP	Type	Submersible		
	Manufacturer Name	Unknown		
	Model Number	Unknown		
	Rated Capacity (gpm)	150		
	Motor Horsepower	10		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	Yes			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Pulsa Feeder Capacity 30 gpd
 Chlorine Feed Rate 60% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 2.2 Remote 1.9
 Remote tap location 13437 SE 32nd Court
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatics tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	HI		
Capacity (gal)	2,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	No		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	Yes		
Access Secured	40/60		
Access Manhole	Yes		
Tank Sample Tap Location	Yes		
Date of Inspection	06/2013		
Date of Cleaning	06/2013		

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"/>	

Comments *Tank inspection due every five years. No record of up to date tank inspection noted at the time of inspection.

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Frequency of Cleaning _____
 Date Last Inspected/Cleaned _____
 Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
No record that the calibration of the finished-drinking-water flow meter has been checked.	62-555.350(2)	The calibration of finished-drinking-water flow meters should be checked at least once every 5 years.		No
Finished drinking water tank(s) has been inspected by a licensed engineer but not within the required 5-year time period.	62.555.350(2)	Have future tank inspections completed at least once every 5 years.		No

MONITORING REMINDER:

- Monitoring schedules are available on the Central District's FTP site: <ftp://ftp.dep.state.fl.us/pub/outgoing/Water/>

COMMENTS:

- 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
 - 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.]

Ellia Ruggiero

Inspector Signature

Ellia Ruggiero

Printed Name

Environmental Specialist

Title

7/28/2020

Date

David Smicherko

Reviewer Signature

David Smicherko

Printed Name

Environmental Manager

Title

8/18/2020

Date

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - please type or print legibly)

System Name: Sunlight Acres PWS I.D. #: 3421520

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: ON File

City: _____ ZIP Code: _____

Phone #: _____ Fax #: _____ E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Sample Date: 12/22/2020 Sample Time: 2:00 pm AM PM (circle one)

Sample Location (be specific): Point of entry Location Code: _____

Disinfectant Residual (required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____ S.U.

Sample Type (check one only)

- Distribution
- Entry Point (to distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (check all that apply)

- Routine Compliance with 62-550
- Confirmation of MCL Exceedance*
- Composite of Multiple Sites**
- Other: _____
- Replacement (of invalidated sample)
- Special (not for compliance with 62-550)
- Clearance (permitting)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
See 62-550.512(3) for nitrate or nitrite exceedances.

**See 62-550.550(4) for requirements and attach result pages for each site.

SAMPLER CERTIFICATION

I, Marc Baucher, Foleyman, do HEREBY CERTIFY
(Print Name) (Print Title)

that the above public water system and sample collection information is complete and correct.

Signature: Marc Baucher Date: 12/22/2020

Certified Operator #: _____ Phone #: 352-470-3619 Sampler's Fax #: _____

Sampler's E-mail: _____



Aqua Pure Water & Sewage Service, LLC
 3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470
 (352) 355-2383

**Florida Department of Environmental Protection
 Safe Drinking Water Program Laboratory Report**

Page 2 of 4; Chain of Custody serves as Page 4 of this report

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, LLC Florida DOH Certification #: E83265 Certification Expiration Date: 6/30/2021
 Address: 3855 E. Silver Springs Blvd., Unit 107 Ocala, FL 34470 Phone #: (352) 355-2383

ANALYSIS INFORMATION

PWS ID: **3421520** System Name: **Sunlight Acres** Sample Number: Not Provided
 Sample Location: Point of Entry
 Laboratory Assigned Submission Number: 205341 Date Sample(s) Received: 12/22/20

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
 Inorganics, Nitrate
 Inorganics, Nitrite

Subcontracted Laboratory DOH Certification Number(s): Not Applicable Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
 The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 355-2383.

Signature: Michael Morse Date: December 28, 2020

COMPLIANCE DETERMINATION (to be completed by DEP or DOH – attach notes as necessary)

Sample Collection & Analysis Satisfactory: Yes No

_____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____

DEP / DOH Reviewing Official: _____



Aqua Pure Water & Sewage Service, LLC
3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470
(352) 355-2383

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Report**

System Name: Sunlight Acres
PWS ID: 3421520
Submission Number: 205341

INORGANIC CONTAMINANTS
62-550.310(1)

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier ¹	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	2.65		EPA353.2	0.10	12/22/20	4:37 PM	E83265
1041	Nitrite (as N)	1	mg/L	0.05	U	EPA353.2	0.05	12/22/20	4:37 PM	E83265

¹Defined in Florida Administrative Code Rule 62-160, Table 1

U - The compound was analyzed, but not detected; < laboratory method detection limit.



AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107
Ocala, Florida 34470
(352) 355-2383

DRINKING WATER CHAIN OF CUSTODY

Date Received / Time Received
DEC 22 '20 PM 3:09

Client: Sunshine Utilities

Submission Number: 205341

Report to: (Name and Mailing Address) On file

Parameter(s) Requested **Sample Number**

Inorganic Contaminants

NO₃ NO₂ F 205341A

CN

All Metals Sb As Ba Be Cd Cr

Pb Hg Ni Se Na Tl

Asbestos

Secondary Contaminants

Cl SO₄ TDS F Color

Odor

Foaming Agents

All Metals Al Cu Fe Mn Ag Zn

Disinfection Byproducts

Total THM (All 4) THM Partial:

HAA (All 5) HAA Partial:

Other:

Radionuclides

Gross Alpha Ra²²⁶ Ra²²⁸ U

Other:

Volatile Organic Contaminants

All 21

Partial:

Synthetic Organic Contaminants

All Except Dioxin

Partial:

Miscellaneous

Turbidity Alkalinity Conductivity

Total Sulfide

Dissolved Metals (Field Filtered)

o-PO₄ (Field filtered)

Dissolved Oxygen

Other:

Other:

Other:

Other:

Other:

Copy to: **DEP Central**

PO Number: _____

Contact Name: Dewaine Christmas

Contact Phone: 352-347-8228

System Name: Sunlight Acres

System ID Number: 3421520

Sample Location: Point of Entry

Sampler Name: Marc Boucher

Date Sample Collected: 12/22/2020

Time Sample Collected: 2:00 pm

Field Test Results (if applicable) Cl₂ Residual: _____

Temp: _____ pH: _____ DO: _____

Other: _____

Sample Custody

Relinquished Signature: Marc Boucher

Date: 12/22/20 Time: 3:05 pm Condition: _____

Relinquished Signature: _____

Date: _____ Time: _____ Condition: _____

Relinquished Signature: _____

Date: _____ Time: _____ Condition: _____

Laboratory Use Only

Received By: [Signature] Special

Sample Temp. at Time of Receipt: 12.7 °C On Ice Not on Ice

Paid Check or Receipt Number and Initials: _____

Comments: _____