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e-Mail: tcrabb@radeylaw.com

November 16, 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-WU - 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:

CSWR-Florida Utility Operating Company, LLC ("CSWR" or "the Company") submits the following responses to Staff's October 26, 2021 Second Data Request.

1. Please provide any additional sanitary surveys or testing that was performed by the Utility or the Department of Environmental Protection (DEP) for any of its systems since the Utility filed its transfer application.

CSWR Response: Please see the attached sanitary surveys.

2. The January 23, 2018 Sanitary Survey for the Florida Heights system indicated a tank rupture on December 29, 2017. Please provide any documentation along with a status update regarding the Florida Heights system's hydropneumatic tank or any temporary tank being utilized.

CSWR Response: Please see the attached documentation regarding the replacement of the tank.

3. The Utility indicated that it plans to install additional infrastructure, such as new flow meters on wells and containment chlorination equipment, where appropriate, to improve water quality. Please identify which systems will receive these improvements.

CSWR Response: Based on the due diligence conducted by the Company to date, the above improvements will be implemented at all of the systems currently owned by Sunshine.

Ms. Kerri Maloy Page 2 November 16, 2021



4. In response to staff's deficiency letter, dated June 24, 2021, the Utility indicated that there have been no consent orders or warning letters in the past five years. However, in response to staff's first data request, "compliance info" attachment, the Utility indicated several monitoring violations for varying systems. Please provide all documentation from the DEP and/or county health department identifying any violations noted.

CSWR Response: Please see the attached documentation identifying the noted violations.

Thank you for the opportunity to submit additional information in support of the application. Please feel free to contact our office at your convenience with any additional questions or concerns.

Sincerely,

/s/ Thomas A. Crabb

Thomas A. Crabb Attorney for Buyer CSWR-FL

cc: Anastacia Pirrello, Esq., Office of Public Counsel (pirrello.anastacia@leg.state.fl.us) Thomas J. Dobbins (sunshineutl@aol.com)

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

Shawn Hamilton Interim Secretary

July 2, 2021

Dewaine Christmas, Owner Sunshine Utilities of Central Florida, Inc. 10230 SE Highway 25 Belleview, FL 34420 Sunshineutl@AOL.com;

Re: Eleven Oaks Subdivision PW Facility ID #3424099 Marion County

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 17, 2021. 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 Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

Viviana Useche, Manager Central District Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala (FDEP)

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Location Between NE 60 [®] Iance and 63 ^{ed} Street, Ocala, FL 34471 Phone 352-347-8228 Owner Name Sunshie Utilities of Central Florida, Inc. Phone 352-347-8228 Owner Address J0230 SE Highway 25, Belleview, FL 34420-5531 Phone 352-347-8228 Contact Person Devaine Christmas Title Phone 352-347-8228 PWS TYPE: Community Raw WATER SOURCE 352-347-8228 PWS TYPE: Community Raw WATER SOURCE 352-347-8228 PWS TYPE: Community Raw WATER SOURCE 1 PLANT CATEGORY & CLASS: 5D Plone mession 352-347-8228 MAX-DAY DESIGN CAPACITY: 39,000 gpd Plone mession 352-347-8228 FRATUS: Approved GROUND; Number of Wells 1 TREATMENT PROCESSES IN USE GROUND; Number of Wells 1 Hypochlorination, corrosion control Stardy arg daily demand? Manual Studivision Max Max Manual Food Service: Yes No NA Operator(s) & Certification Class-Number: Stardy arg daily demand? Yes No <	Plant Name ELEVEN OAKS SUBDIVISION	County Marion PWS ID # 3424099
Owner Address Date Itilifies of Central Florida, Inc. Phone 352-347-8228 Owner Address IO230 084 Highway 25.0 Phone 352-347-8228 Contact Person Devaine Christmas Title Phone 352-347-8228 This Survey Date 6/17/21 Last Survey Date 1/23/18 Last Compliance Inspection Date 8/29/14 PWS TYPE: Community RAW WATER SOURCE PLANT CATEGORY & CLASS: 5D Image and the state s	Plant Location Between NE 60 th Lane and 63 rd Street, Ocala	FL 34471 Phone 352-347-8228
Owner Address	Owner Name Sunshine Utilities of Central Florida, Inc.	Phone 352-347-8228
Contact Person Dewaine Christmas Title Phone 352.347-8228 This Survey Date 6/17/21 Last Survey Date 1/23/18 Last Compliance Inspection Date 8/29/14 PWS TYPE: Community RAW WATER SOURCE PLANT CATEGORY & CLASS: 5D MAX-DAY DESIGN CAPACITY: 39.000 gpd PWS STATUS: Approved TREATMENT PROCESSES IN USE GROUND; Number of Wells Hypochlorination, corrosion control Source SERVICE AREA CHARACTERISTICS Source Subdivision Sorred Pool Service: Yes Number of Service Connections 35 Population Served 123 Basis MOR OPERATION & MAINTENANCE LOG; Yes Colfform Sampling Plan Location Water treatment plant Comments Quertori, Kequired Operatori, K. Required 0.2/week Actual 0.2/week Mon-consecutive Days? Yes Non-consecutive Days? Yes Moreage Pay (from MORs) No Moreage Day (from MORs) No Moreage Day (from MORs) No<	Owner Address 10230 SE Highway 25, Belleview, FL 3442	0-5531
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PLANT CATEGORY & CLASS: 5D □	PWS TYPE: Community	RAW WATER SOURCE
MAX-DAY DESIGN CAPACITY: 32,000 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 35 Population Served 123 Basis MOR OPERATION & MAINTENANCE LOG: Yes Location Water treatment plant Comments	PLANT CATEGORY & CLASS: 5D	GROUND; Number of Wells1
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Location Water treatment plant Comments	Topulation betvea BasisMOR	
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Comments	Location Water treatment plant	
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Hrs/day: Required 0.2/week Actual 0.2/week Days/wk: Required 2 Actual 2 Non-consecutive Days? Yes No N/A Comments	Kelvin Edun C-7459	Emergency Response Plan Yes No N/A
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Non-consecutive Days? Yes No N/A Comments		
Comments Operation & Maintenance Manual Yes No MONTHLY OPERATION REPORTS (MORs) Preventive Maintenance Program Yes No MORs submitted regularly? Yes No Yes No More age Day (from MORs) 5,087 gpd Maximum Day (from MORs) 59,200 gpd Comments Yes Flow Measuring Device Flow Meter Meter Size & Type 3" Kent Data Control Coll # BFPAs Mone observed # Tested Unknown WWTP RPZ Written Plan Yes Date 11/14/12	Days/wk: Required 2 Actual 2	
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Meter Size & Type <u>3" Kent</u> Written Plan <u>Yes</u> Date <u>11/14/12</u>	Flow Measuring Device Flow Meter	
Data Last Calibrated 12/4/2010	Meter Size & Type 3" Kent	
	Date Last Calibrated 12/4/2018	Comments

PWS ID #	3424099	
Date	6/17/21	

GROUND WATER SOURCE

	ber (Florida Unique Well ID #)	1 (AAE0276)			
Year Drille		1981			
		1.0000000000			
Depth Dril		200'			
Drilling M		Rotary drill			
Type of Gr	22344	Neat cement			
Static Wate		Unknown			
Pumping V	Vater Level	Unknown			
Design We	ell Yield	Unknown			
Test Yield		Unknown			
Actual Yie	ld (if different than rated capacity)	Unknown			
Strainer		Unknown			
Length (ou	tside casing)	194'	•		
Diameter (outside casing)	4"			
Material (o	outside casing)	Black steel			
Well Conta	amination History	None			
Is inundation	on of well possible?	No			
6' X 6' X 4	4" Concrete Pad	Yes			
	Septic Tank	>200'			
SET	Reuse Water	N/A			
BACKS	WW Plumbing	>100'			
	Other Sanitary Hazard	None observed			
	Туре	Submersible			
	Manufacturer Name	Sta-Rite			
PUMP	Model Number	Unknown			
	Rated Capacity (gpm)	55			
	Motor Horsepower	5			
Well casing	g 12" above grade?	No*		· · · · · · · · · · · · · · · · · · ·	
Well Casin	g Sanitary Seal	ОК			
Raw Water	Sampling Tap	Yes			
Above Gro	und Check Valve	Yes			
Security		Yes			
Well Vent	Protection	Yes	i i i	3	

COMMENTS <u>*The Department will continue to accept the well casing height as it currently exists unless it is</u> shown to contain chemical or microbial contamination.

PWS ID #	3424099	
Date	6/17/21	

Make Uni-Dose	Capacity	15	gpd
Chlorine Feed Rate 100%	stroke		50.0
Avg. Amount of Cl2 gas used		N/.	Ą
Chlorine Residuals: Plant	1.28 F	Remote	1.13
Remote tap location 5985	5 NE 25th A	Ave	24,945,2555
DPD Test Kit: On-site	🛛 Witl	1 operato	or
🗌 None	Not	Used Da	ily
Injection Points Prior to hy			
Booster Pump Info N/A			
Comments			

Chlorine Gas Use Requirements	YES	NO	Comments
DualSystem			
Auto-switchover			
Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection			
Scale			
Chained Cylinders			
Reserve Supply	Q		
Adequate Air-pak			
Sign of Leaks			
Fresh Ammonia		Ď	
Ventilation			\
Room Lighting			/
Warning Signs			/
Repair Kits			
Fitted Wrench			/
Housing/Protection			

CORROSION CONTROL

Feed Rate 15% stroke
Injection Points Well discharge piping

STORAGE FACILITIES

Tank Type/Number	Н
Capacity (gal)	1,000
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 _____

HIGH SERVICE PUMPS

Pump Number			
Туре			
Make			
Model	$\overline{\ }$		
Capacity (gpm)			
Motor HP			
Date Installed			
Comments		 <u> </u>	\leq

PWS ID #	3424099	
Date	6/17/21	

DEFICIENCIES:

There were 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 2020 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2020, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2020.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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:
 - o The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - o The failure of a public water system to comply with applicable disinfection requirements; or
 - O 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.]

