

DEAN MEAD

ATTORNEYS AT LAW

Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.
420 South Orange Avenue, Suite 700
P.O. Box 2346 (ZIP 32802-2346)
Orlando, FL 32801

(407) 841-1200
(407) 423-1831 Fax
www.deanmead.com

Attorneys and Counselors at Law
Orlando
Fort Pierce
Tallahassee
Tampa
Viera/Melbourne

MARTIN FRIEDMAN
407-310-2077
mfriedman@deanmead.com

June 21, 2019
VIA E-FILING

Adam Teitzman, Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

RE: Re: Docket No. 20190031-WS - Application for increase in water rates in Highlands
County, by Placid Lakes Utilities, Inc.
Our Matter No.: 070336

Dear Mr. Teitzman:

As a correction to Placid Lakes Utilities, Inc.'s ("Utility") response to Staff's Deficiency Letter dated June 12, 2019, filed earlier today, in response to Deficiency #2, the Utility did find a more recent Sanitary Survey Inspection, dated March 8, 2018, a copy of which is attached hereto.

Should you or Staff have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

/s/ Martin S. Friedman
MARTIN S. FRIEDMAN
For the Firm

cc: Larry King (via e-mail)
Marie McKinney (via e-mail)

Florida Department of Environmental Protection

South District Public Water System Sanitary Survey Inspection Report

Water system: Placid Lakes Utilities, Inc.		System PWS #: 6280223	Survey date: 03/08/2018
Facility type class: Community – 5C		Source type: Ground	4-Log approved: No
Facility address: 410 Washington Blvd. NW Lake Placid, FL 33852			
Facility phone(s):		Facility email/fax:	
Facility contact:		Facility contact phone(s):	
Facility contact email/fax:			
Owner name: Pam Brewer		Company name: Lake Placid Holding Company	
Owner/Corp address: 410 Washington Blvd. NW		City: Lake Placid	State: FL Zip: 33852
Owner/Corp phone(s): 863.465.0345		Owner e-contact(s): pambrewer@embarqmail.com	
Operator name: Nathan Brewer		Certification: C-14995	
Operator phone(s):		Operator email/fax: ndbrewer@embarqmail.com	
On-site Rep: Nathan Brewer	Immediate Action Required?: No		Inspection recap given?

SERVICE AREA CHARACTERISTICS

Community _____

Food Service: Yes No N/A

GENERAL INFORMATION

Number of Service Connections 1,800

Population Served 4,100 Basis _____

Plant Design Capacity 1,104,000

Basis _____

Average Day (from MORs) 328,503

Max. Day (from MORs) 589,000

Total Storage Capacity 345,000

Comments _____

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required

Plant visits conducted by: Nathan Brewer

O&M Log: Yes No O&M Manual: Yes No

Visitation Frequency

Hrs/day: Required _____ Actual _____

Hrs/wk: Required _____ Actual _____

Days/wk: Required 5 Actual 6

Non-consecutive Days? Yes No N/A

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

RAW WATER SOURCE

GROUND; Number of Wells 3

SURFACE/UDI; Source _____

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

AUXILIARY POWER SOURCE

Yes None Not Required

Source Generator

Capacity of Standby (kW) UNK

Switchover: Automatic Manual

Standby Plan: Yes No

Hrs Operated Under Load 1x per week

What equipment does it operate?

Well pumps _____

High Service Pumps _____

Treatment Equipment _____

Satisfy 1/2 max-day demand? Yes No Unk

Comments _____

TREATMENT PROCESSES IN USE

Aeration, Disinfection, Corrosion Control

Is additional treatment needed? Yes No

If so, for control of what deficiencies? _____

DISTRIBUTION SYSTEM

Flow Measuring Device Meter

Meter Size & Type 14" Ultra Mag

Meter tested w/i 5 yrs? Yes No Unk N/A

Backflow Prevention: Yes No

Cross-connections No

Cross-connection Control Program: Yes No N/A

Coliform Sampling Plan: Yes No

Stage 2 DBPs Sampling Plan: Yes No N/A

Lead & Copper Sampling Plan: Yes No N/A

Comments _____

GROUND WATER SOURCE

Well Number (PWS Identification)	1	2	3	
Well Name (System Identification)	Well #1	Well #2	Well #3	
Year Drilled	1971	1979	1996	
Depth Drilled	1290	1340	1996	
Latitude	NA	NA	NA	
Longitude	NA	NA	NA	
GPS (Y or N) / Date (if applicable)	NA	NA	NA	
Florida Well ID	AAH9129	AAH9128	AAH9127	
Static Water Level	UNK	UNK	UNK	
Normal Yield (if different than rated capacity)	UNK	UNK	UNK	
Strainer	NA	NA	NA	
Length (outside casing)	606'	596'	550'	
Diameter (outside casing)	8"	8"	10"	
Material (outside casing)	Steel	Steel	Steel	
Well Contamination History	N	N	N	
Is inundation of well possible?	N	N	N	
6' X 6' X 4" Concrete Pad	Y	Y	Y	
SET BACKS	Septic Tank	NA	NA	NA
	Reuse Water	NA	NA	NA
	WW Plumbing	NA	NA	NA
	Other Sanitary Hazard	NA	NA	NA
PUMP	Type	Vertical Turbine	Vertical Turbine	Vertical Turbine
	Manufacturer Name	Peerless	Peerless	Peerless
	Model Number	UNK	UNK	UNK
	Rated Capacity (gpm)	550	500	500
	Motor Horsepower	25	25	25
Well casing 12" above grade?	Y	Y	Y	
Well Casing Sanitary Seal	Y	Y	Y	
Raw Water Sampling Tap	N	N	N	
Above Ground Check Valve	Y	Y	Y	
Fence/Housing	Y	Y	Y	
Well Vent Protection	Y	Y	Y	