PWS ID #	3424099	
Date	6/17/21	

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.]

yd_

Inspector Signature

Talia Ayala Printed Name

Reviewer Signature

Viviana Useche Printed Name

Environmental Manager

Title

7/1/21 Date

Environmental Specialist

Title

6/29/21

Date



FLORIDA DEPARTMENT OF Environmental Protection

Central District Office 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Interim Secretary

July 14, 2021

Dewaine Christmas, Owner Sunshine Utilities of Central Florida, Inc. 10230 SE Highway 25 Belleview, FL 34420 <u>Sunshineutl@AOL.com;</u>

Re: Emil-Mar Subdivision PW Facility ID #3420340 Marion County

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 17, 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 Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

Viviana Useche, Manager Central District Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala (FDEP)

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Name EMIL-MAR SUBDIVISION Plant Location NE 22 nd & NE 38 th Street, Ocala, FL 34471				
Owner Name Sunching Utilities of Control Electide L			Phone	352-347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Owner Address 10230 SE Highway 25, Belleview, FL 34420	0.6621		Phone	352-347-8228
Contact Person Dewaine Christmas	<u>D-5531</u>			
Contact Person Dewaine Christmas T This Survey Date 6/17/21 Last Survey Date 1/23/18			Phone	352-347-8228
This Survey Date $\underline{0/1//21}$ Last Survey Date $\underline{1/23/18}$	Last Compliand	ce Inspectior	1 Date <u>8/29/14</u>	
PWS TYPE: Community	RAW WATE			
PLANT CATEGORY & CLASS: 5D	🛛 GROUND	; Number of	Wells	1
MAX-DAY DESIGN CAPACITY: 72,000 gpd	PURCHAS	SED from P	WS ID #	
	Emergency	Water Sour	rce	
PWS STATUS: Approved	Emergency	Water Capa	acity	
	STANDRY DO	WEDSOL	DCE. Not De	
TREATMENT PROCESSES IN USE	STANDBY PC Source		\$-54 - C	
- See 그 것 같아. 영상 것 같아. 2017년 1월 2017년 2월 2017년 2	Capacity of Sta			
Hypochlorination	Switchover:	Lautomatia	Manual	
	Hrs Operated U	J Automatic		
SERVICE AREA CHARACTERISTICS	What equipmer	t does it on	wata?	
Subdivision		n uoes n ope	state?	
Food Service: Yes No N/A	High Ser	vice Pumpe		
an de contra en la contra de la c	Treatmen	t Equinmen	•	
Number of Service Connections 73_	Satisfy avg. dai	ly demand?		IInknown
Population Served249 BasisMOR	Audio-visual al	$\operatorname{arm}^2 \square \operatorname{Ves}$		
OPER ATION & MANY PROVIDENCE & C. C. C.	Comments			
OPERATION & MAINTENANCE LOG: Yes				
Location Water Treatment Plant				
Comments	PLANS AND	MAPS		
	Coliform Samp	ling Plan	Yes [No 🗌 N/A
CERTIFIED OPERATOR: Yes	D/DBP Monitor	ring Plan	🛛 Yes 🗌] No 🗌 N/A
Operator(s) & Certification Class-Number:	Lead and Coppo Distribution Sys	er Plan	🛛 Yes 🛛] No 🗌 N/A
Kelvin Edun C-7459	Distribution Sys	stem Map	Yes] No 🖾 N/A
Roma Baan o (19)	Emergency Re	sponse Plan	Ves	No 🛛 N/A
Hrs/day: Required 0.3 hr/wk Actual 0.3 hr/wk	Comments	- 0/2		
Days/wk: Required3 Actual 3				
Non-consecutive Days? X Yes No N/A	DEVENTIN	E MAATNEDE	NUNCEIOA	
Comments	PREVENTIV	E MAINIE	INANCE/U&	
	Operation & Ma Preventive Main	aintenance M	anual X Yes	
	Flushing Pr		gram Yes	
MONTHLY OPERATION REPORTS (MORs)		Records	X Yes	
MORs submitted regularly? 🛛 Yes 🗌 No 🗍 N/A	Isolation Va		and the second se	8 🗌 No 🗌 N/A
Data missing from MORs? 🛛 🛛 No 🗌 Yes 🗌 N/A		Records	Statute of the second	
Average Day (from MORs) 6,276 gpd	Comments			
Maximum Day (from MORs) <u>57,000 gpd 8/20</u>				
Comments				
	CROSS CONN	NECTION	CONTROL	
	# BFPAs None			nknown
Flow Measuring Device Flow Meter	WWTP RPZ N		Date Tested	
Meter Size & Type 2" Sensus	Written Plan Y			a second s
Date Last Calibrated <u>4/2/20</u>	Comments			

PWS ID # ______ 3420411 Date _______ 6/17/21

GROUND WATER SOURCE

	nber (Florida Unique Well ID #)	1 (AAE0259)	
Year Drilled		1977	
Depth Dri	lled	79'	
Drilling M	fethod	Cable tool	
Type of G	rout	Neat cement	
Static Wat	ter Level	Unknown	
Pumping V	Water Level	Unknown	
Design We	ell Yield	Unknown	
Test Yield		Unknown	
Actual Yie	eld (if different than rated capacity)	Unknown	
Strainer		Unknown	
Length (ou	itside casing)	52'	
Diameter (outside casing)	6"	
Material (c	outside casing)	Black steel	
Well Contamination History		None	
Is inundation of well possible?		No	
6' X 6' X 4" Concrete Pad		Yes	
	Septic Tank	>200'	
SET	Reuse Water	N/A	
BACKS	WW Plumbing	>100'	
	Other Sanitary Hazard	None observed	
	Туре	Submersible	
	Manufacturer Name	Sta-Rite	
PUMP	Model Number	Unknown	
	Rated Capacity (gpm)	62	
	Motor Horsepower	5	
Well casing	g 12" above grade?	Yes	
Well Casing Sanitary Seal		OK*	
Raw Water	Sampling Tap	Yes	
	und Check Valve	Yes	
Security		Yes	
Well Vent I	Protection	N/A	

COMMENTS _*Well casing is corroded.

PWS ID #	3420411	
Date	6/17/21	

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo			
Make Chem-Tech	Capaci	tv 15	gnd
Chlorine Feed Rate100%	stroke		Bra
Avg. Amount of Cl2 gas used		N/.	A
Chlorine Residuals: Plant	>2.2	Remote	>2.2
Remote tap location2319	NE 38th	St.	
DPD Test Kit: On-site	⊠w	ith operato	or
Injection Points Prior to hyd	dropneu	natic tank	illy
Booster Pump Info N/A			
Comments			

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

STORAGE FACILITIES

Tank Type/Number	pneumatic / flow-through H
Capacity (gal)	2,500
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	12/18
Date of Cleaning	12/18

Comments _____

HIGH SERVICE PUMPS

Pump Number		
Туре		
Make		
Model		
Capacity (gpm)		
Motor HP		
Date Installed		
Comments		_
		 _
		7

AERATION	(Gases,	Fe, &	Mn	Removal)	

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

PWS ID # ______ 3420411 Date ______ 6/17/21

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Well casing was corroded.	62.555.350(2)	Sand and paint.	Dewaine Christmas provided corrective documentation via email on June 29, 21.	No

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 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.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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
 - o 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

PWS ID #	3420411	
Date	6/17/21	

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.]

Just 1.~

Inspector Signature

Talia Ayala Printed Name

Environmental Specialist Title

7/13/21

Date

Reviewer Signature

Viviana Useche Printed Name

Environmental Manager Title

7/13/21 Date

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FLORIDA DEPARTMENT OF Environmental Protection

Central District Office 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Secretary

October 4, 2021

Dewaine Christmas, Owner Sunshine Utilities 10230 SE Hwy 25 Belleview, FL 34420 Sunshineutl@aol.com;

Re: Florida Heights Subdivision PW Facility ID #3424031 Marion County

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on August 6, 2021. Based on the information provided during and after 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, and 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 Talia Ayala at 407-897-4307 or via e-mail at <u>Talia.Ayala@FloridaDEP.gov</u>.

Sincerely,

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Daniel K. Hall, Manager Central District Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala, FDEP universalwaters94@yahoo.com;

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

PWS TYPE: Community PLANT CATEGORY & CLASS: 5D MAX DAY DECISION GODE PURCHASED from PWS ID #	Plant Name	FLORIDA HEIGHT	S SUBDIVISION		County	Marion	PWS ID #	3424031
Owner Address 102308 E Highway 2531 Phone 352-347-8228 Contact Person Dewaine Christmas Title Owner Phone 352-347-8228 Contact Person Dewaine Christmas Title Owner Phone 352-347-8228 This Survey Date <u>516</u> (2) Last Survey Date <u>1/23/18</u> Last Compliance Inspection Date <u>8/29/14</u> PWS TYPE: Community RAW WATER SOURCE Community PLANT CATEGORY & CLASS: SD Bmergency Water Source Emergency Water Source PWS STATUS: Approved STANDBY POWER SOURCE: Not Required Source TREATMENT PROCESSES IN USE Hypochlorination Statisty arg. dily demand? Manual Hypochlorination Service: Yes Non- Manual Subdivision 99 Statisty arg. dily demand? Manual High Service Pumps High Service Pumps Satisty arg. dily demand? Statisty arg. dily demand? Continue 346 Basis: 7/21 MOR Outorwise arg. No N/A Operator(s) & Certification Class-Number: Statisty arg. dily demand? Yes No N/A Days/wir. Reguired	Flant Location	SE 55 th Place & SE 68	^{cu} Court, Ocala, FL 344	471			Phone Phone	352-347-8228
Owner Address	Owner Name	Sunshine Utilities of C	entral Florida Inc				Phone	352-347-8228
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228 This Survey Date <u>2/2/14</u> Last Survey Date <u>1/2/3/18</u> Last Compliance Inspection Date <u>8/29/14</u> PWS TYPE: Community RAW WATER SOURCE RAW WATER SOURCE PLANT CATEGORY & CLASS: 5D GROUND; Number of Wells 2 PWS STATUS: Approved Benergency Water Source Emergency Water Capacity FWpochlorination STANDBY POWER SOURCE: Not Required Source Staditivision Food Service: Yes No. Service: Yes No. N/A Number of Service Connection 99 Svichover: Automatic Manual PLANS AND MAPS Treatment Equipment Satisfy arg. daily demand? Yes No. Operatorics Yes No. N/A D/BP Monitoring Plan Yes No. N/A Days/wk: Required 3. Actual 3 Actual 3 Yes No. N/A Days/wk: Required 3. Actual 3 Yes No. N/A Days/wk: Required 3. Actual 3 Yes No. N/A <td>Owner Address</td> <td>10230 SE Highway 24</td> <td>Belleview FI 34420</td> <td>-553</td> <td>1</td> <td></td> <td></td> <td>000011 0000</td>	Owner Address	10230 SE Highway 24	Belleview FI 34420	-553	1			000011 0000
This Survey Date [J23/18 Last Compliance Inspection Date §/29/14 PWS TYPE: Community RAW WATER SOURCE PLANT CATEGORY & CLASS: 5D OROUND: Number of Wells MAX-DAY DESIGN CAPACITY: 144,000 gpd PURCHASED from PWS ID # PWS STATUS: Approved Emergency Water Source TREATMENT PROCESSES IN USE PURCHASED from PWS ID # Hypochlorination Capacity of Standby (kW) SERVICE AREA CHARACTERISTICS Subdivision Subdivision 99 Food Service: Q res No N/A High Service Pumps Pullation Served 346 Basis: 721 MOR OPERATION & MAINTENANCE LOG: Yes Coliform Sampling Plan Yes No N/A CertIFIED OPERATOR: Yes No More.consecutive Days? Yes MONTHLY OPERATION REPORTS (MORs) MORs submitted regularly? Yes	Contact Person	Dewaine Christmas	T	itle	Owner		Phone	352-347-8228
PLANT CATEGORY & CLASS: 5D Image: SD MAX-DAY DESIGN CAPACITY: 144,000 gpd GROUND; Number of Wells PWS STATUS: Approved Demogracy Water Capacity TREATMENT PROCESSES IN USE Demogracy Water Capacity Hypochlorination STANDBY POWER SOURCE: Not Required Service Area CHARACTERISTICS Switchover: Automatic Subdivision	This Survey Date 8	/6/21	Last Survey Date 1/2.	3/18		Last Comp	oliance Inspec	tion Date <u>8/29/14</u>
PLANT CATEGORY & CLASS: 5D □ <td□< td=""><td>PWS TYPE: Col</td><td>mmunity</td><td></td><td>R</td><td>AW WATI</td><td>ER SOURCE</td><td></td><td></td></td□<>	PWS TYPE: Col	mmunity		R	AW WATI	ER SOURCE		
PWS STATUS: Approved PWS STATUS: Approved TREATMENT PROCESSES IN USE Emergency Water Capacity Hypochlorination Source Capacity of Standby (kW) Source StanbBY POWER SOURCE: Not Required Subdivision Switchover: Food Service: Yes Yes No Number of Service Connection 99 Population Served 346 Basis: 7/21 MOR OPERATION & MAINTENANCE LOG: Yes Location Water treatment plant Comments Yes Comments Yes Mortfill: Actual Non-consecutive Days? Yes MONTHLY OPERATION REPORTS (MORs) MORs submitted regularly? Yes MORS submitted regularly? Yes Mortfill: Yes Monthly Operation & Maintenance Program Flow Measuring Device Flow Meter Flow Measuring Device Flow Meter Flow Measuring Device Flow Meter Water Size & Type 4" Sensus & 3" Master Other Surger All (1/2)	PLANT CATEGO	ORY & CLASS: 5D			GROUN	D: Number of	Wells	2
PWS STATUS: Approved Image: Status: Image: Status:	MAX-DAY DESI	GN CAPACITY: 144	,000 gpd		PURCHA	ASED from PW cv Water Source	/S ID # ce	
TREATMENT PROCESSES IN USE Hypochlorination Support of Service AREA CHARACTERISTICS Subdivision Food Service: Yes Number of Service Connection 99 Population Served 346 Basis: 7/21 MOR OPERATION & MAINTENANCE LOG: Yes Location Water treatment plant Comments Cerrification Class-Number: Kelvin Edun C-7459 Physick: Required 0.3 hr/wk Actual 3 Actual 3 Actual 3 Actual 3 MONTHLY OPERATION REPORTS (MORs) MORS submitted regularly? Yes Non-consecutive Days? Comments Yes MONTHLY OPERATION REPORTS (MORs) Morks using from MORs? Average Day (from MORs) 26,591 gpd Maximum Day (from MORs) Comments Flow Measuring Device Flow Meter Size & Type 4'' Sensus & 3'' Master Date Last Calibrated 4/2/20, 12/4/18	PWS STATUS:	Approved			Emergen	cy Water Capa	city	
Hypochlorination Capacity of Standby (kW) SERVICE AREA CHARACTERISTICS Subdivision Subdivision Switchover: Automatic Manual Hrs Operated Under Load What equipment does it operate? What equipment does it operate? What equipment does it operate? Subdivision 99 Population Service Connection 99 Population Service 346 Basis: 7/21 MOR OPERATION & MAINTENANCE LOG: Yes In Treatment Equipment Satisfy avg. daily demand? Yes \no Unknown Location Water treatment plant Colliform Sampling Plan Yes No N/A Comments Operator(s) & Certification Class-Number: Kelvin Edun C-7459 No N/A Hrs/day: Required 3 Actual 3 Non-consecutive Days? Yes No N/A Distribution System Map Yes No N/A Data missing from MORs? No Yes No N/A Records Yes No N/A Records Yes No N/A Records Yes No N/A Data missing from MORs? No Yes No N/A No N/A Comments Yes No N/A No N/A Plow Meas				SI	'ANDBY I	POWER SOUI	RCE: Not Re	quired
Service AREA CHARACTERISTICS Subdivision Food Service: Yes No N/A With equipment does it operate? What equipment does it operate? Subdivision 99 Population Served 346 Basis: 7/21 MOR OPERATION & MAINTENANCE LOG: Yes Satisfy avg. daily demand? Yes No Comments				50	urce			
SERVICE AREA CHARACTERISTICS Subdivision Food Service: Yes Food Service: Yes Number of Service Connection 99 Population Served 346 Basis: 7/21 MOR OPERATION & MAINTENANCE LOG: Yes No Location Water treatment plant Comments	Hypochlorination			Ca Cu	pacity of S	(kw)		
SUBDIVISION What equipment does it operate? Subdivision What equipment does it operate? Southivision Well Pumps Provention 99 Population Served 346 Basis: 7/21 MOR OPERATION & MAINTENANCE LOG: Yes Treatment Equipment Location Water treatment plant Comments Operator(s) & Certification Class-Number: Kelvin Edun C-7459 No Hrs/day: Required 3 Actual Jone-consecutive Days? Yes MONTHLY OPERATION REPORTS (MORs) MORs submitted regularly? Yes Moreage Day (from MORs) 26,591 gpd Maximum Day (from MORs) 55,300 gpd Flow Measuring Device Flow Meter Flow Measuring Device Flow Meter Hoter Size & Type 4" Sensus & 3" Master Date Last Calibrated 4/2/20, 12/4/18				5 M	on Operated		[] Manual	
Subdivision Food Service: Yes No N/A Number of Service Connection 99 Population Served 346 Basis: 7/21 MOR OPERATION & MAINTENANCE LOG: Yes Satisfy avg. daily demand? Yes No Location Water treatment plant Comments Satisfy avg. daily demand? Yes No Certrified OPERATOR: Yes Operator(s) & Certification Class-Number: Coliform Sampling Plan Yes No N/A Dyber Advised 3 Actual 3 Non-consecutive Days? Yes No N/A MONTHLY OPERATION REPORTS (MORs) More ansising from MORs? Yes No N/A Moreage Day (from MORs) 26,591 gpd Maximum Day (from MORs) 26,591 gpd Yes No N/A Flow Meter Flow Meter 4'' Sensus & 3'' Master Solation Valve Exercise Yes No N/A Date Last Calibrated 4/2/20, 12/4/18 Yes Date 11/1/4/12 No No	SERVICE AREA	CHARACTERISTIC	C	33/1	s Operated	onder Load	inte?	
Food Service: Yes No N/A Number of Service Connection 99 Population Served 346 Basis: Population Served 346 Basis: OPERATION & MAINTENANCE LOG: Yes Location Water treatment plant Comments		CHARACTERISTIC	5	, T	Well P	impe	ater	