COMMENTS -Well packing gland leaking excessively on Well #1

CHLORINATION (Disinfection)

Type: Gas
 Make _____ Capacity _____
 Chlorine Feed Rate 19.8 gpm
 Avg. Amount of Cl₂ gas used _____
 Chlorine Residuals: Plant 0.7 Remote 0.6
 Remote tap location _____ Distribution _____
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points _____
 Booster Pump Info _____
 Comments _____

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

AERATION (Gases, Fe, & Mn Removal)

Type Tray Capacity _____
 Aerator Condition Good
 Bloodworm Presence NA
 Visible Algae Growth No
 Protective Screen Condition Good
 Comments Hydrogen Sulfide Removal

STORAGE FACILITIES

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated
 (G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	Hydro 1	Hydro 2	Hydro 3
Capacity (gal)	15,000	15,000	15,000
Material	Steel	Steel	Steel
By-pass Piping	Y	Y	Y
Gravity Drain	Y	Y	Y
PRV/ARV	Y	Y	Y
Protected Openings	Y	Y	Y
Pressure Gauge	Y	Y	Y
Sight Glass or Level Indicator	Y	Y	Y
Fittings for Sight Glass	Y	Y	Y
Access Padlocked	Y	Y	Y
Last Inspection Date (for tanks with access manholes)	2017	2017	2017
On/Off Pressure	40/58	40/58	40/58
Height to Bottom of Elevated Tank	~2'	~2'	~2'
Height to Max. Water Level	~7'	~7'	~7'

Comments _____

HIGH SERVICE PUMPS

Pump Number	1	2	3
Type	HS	HS	HS
Make	Peerless	Peerless	Peerless
Model	UNK	UNK	UNK
Capacity (gpm)	800	800	800
Motor HP	40	40	40
Date Installed	UNK	UNK	UNK
Maintenance	Y	Y	Y

Comments Leaking valves-to be replaced soon per operator.

STORAGE FACILITIES

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated (G) Ground (H) Hydropneumatic **(SC) See Comments**

Tank Type/Number	GS 1	GS 2							
Capacity (gal)	150,000	150,000							
Material	Concrete	Concrete							
Gravity Drain	Y	Y							
By-pass Piping	Y	Y							
Pressure Gauge	NA	NA							
Sight Glass or Level Indicator	Y	Y							
Fittings for Sight Glass	NA	NA							
Protected Openings	Y	Y							
PRV/ARV	NA	NA							
On/Off Pressure	6'/10'	6'/10'							
Access Padlocked	Y	Y							
Height to Bottom of Elevated Tank	NA	NA							
Height to Max. Water Level	12'	12'							
Last Inspection Date (for tanks with access manholes)	04/2013	04/2013							

Comments Tanks due for inspections.

HIGH SERVICE (HSP), BACKWASH (BWP), TRANSFER (TP) and OTHER (OP) PUMPS

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

Comments _____

MONITORING VIOLATIONS	MCL VIOLATIONS

MONITORING COMMENTS:

DEFICIENCIES:

#	Deficiency	Rule Reference	Corrective Action	Severity	Corrected
1	The valve on the High Service Pump was leaking (Please see photo #3)	62-555.350 (2), F.A.C	Please provide documentation to the Department indicating that the valve has been repaired/replaced.	Minor	
2	The packing gland on well #1 was leaking excessively (Please see photo #4)	62-555.350 (2), F.A.C	Please provide documentation to the Department indicating that the packing glad has been repaired/replaced.	Minor	
3	The facility has been on quarterly monitoring for disinfection by-products since July 2014 (totaling 15 quarters). The facility also had two MCL violation in the 3 rd calendar quarter of 2017	62-550.822, F.A.C.	Please provide a detailed schedule on what permanent corrective actions the facility will be taken to correct the disinfection by-products and bring the system off of quarterly monitoring.	Major	

Any deficiency marked with an asterisk (*) is a repeat violation.

ADDITIONAL COMMENTS:

PHOTOS:



Photo 1: Ground Storage Tanks



Photo 2: Hydro Tanks



Photo 3: Arrow pointing to leak on valve on HS Pump-to be replaced soon per operator



Photo 4: Excessive leaking on packing gland on well #1.



Photo 5: Well #1



Photo 5: Gas Chlorination

Teresa Smith

Inspector:

03/08/2018

Approved by:

[Signature]