Number of Service Connection 99 Population Served 346 Basis: 7/21 MOR OPERATION & MAINTENANCE LOG: Yes Comments Satisfy avg. daily demand? Yes No Location Water treatment plant Comments Comments Comments PLANS AND MAPS Colliform Sampling Plan Yes No N/A Doperator(s) & Certification Class-Number: Colliform Sampling Plan Yes No N/A Mon-consecutive Days? Yes No N/A D/DBP Monitoring Plan Yes No N/A Mon-consecutive Days? Yes No N/A Distribution System Map Yes No N/A Monrents 3 Actual 3 N/A Comments No N/A Monreage Day (from MORs) 26,591 gpd No N/A Records Yes No N/A Maximum Day (from MORs) 26,591 gpd Maximum Day (from MORs) 26,591 gpd Maximum Day (from MORs) S.3.00 gpd 6/21 Comments Yes No N/A Flow Measuring Device Flow Measuring Device <td< td=""><td></td><td>Yes No N/A</td><td></td><td>ĥ</td><td>High Se</td><td>ervice Pumps</td><td></td><td></td></td<>		Yes No N/A		ĥ	High Se	ervice Pumps		
Number of Service Connection 99 Population Served 346 Basis: 7/21 MOR OPERATION & MAINTENANCE LOG: Yes Location Water treatment plant Comments				ĥ	Treatm	ent Equipment		
OPERATION & MAINTENANCE LOG: Yes Location	Number of Service	Connection	99	Sat	tisfy avg. d	aily demand?	Yes No	Unknown
OPERATION & MAINTENANCE LOG: Yes Location	Population Served _	346 Basis:	7/21 MOR	Au	dio-visual	alarm? \Yes		
Location Water treatment plant Comments		4						
Comments	UPERATION & P	MAINTENANCE LO	G: <u>Yes</u>	11.200 AA	6976-000-47899999 			
CERTIFIED OPERATOR: Yes Coliform Sampling Plan Yes No N/A Operator(s) & Certification Class-Number: Molecular Sector No N/A Kelvin Edun C-7459 Molecular Sector No N/A Hrs/day: Required 0.3 hr/wk Actual 0.3 hr/wk Days/wk: Required 3 Actual 3 Non-consecutive Days? Yes No N/A Comments Yes No N/A MONTHLY OPERATION REPORTS (MORs) N/A Operation & Maintenance Manual Yes No MORs submitted regularly? Yes No N/A Average Day (from MORs) 26,591 gpd N/A Records Yes No N/A Maximum Day (from MORs) 55,300 gpd 6/21 Comments Yes No N/A Flow Measuring Device Flow Meter Flow Meter # BFPAs None reported # Tested N/A WWTP RPZ N/A Date Tested N/A Wertten Plan Yes Date 11/14/12 Yes Date Yes Yes	Comments	er treatment plant		-				
Operator(s) & Certification Class-Number: Lead and Copper Plan Yes No N/A Kelvin Edun C-7459 Image: Sequence of the second secon	Comments							
Operator(s) & Certification Class-Number: Lead and Copper Plan Yes No N/A Kelvin Edun C-7459 Image: Sequence of the second secon				Co	liform Sam	pling Plan	🛛 Yes 🛛] No 🗌 N/A
Operator(s) & Certification Class-Number: Kelvin Edun C-7459 Iterat and Copper Plan Yes No Monconsecutive Last Calibrated 0.3 hr/wk Actual 0.3 hr/wk Actual 3 Actual 3 Non-consecutive Days? Yes No N/A Comments 3 Actual 3 MONTHLY OPERATION REPORTS (MORs) MORs submitted regularly? Yes No MORs submitted regularly? Yes No N/A Average Day (from MORs) 26,591 gpd N/A Records Yes No Maximum Day (from MORs) 55,300 gpd 6/21 Comments CROSS CONNECTION CONTROL Flow Measuring Device Flow Meter # BFPAs None reported # Tested N/A WwTP RPZ N/A Written Plan Yes Date 11/14/12	CERTIFIED OPE	RATOR: Yes		D/I	DBP Monit	oring Plan	Yes [_ No
Hrs/day: Required 0.3 hr/wk Days/wk: Required 3 Days/wk: Required 3 Actual 3 Non-consecutive Days? Yes Yes No Comments MONTHLY OPERATION REPORTS (MORs) MORs submitted regularly? Yes No Yes No Yes No No Yes No Yes MORs submitted regularly? Yes Yes No Yes No Yes No No Yes No N/A Records Yes Yes No N/A Actual Station Valve Exercise Yes No N/A Records Yes No N/A Records Yes No N/A Records Yes No N/A Records Yes No N/A Records Yes No N/A	Operator(s) & Certif	fication Class-Number:		Lea	ad and Cop	per Plan	Yes [$N_0 \square N/A$
Hrs/day: Required 0.3 hr/wk Actual 0.3 hr/wk Days/wk: Required 3 Actual 3 Non-consecutive Days? Yes Yes No Comments MONTHLY OPERATION REPORTS (MORs) MORs submitted regularly? Yes No No Yes No N/A Records Yes Yes No N/A Records Yes No N/A Records Yes No N/A Records Yes No N/A Records Yes No N/A Records Yes No N/A Records Yes No N/A <	Kelvin Edun C-7			Dis	stribution S	ystem Map		$N_0 \boxtimes N/A$
And add in the second of th				En	lergency R	esponse Plan		No 🛛 N/A
Days/wk: Required 3 Actual 3 Non-consecutive Days? Yes No N/A Comments Operation & Maintenance Manual Yes No MONTHLY OPERATION REPORTS (MORs) N/A MORs submitted regularly? Yes No Yes No MORs submitted regularly? Yes Yes No Yes No Jata missing from MORs? No Moximum Day (from MORs) 26,591 gpd Maximum Day (from MORs) 55,300 gpd Flow Measuring Device Flow Meter Meter Size & Type 4" Sensus & 3" Master Date Last Calibrated 4/2/20, 12/4/18 Proventive Maintenance Manual Yes No Proventive Maintenance Program Yes No Yes No Yes No Yes Maximum Day (from MORs) 55,300 gpd 6/21 Comments Comments Yes Date Last Calibrated 4/2/20, 12/4/18	Hrs/day: Required	0.3 hr/wk Actual	0.3 hr/wk	Co	mments			
Non-consecutive Days? Yes No N/A Comments	Days/wk: Required	3 Actual	3					
Comments	Non-consecutive D	ays? Xes	No N/A	PR	EVENTI	VE MAINTER	NANCE/O&	м
MONTHLY OPERATION REPORTS (MORs) Preventive Maintenance Program Yes No MORs submitted regularly? Yes No N/A Data missing from MORs? No Yes No N/A Average Day (from MORs) 26,591 gpd N/A Records Yes No N/A Maximum Day (from MORs) 55,300 gpd 6/21 Comments Yes No N/A Flow Measuring Device Flow Meter Flow Meter # BFPAs None reported # Tested N/A WWTP RPZ N/A Written Plan Yes Date 11/14/12 Date 11/14/12	Comments			Op	eration & N	Maintenance Ma	anual X Ye	
MONTHLY OPERATION REPORTS (MORs) Flushing Program Yes No N/A MORs submitted regularly? Yes No N/A Data missing from MORs? No Yes No N/A Average Day (from MORs) 26,591 gpd N/A Records Yes No N/A Maximum Day (from MORs) 55,300 gpd 6/21 Comments Yes No N/A Flow Measuring Device Flow Meter Flow Meter # BFPAs None reported # Tested N/A Weter Size & Type 4" Sensus & 3" Master WWTP RPZ N/A Date Tested N/A Date Last Calibrated 4/2/20, 12/4/18 Written Plan Yes Date 11/14/12				Pre	ventive Ma	intenance Prog	ram X Yes	
MONTHLY OPERATION REPORTS (MORs) Records Yes No N/A MORs submitted regularly? Yes No N/A Isolation Valve Exercise Yes No N/A Data missing from MORs? No Yes N/A Isolation Valve Exercise Yes No N/A Average Day (from MORs) 26,591 gpd Comments Yes No N/A Maximum Day (from MORs) 55,300 gpd 6/21 Comments Yes No N/A Flow Measuring Device Flow Meter Flow Meter # BFPAs None reported # Tested N/A WWTP RPZ N/A Date Tested N/A Watter Size & Type 4/2/20, 12/4/18 Yes Date 11/14/12 Yes Date 11/14/12					Flushing I	Program		
MORs submitted regularly? Yes No N/A Data missing from MORs? No Yes N/A Average Day (from MORs) 26,591 gpd N/A Maximum Day (from MORs) 55,300 gpd 6/21 Comments Comments CROSS CONNECTION CONTROL Flow Measuring Device Flow Meter Meter Size & Type 4" Sensus & 3" Master Date Last Calibrated 4/2/20, 12/4/18 Isolation Valve Exercise X Yes No Isolation Valve Exercise X Yes No	MONTHLY OPE	RATION REPORTS	MORs)					
Data missing from MORs? No Yes N/A Average Day (from MORs) 26,591 gpd Comments No N/A Maximum Day (from MORs) 55,300 gpd 6/21 Comments Comments Comments Maximum Device Flow Meter Flow Meter # BFPAs None reported # Tested N/A WWTP RPZ N/A Date Tested N/A Date Last Calibrated 4/2/20, 12/4/18 Written Plan Yes Date 11/14/12 Date 11/14/12	MORs submitted reg	gularly? Yes			Isolation V	Valve Exercise	Yes	No N/A
Maximum Day (from MORs) <u>55,300 gpd 6/21</u> Comments Flow Measuring Device Flow Meter # BFPAs None reported # Tested N/A Weter Size & Type 4" Sensus & 3" Master Date Last Calibrated 4/2/20, 12/4/18	Data missing from N	AORs? No L	Yes N/A			Records		
Comments CROSS CONNECTION CONTROL Flow Measuring Device Flow Meter Meter Size & Type 4" Sensus & 3" Master Date Last Calibrated 4/2/20, 12/4/18 CROSS CONNECTION CONTROL # BFPAs None reported # Tested N/A WWTP RPZ N/A Date Tested N/A Written Plan Yes Date 11/14/12	Average Day (from	MORs) <u>26,591 gpd</u>	12.02.03	Cor	nments		17	
Flow Measuring Device Flow Meter CROSS CONNECTION CONTROL Meter Size & Type 4" Sensus & 3" Master # BFPAs None reported # Tested N/A Date Last Calibrated 4/2/20, 12/4/18 WwTP RPZ N/A Date Tested N/A								
Flow Measuring Device Flow Meter # BFPAs None reported # Tested N/A Meter Size & Type 4" Sensus & 3" Master WWTP RPZ N/A Date Tested N/A Date Last Calibrated 4/2/20, 12/4/18 Written Plan Yes Date 11/14/12	Comments			CD	000 000	NECTION	ONTRO	
Meter Size & Type 4" Sensus & 3" Master WWTP RPZ N/A Date Tested N/A Date Last Calibrated 4/2/20, 12/4/18 Written Plan Yes Date 11/14/12	Flow Measuring Dev	vice Flow M	efer					
Date Last Calibrated 4/2/20, 12/4/18 Written Plan Yes Date 11/14/12	Meter Size & Type	4" Sensus & 3" Ma	ster			the second se		
	Date Last Calibrated	4/2/20, 12/4/	18				_Date Tested	
			-	Cor	nments	1.00	_Date <u>11/1</u> 2	M12

PWS ID # _____3424031 Date _____8/6/21

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1(AAC0020)	2(AAC0019)		
Year Drilled		1980	1980		
Depth Dril	led	146'	146'		
Drilling M	ethod	Combination	Combination		
Type of G	rout	Neat cement	Neat cement		
Static Wate	er Level	31'	31'		
Pumping V	Vater Level	Unknown	Unknown		
Design We	ell Yield	Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown		
Strainer		Unknown	Unknown	0	
Length (ou	tside casing)	74'	66'		
Diameter (outside casing)	6"	6"		
Material (o	outside casing)	Black steel	Black Steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4	4" Concrete Pad	Yes	Yes		
	Septic Tank	>200'	>200'		
SET	Reuse Water	N/A	N/A		
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
	Туре	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
PUMP	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	100	100		
	Motor Horsepower	5	5		
Well casing	g 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal		Yes	Yes		
Raw Water	r Sampling Tap	Yes	Yes		
Above Gro	ound Check Valve	Yes	Yes		
Security	+	Yes	Yes		
Well Vent	Protection	Yes	Yes	2	

COMMENTS

PWS ID #	3424031	
Date	8/6/21	

CHLORINATION (Disinfection)

Make <u>Chem-Tech</u> , <u>Uni-Dos</u> Chlorine Feed Rate <u>45%</u>	and 100%	stroke	Spa
Avg. Amount of Cl2 gas used		N//	4
Chlorine Residuals: Plant	<2.2	Remote	0.88
Remote tap location6959	55th Plac	e	
DPD Test Kit: On-site	🖂 Wi	h operato	r ilv
Injection Points Prior to hy	dropneum	atic tank	ily
Booster Pump Info N/A			
Comments			

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

AERATION (Gases, Fe, & Mn Removal)

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

STORAGE FACILITIES

Tank Type/Number	н
Capacity (gal)	3000
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	unknown
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	On tank
Date of Inspection	*
Date of Cleaning	*

Comments _____*installed 2018.

HIGH SERVICE PUMPS

Pump Number			
Туре			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Comments		/	
	5		

PWS ID #	3424031	
Date	8/6/21	

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Check valve leaking or not functioning properly.	62.555.350(2)	Repair or replace.	A 8/16 email from Dewaine Christmas indicated this has been completed.	No
Construction or alteration was performed without a permit/notification (facility has been modified without proper sampling)	62-555.520(1)	Submit the specifications and details of all new construction, modify as needed to meet Department requirements, submit a copy of proper documentation, and submit a copy of the required sampling results	System submitted tank replacement documentation to Permitting on 9/23. It was determined the facility did not need a permit for the replacement.	Yes

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.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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:
 - o The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - o 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

PWS ID #	3424031
Date	8/6/21

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.]

J. Aust

Inspector Signature

Talia Ayala Printed Name

Environmental Specialist

Title

9/27/21

Date

and Kithel

Reviewer Signature

Daniel K. Hall Printed Name

Environmental Manager

Title

October 4, 2021

Date



FLORIDA DEPARTMENT OF Environmental Protection

Central District Office 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Interim Secretary

July 14, 2021

Dewaine Christmas, Owner Sunshine Utilities of Central Florida, Inc. 10230 SE Highway 25 Belleview, FL 34420 Sunshineutl@AOL.com;

Re: Floyd Clark Subdivision PW Facility ID #3420411 Marion County

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 17, 2021. 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 Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

Viviana Useche, Manager Central District Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala (FDEP)

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Name FLOYD CLARK SUBDIVISION	County Marion PWS ID # 3420411
Plant Location NE 38th Street & 14th Avenue, Ocala, FL	34471 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc.	Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34	4420-5531
Contact Person Dewaine Christmas	Title Phone 352/347-8228
This Survey Date 6/17/21Last Survey Date 1/23/18	Last Compliance Inspection Date <u>8/29/14</u>
PWS TYPE: <u>Community</u>	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5D	GROUND; Number of Wells1 PURCHASED from PWS ID #
MAX-DAY DESIGN CAPACITY: 68,000 gpd	Emergency Water Source
PWS STATUS: Approved	Emergency Water Capacity
TREATMENT PROCESSES IN USE	STANDBY POWER SOURCE: Not Required
Hypochlorination	Capacity of Standby (kW)
	Switchover: Automatic Manual
SERVICE AREA CHARACTERISTICS	Hrs Operated Under Load What equipment does it operate?
Subdivision	
Food Service: Yes No XN/A	 Well Pumps High Service Pumps
	Treatment Equipment
Number of Service Connections 72	Satisfy avg. daily demand? Yes No Unknown
Population Served 251 Basis MOR	Audio-visual alarm? Yes No
	Comments
OPERATION & MAINTENANCE LOG: <u>Yes</u>	
Location Water treatment plant	Manha Belanda i bilan da 2012 bil bashke ang bashka bashka bashka bashka bashka bashka bashka bashka bashka ba
Comments	PLANS AND MAPS
	Coliform Sampling Plan 🛛 🛛 Yes 🗌 No 🗌 N/A
CERTIFIED OPERATOR: Yes	D/DBP Monitoring Plan \square Yes \square No \square N/A
Operator(s) & Certification Class-Number:	Lead and Copper Plan X Yes No N/A
Kelvin Edun C-7459	Distribution System Map Yes No N/A
	Emergency Response Plan 🗌 Yes 🗌 No 🖾 N/A
Hrs/day: Required 0.3 hr/wk Actual 0.3 hr/wk	Comments
Days/wk: Required 3 Actual 3	
Non-consecutive Days? Xes No N/A	PREVENTIVE MAINTENANCE/O&M
Comments	Operation & Maintenance Manual 🛛 Yes 🗌 No
	Preventive Maintenance Program 🛛 Yes 🗌 No
	Flushing Program Ves 🗌 No 🗌 N/A
MONTHLY OPERATION REPORTS (MORs)	Records 🛛 Yes 🗌 No 🗌 N/A
MORs submitted regularly? Xes No N/A	Isolation Valve Exercise 🛛 Yes 🗌 No 🗌 N/A
Data missing from MORs? No Yes N/A	Records 🛛 🖾 Yes 🗌 No 🗌 N/A
Average Day (from MORs) <u>19,026 gpd</u>	Comments
Maximum Day (from MORs) <u>71,000 gpd 10/20</u>	
Comments	ODOSS CONNECTION CONTROL
	CROSS CONNECTION CONTROL
Flow Measuring Device Flow Meter	# BFPAs <u>None observed</u> # Tested <u>Unknown</u>
Meter Size & Type2" Sensus	WWTP RPZ <u>N/A</u> Date Tested <u>N/A</u>
Date Last Calibrated 12/4/18	Written Plan <u>Yes</u> Date <u>11/14/12</u>
	Comments

PWS ID #	3420411	
Date	6/17/21	_

GROUND WATER SOURCE

Well Num	ber (Florida Unique Well ID #)	1			
Year Drilled		1974			
Depth Drilled		80'			
Drilling M	ethod	Unknown			
Type of Gr	out	Unknown			
Static Wate	er Level	Unknown			
Pumping V	Vater Level	Unknown			
Design We	ell Yield	Unknown			
Test Yield		Unknown			
Actual Yie	ld (if different than rated capacity)	Unknown			
Strainer		Unknown			
Length (ou	tside casing)	65'			
Diameter (outside casing)	4"			
Material (o	outside casing)	Black steel			
Well Conta	amination History	None			
Is inundation	on of well possible?	No			
6' X 6' X 4	4" Concrete Pad	Yes			
	Septic Tank	>200'			
SET	Reuse Water	N/A			
BACKS	WW Plumbing	>100'			· · · · · · · · · · · · · · · · · · ·
	Other Sanitary Hazard	None observed			
	Туре	Submersible			
	Manufacturer Name	Sta-Rite			
PUMP	Model Number	Unknown			
	Rated Capacity (gpm)	62			
Motor Horsepower		5			
Well casing 12" above grade?		No*			1
Well Casing Sanitary Seal		ОК			
Raw Water	r Sampling Tap	Yes			
Above Gro	ound Check Valve	Yes	4		
Security		Yes			
Well Vent	Protection	Yes	4	2	

COMMENTS <u>*The Department will continue to accept the well casing at the current height unless it is shown to</u> <u>contain chemical or microbial contamination.</u>

PWS ID #	3420411	
Date	6/17/21	_

Make Uni-dose	_ Capacity	15	gpd
Chlorine Feed Rate10%			
Avg. Amount of Cl2 gas used		N/2	4
Chlorine Residuals: Plant	1.46 Re	mote	1.07
Remote tap location 372			
DPD Test Kit: On-site	With o	operato	r
None	🗌 Not U	sed Da	ily
Injection Points Prior to hy			
Booster Pump Info N/A			
Comments			

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

Tank Type/Number	Н
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	12/18

12/18

Comments _____

HIGH SERVICE PUMPS

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

STORAGE FACILITIES

Date of Cleaning

PWS ID #	3420411	
Date	6/17/21	

DEFICIENCIES:

• There were no deficiencies noted during the inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2017 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.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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:
 - o The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - o The failure of a public water system to comply with applicable disinfection requirements; or
 - o 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.]

PWS ID #	3420411		
Date	6/17/21		

COMMENTS (continued):

• 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.]

J. Aud

Environmental Specialist

Ant

Inspector Signature

Talia Ayala Printed Name Reviewer Signature

Printed Name

Environmental Manager Title

7/14/21

Date

Title 7/13/21

Date



FLORIDA DEPARTMENT OF Environmental Protection

Central District Office 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Interim Secretary

July 14, 2021

Dewaine Christmas, Owner Sunshine Utilities of Central Florida, Inc. 10230 SE Highway 25 Belleview, FL 34420 <u>Sunshineutl@AOL.com</u>;

Re: Fore Oaks Estates PW Facility ID #3424644 Marion County

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 17, 2021. 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 Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

Viviana/Useche, Manager Central District Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala (FDEP)

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Name FORE OAKS ESTATES	County <u>Marion</u> PWS ID # <u>3424644</u>
Plant Location NE 49 th /2 nd Avenue/ Left of NE 51 st , G	OCala, FL 34470 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida, Ir	nc. Phone <u>352-347-8228</u>
Owner Address <u>10230 SE Highway 25, Belleview, Fl</u>	L 34420-5531
Contact Person Dewaine Christmas	Title Owner Phone 352-347-8228
This Survey Date 6/17/21Last Survey Date 1/23/	18 Last Compliance Inspection Date <u>8/29/14</u>
PWS TYPE: <u>Community</u>	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5C	GROUND; Number of Wells 2 PURCHASED from PWS ID #
MAX-DAY DESIGN CAPACITY: <u>421,200 gpd</u>	Emergency Water Source
PWS STATUS: <u>Approved</u>	Emergency Water Capacity
	- STANDBY POWER SOURCE: <u>Yes</u>
TREATMENT PROCESSES IN USE	Source <u>Generac Protector QS</u>
Hypochlorination	Capacity of Standby (kW) 38
	Switchover: Automatic Manual
	Hrs Operated Under Load <u>1 hr/wk.</u>
SERVICE AREA CHARACTERISTICS	What equipment does it operate?
Subdivision	_ Well Pumps
Food Service: Yes No N/A	High Service Pumps
Number of Service Connections 227	☐ Treatment Equipment
Population Served <u>793</u> Basis <u>MOR</u>	$- \qquad \text{Audio-visual alarm? } \forall Y es \square No$
	Comments
OPERATION & MAINTENANCE LOG: <u>Yes</u>	
Location Water treatment plant	_
Comments	_ PLANS AND MAPS
	_ Coliform Sampling Plan 🛛 Yes 🗌 No 🗌 N/A
	D/DBP Monitoring Plan \square Yes \square No \square N/A
CERTIFIED OPERATOR: Yes	Lead and Copper Plan Xes No N/A Distribution System Map Yes No N/A
Operator(s) & Certification Class-Number:	Distribution System Map Yes No N/A
Kelvin Edun C-7459	– Emergency Response Plan 🛛 Yes 🗌 No 🗌 N/A
	- Comments
Hrs/day: Required 0.6 hr/wk Actual 0.6 hr/wk	_
Days/wk: Required $5+1$ Actual $5+1$	_
Non-consecutive Days? \Box Yes \Box No \boxtimes N/A	
Comments	
	$ Preventive Maintenance Program \qquad Yes \qquad No $
MONTHLY OPERATION REPORTS (MORs)	Flushing Program X Yes \Box No \Box N/ANoN/A
MORs submitted regularly? \square Yes \square No \square N/A	$\begin{array}{c c} Records & \boxtimes Yes \Box No \Box N/A \\ \hline \\ \end{array}$
Data missing from MORs? \square No \square Yes \square N/A	
Average Day (from MORs) 50,398 gpd	
Maximum Day (from MORs) <u>103,000 gpd 3/21</u>	Comments
Comments	—
	CROSS CONNECTION CONTROL
	# BFPAs <u>None observed</u> # Tested <u>Unknown</u>
Flow Measuring Device Flow Meter	– WWTP RPZ N/A Date Tested N/A
Meter Size & Type 4" Sensus	
Date Last Calibrated <u>12/4/18</u>	

 PWS ID #
 3424644

 Date
 6/17/21

GROUND WATER SOURCE

	water Source per (Florida Unique Well ID #)	2 (AAE0270)	3(AAE0271)	
Year Drille		1985	1992	
Depth Drilled		165'	165'	
Drilling Me	ethod	Combination	Combination	
Type of Gr	out	Neat cement	Neat cement	
Static Wate	er Level	30'	58'	
Pumping W	/ater Level	Unknown	Unknown	
Design We	ll Yield	Unknown	Unknown	
Test Yield		Unknown	Unknown	
Actual Yiel	d (if different than rated capacity)	Unknown	Unknown	
Strainer		Unknown	Unknown	
Length (out	tside casing)	85'	84'	
Diameter (o	outside casing)	6"	6"	
Material (o	utside 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	
	Septic Tank	>200'	>200'	
SET	Reuse Water	N/A	N/A	
BACKS	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
	Туре	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
PUMP	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	225	330	
	Motor Horsepower	10	20	
Well casing 12" above grade?		No*	Yes	
Well Casing Sanitary Seal		OK	ОК	
Raw Water Sampling Tap		Yes	Yes	
Above Gro	und Check Valve	Yes	Yes	
Security		Yes	Yes	
Well Vent	Protection	N/A	Yes	

COMMENTS <u>*The Department will continue to accept the well casing height as it currently exists unless there are signs of microbial or chemical contamination.</u>

PWS ID #	3424644
Date	6/17/21

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo				
Make Uni-Dose	Capacit	y <u> </u>	gpd	
Chlorine Feed Rate 60% s			U.	
Avg. Amount of Cl ₂ gas used		N/4	4	
Chlorine Residuals: Plant	1.46	Remote	1.07	
Remote tap location <u>5263</u>	3 rd Ave			
DPD Test Kit: On-site	🖂 Wi	th operato	r	
None None	🗌 No	t Used Da	ily	
Injection Points Prior to hydropneumatic tank				
Booster Pump Info N/A	-			
Comments				

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System			
Auto-switchover			
Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection			
Scale			
Chained Cylinders			
Reserve Supply	Q		
Adequate Air-pak			
Sign of Leaks		$\overline{\Box}$	
Fresh Ammonia		Ď	
Ventilation			
Room Lighting			
Warning Signs			
Repair Kits			
Fitted Wrench			
Housing/Protection			

AERATION (Gases, Fe, & Mn Removal) Type Capacity

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

STORAGE FACILITIES

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

Tank Type/Number	Н
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	Both
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	Discharge Piping
Date of Inspection	12/18
Date of Cleaning	12/18

Comments _____

HIGH SERVICE PUMPS

PWS ID # 3424644 Date 6/17/21

DEFICIENCIES:

• There were no deficiencies noted during the inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2020 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.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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 <u>work or alterations</u> 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

Talia Ayala Printed Name

Environmental Specialist Title

6/30/21

Date

Reviewer Signature

Viviana Useche Printed Name

Environmental Manager

Title

7/14/21 Date



FLORIDA DEPARTMENT OF Environmental Protection

Central District Office 3319 Maguire Blvd., Suite 232 Orlando, Florida 32803 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Interim Secretary

July 22, 2021

Dewaine Christmas, Owner Sunshine Utilities of Central Florida, Inc 10230 SE Hwy 25 Belleview, Florida 34420 <u>sunshineutl@aol.com</u>

Re: Sun Ray Estates PW Facility ID #3421314 Marion County

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 28, 2021. Based on the information provided during and after 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, and 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 Miranda Rothenberger at 407-897-4301 or via e-mail at <u>Miranda.Rothenberger@FloridaDEP.gov</u>.

Sincerely,

s kahl

Daniel K. Hall, Manager Central District Florida Department of Environmental Protection

Enclosure: June 28, 2021 Inspection Report

cc: Miranda Rothenberger, FDEP

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Name SUN RAY ESTATES		County	Marion	PWS ID #	3421314
Plant Name <u>SUN RAY ESTATES</u> Plant Location <u>NE 35th Street, Ocala, FL 34421</u>		anna an ann ann an		Phone _	352/347-8228
Owner Name Sunshine Utilities of Central Flori	ida, Inc.			Phone	352/347-8228
Owner Address 10230 SE Highway 25, Bellevid	ew, FL 34420-5	531			
Contact Person Dewaine Christmas	Title			Phone	352/347-8228
This Survey Date <u>06/28/2021</u> Last Survey D	ate 01/23/2018	Last C	Compliance I	nspection Date	10/16/2001
PWS TYPE: Community	1	RAW WAT	ER SOURC	E	
PLANT CATEGORY & CLASS: 5C				of Wells	2
MAX-DAY DESIGN CAPACITY: 396,000 gpd	i	Emergen	cy Water So	urce	
PWS STATUS: Approved		Emergen	cy Water Ca	pacity	
		STANDBY I			
TREATMENT PROCESSES IN USE		Source <u>G</u>			
Hypochlorination		Capacity of S			34
				ic 🗌 Manual	
CONTRACT (DE L CIT (D) CONDUCTOS					
SERVICE AREA CHARACTERISTICS	8	What equipm			
Subdivision			umps		
Food Service: 🗌 Yes 🗌 No 🖾 N/A				s	
Number of Service Connections 572			ent Equipme		
Population Served 1,999 Basis MOR	48	Satisfy avg. c	ally demand	? Xes No	Unknown
Topulation betved Basis		Audio-visual			
OPERATION & MAINTENANCE LOG: Yes		comments			
Location Water treatment plant					
Comments		PLANS AN	D MAPS		
		Coliform San		X Yes	🗌 No 🗌 N/A
		D/DBP Moni			□ No □ N/A
CERTIFIED OPERATOR: <u>Yes</u>		Lead and Co			\square No \square N/A
Operator(s) & Certification Class-Number:]	Distribution S	System Map	X Yes	🗌 No 🗍 N/A
Kelvin Edun C-7459	I	Emergency I	Response Pla	an 🕅 Yes	🗌 No 🗍 N/A
·····		Comments			
	.t				
Days/wk: Required 5+1 Actual 5+					
Non-consecutive Days? Yes No 🛛				FENANCE/O	
Comments		그는 아버지는 것은 것을 위해서 가지 않는 것 같아. 이는 것 같은 것 같은		Manual 🛛 Y	
		Preventive M			es No
MONTHLY OPERATION REPORTS (MORs)	0	Flushing	Program		es No N/A
] N/A	Taalatian	Records	Restored	es No N/A
Data missing from MORs?		Isolation	Valve Exerc		es 🗌 No 🗌 N/A es 🗌 No 🗌 N/A
Average Day (from MORs) 125,602 gpd		Commonto	Records	\boxtimes Y	
Maximum Day (from MORs) 246,700 gpd 04/202	1	Comments			
Comments Flow meter broken $01/2019 - 08/202$					
MOR flow data.		CROSS CO	NNECTIO	N CONTROL	
		BFPAs No			ted <u>Unknown</u>
Flow Measuring Device Flow Meter		WWTP RPZ		AND A VOID	ted N/A
Meter Size & Type 4" AMCO		Written Plan		Date 11/14/12	
Date Last Calibrated Replaced 09/2020		Comments		90900000000 1 20 20 20 20 20 20	

PWS ID # ______3421314 Date ______06/28/2021

GROUND WATER SOURCE

Well Num	ber (Florida Unique Well ID #)	2 (AAE0357)South	1 (AAE0258)	
Year Drill	ed	1965	1972	
Depth Dri	lled	165'	160'	
Drilling M	lethod	Combination	Combination	
Type of G	rout	Neat cement	Neat cement	
Static Wat	er Level	20'	26'	
Pumping V	Water Level	Unknown	Unknown	
Design We	ell Yield	Unknown	Unknown	
Test Yield		Unknown	Unknown	
Actual Yie	eld (if different than rated capacity)	Unknown	Unknown	
Strainer		Unknown	Unknown	
Length (ou	itside casing)	45'	105'	
Diameter (outside casing)	6"	8"	
Material (o	outside casing)	Black steel	Black steel	
Well Conta	amination History	None	None	
Is inundati	on of well possible?	No	No	
6' X 6' X 4	4" Concrete Pad	Yes	Yes	
	Septic Tank	>200'	>200'	
SET	Reuse Water	N/A	N/A	
BACKS	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
	Туре	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
PUMP	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	410	140	
	Motor Horsepower	25	10	
Well casing	g 12" above grade?	No*	Yes	
Well Casin	g Sanitary Seal	ОК	ОК	
Raw Water Sampling Tap		Yes	Yes	
Above Gro	und Check Valve	Yes	Yes	
Security		Yes	Yes	
Well Vent	Protection	Yes	Yes	

COMMENTS <u>*The Department will continue to accept the well casing height as it currently exists unless it is shown</u> to contain chemical or microbial contamination.

PWS ID #	3421314	
Date	06/28/2021	

Type: Gas Hypo Make <u>Chem-Tech/Uni-Dose</u> Cap	acity 30 and
Chlorine Feed Rate 80% / 60%	stroke
Avg. Amount of Cl2 gas used	
Chlorine Residuals: Plant 1.81	Remote 1.31
Remote tap location 2216 NE :	32 nd St
DPD Test Kit: On-site	
None	Not Used Daily
Injection Points Prior to hydropn	eumatic tank
Booster Pump Info N/A	
Comments	

STORAGE FACILITIES

(G) Ground (C) Clear (B) Bladder (H) Hydr	well (E) Elevated opneumatic / flow-through
Tank Type/Number	H
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	Both
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	Discharge piping
Date of Inspection	01/10/2019
Date of Cleaning	01/10/2019
Date of Cleaning	01/10/2019

Comments _____

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Flow meter leaking or not functioning properly	62-555.350(2)	Repair or replace.	09/2020	No

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, 2022, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2022.
- Monitoring schedules are available on the Central District's Drinking Water site:

https://floridadep.gov/central/central/content/resources-drinking-water-facilities-and-operators-central-district

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:
 - o The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - o The failure of a public water system to comply with applicable disinfection requirements; or
 - o 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.]

PWS ID #	3421314	
Date	06/28/2021	

- 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.]

othenberger

Inspector Signature

Miranda Rothenberger
Printed Name

Environmental Specialist Title

07/20/2021

Date

St KJhll

Reviewer Signature

Daniel K. Hall Printed Name

Environmental Manager

July 22, 2021 Date

5

EXHIBIT 2

From: sunshineutl@aol.com <> Sent: Thursday, September 23, 2021 11:36 AM To: Villareal, Daissan A. <Daissan.A. Villareal@FloridaDEP.gov> Subject: Florida Heights Tank Replacement PWS # 3424031

EXTERNAL MESSAGE

This email originated outside of DEP. Please use caution when opening attachments, clicking links, or responding to this email

Dear Daissan:

On 3/5/18 we replaced the tank in Florida Heights with a 3000 gallon tank. On the Sanitary Survey the FDEP shows that the original tank that we replaced was a 3500 gallon however, I have attached the specifications I retrieved from the FDEP's portal from 1980 showing it was actually a 3000 gallon tank there.

I have attached the Tank Replacement Form, the specifications on the original tank, the specifications on the new replacement tank, and the tank clearance sample results.

If you have any questions please feel free to give me a all at (352)347-8228.

Thank you,

Dewaine Christmas

Manager



From: Daissan.A.Villareal@FloridaDEP.gov,
To: sunshineutl@aol.com,
Cc: Manuel.Cardona@FloridaDEP.gov, Talia.Ayala@FloridaDEP.gov,
Subject: FW: Florida Heights Tank Replacement PWS # 3424031
Date: Thu, Sep 23, 2021 12:12 pm
Attachments: FL HEIGHTS ORIGINAL TANK SPECS.pdf (858K), FL HEIGHTS NEW TANK SPECS.pdf (850K), FL HEIGHTS TANK CLEARANCE.pdf (632K), TANK REPLACEMENT FORMFLORIDA HEIGHTS.pdf (873K),

Dewaine,

I checked the past Sanitary Survey reports prior to the placement of the new hydropneumatic tank in 2018. The previous sanitary survey report had the volume of the old hydropneumatic tank as 3,500 gallons. The volume of the new hydropneumatic tank installed in 2018 is 3,000 Gallons.

I checked Oculus and found the historical records dated 2009 (sanitary survey) that the existing tank was 3,500 Gallons but the historical drawing shows a 3,000-Gallon hydropneumatic tank.

To close this issue, the tank that was installed in 2018 will not require a permit from the Department. I have stamped the Tank Replacement form "No Permit Required."

This is to advise the Utility to seek a permit determination first from DEP whenever there is a plan to replace any WTP components to prevent the same issue from happening.

I have change the hydropneumatic tank's volume in the DEP database to 3,000 gallons and future Sanitary Survey Reports must reflect the corrected gross volume.

Daissan A. Villareal, P.E.

Permitting and Waste Cleanup



Professional Engineer II

Florida Department of Environmental Protection

Central District - Orlando

Daissan.A.Villareal@FloridaDEP.gov

Office: 407-897-4129



Florida Department of Environmental Protection

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

Carlos Lopez-Cantera Lt. Governor

> Noah Valenstein Secretary

TANK REPLACEMENT

Complete form and submit to DEP_CD@dep.state.fl.us

Plant Information:

Plant Name	Florida	Hai	hts Count	y mari		# 3424031
	6860		53 PL		Phone	352 347-8228
PWS Owner Nam	ne Junsh	ine U.	Lilities		Phone _	
PWS Owner Add	ress 10230	E Hu	4 25,6	Balleview	FL 34420	<u>ې</u>
PWS Contact Per	son Dawain.	. Chris	tras Title	Manag	Phone	352 347 - 8228
Tank installer na	me/company:	Sunshi	na Utilet	4=5	Phone _	
OTOD LOT TH	IL PRIDE.					

STORAGE FACILITIES:

(G) Ground (C) Clearwell (E) Elevated (B) Bladder (H) Hydropneumatic

Please provide complete specification for Existing and New Tank. Complete the following.

Tank Type/Number	Existing Tank*	New Tank
Reason for Replacement	tank rupture	
Capacity (gal)	3000	3000
Dimensions or verification of Tank Size		66" × 204"
Material	5+ 0.1	5 teol
Gravity Drain (Yes or No)	NO - prossure fault	no-prossure tanle
By-Pass Piping (Yes or No)	Ves	Y 05
Protected Openings (Yes or No)	NA	NA
Sight Glass or Level Indicator (Yes or No)	Ve5	Y05
Automatic blow off (Safety Valve) (Yes or No)	Ves	Ve 5
Pressure Gauge (Yes or No)	Yes.	Vez
On/Off Pressure (Yes or No)	Ve 5	Ves
Means for adding Compressed air (Yes or No)	V e s	y c s
Access Secured (Yes or No)	Veð	Ves
Access Manhole? Size: min 24 inch (Yes or No)	705	Y= 5



Florida Department of Environmental Protection

Central District 3319 Maguire Boulevard, Suite 232

Orlando, Florida 32803-3767

Rick Scott Governor

Carlos Lopez-Cantera Lt. Governor

Noah Valenstein

Secretary

Tank:10 times capacity of the pump (Yes or No)	Wes	1/ • >
Tank Sample Tap Location	405	Ves
Date of last Tank Inspection	7/23/13	1
Date of last Tank Cleaning		
Date Tank was Replaced, if already done *		3/5/18
Tank internal lining or coating NSF Standards 61	NIA	1/es Itarizantel
Horizontal or Vertical	ltarizon fol	Itarizanta I
Separate inlet/outlet	Ve5	Y = 5
ASME Conformance (Yes or No)	no	Yas
ANSI/WSC PST-2000 for Tanks 120 gallons or less	NIA	NIA

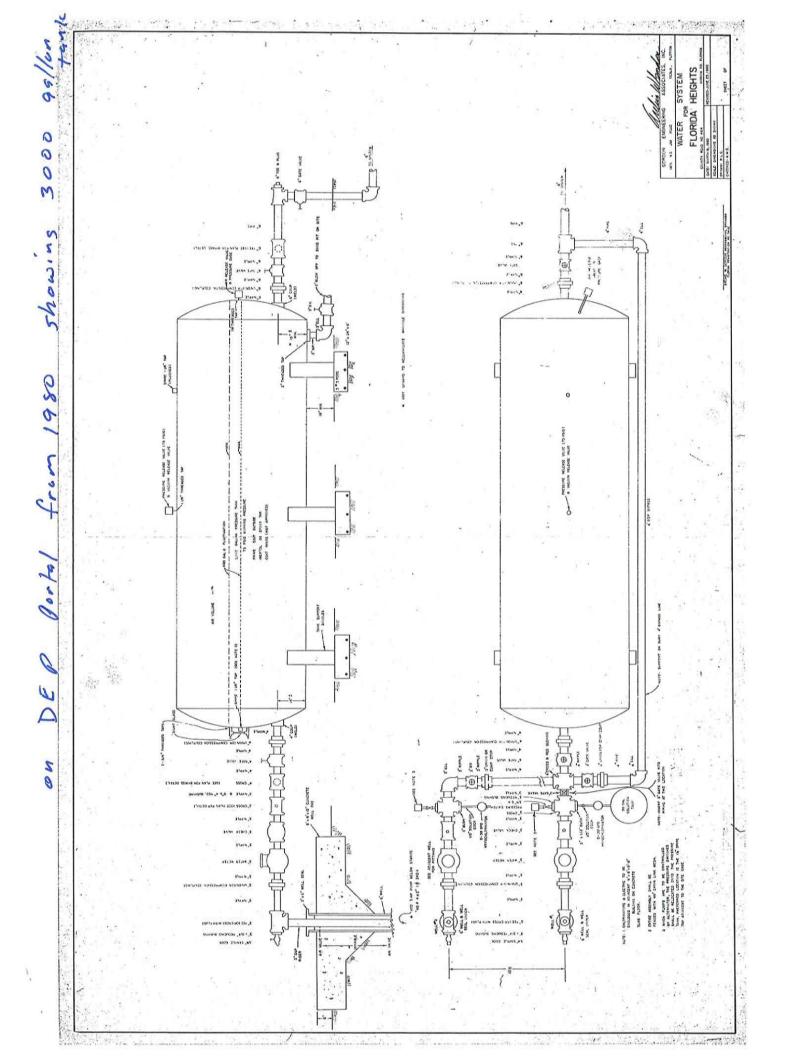
NOTE

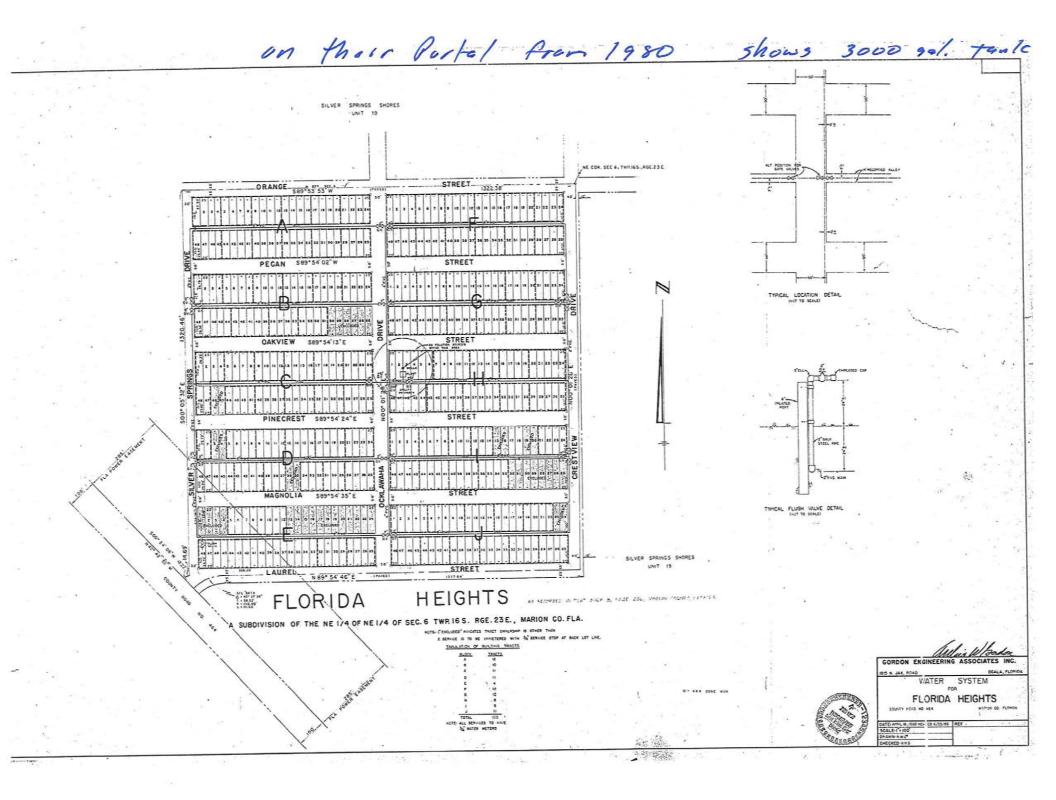
*A 14 day advance written notice is required for "like for like" replacements as required by Rule 62-555.520(1)(c)1, F.A.C.

In some cases, the existing tank information may not available then it will be determined from the best available Data from Owner/Operator/or Vendor

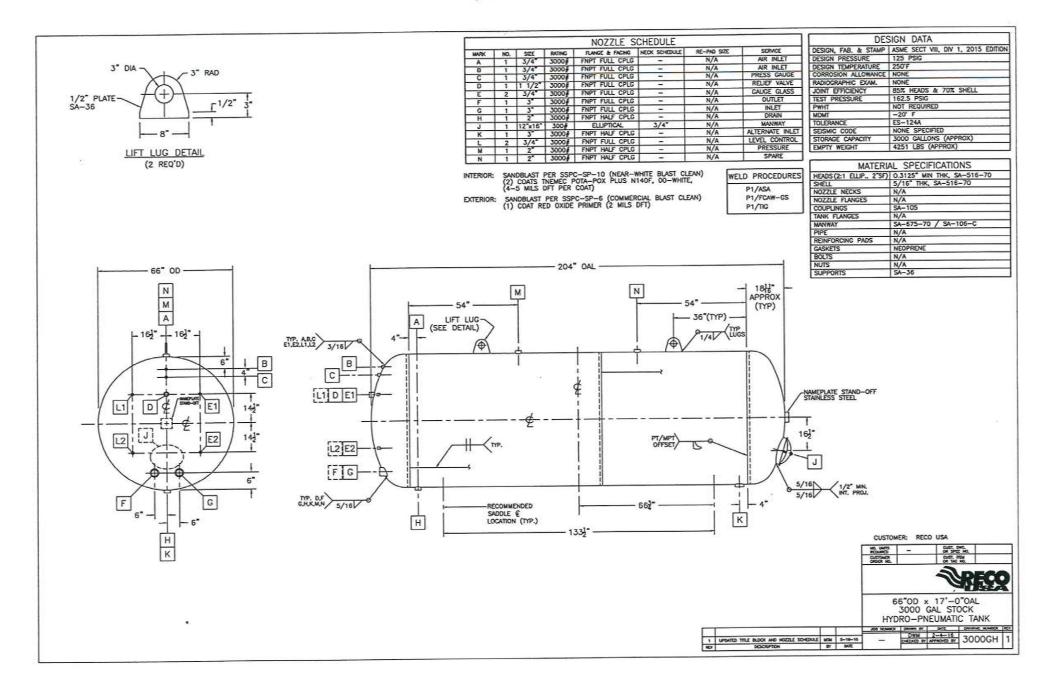
Bacteriological Results: ** Submit lab reports for two consecutive days

Locations of Bacteri	ological Samples: _	Tanic	Discharge	
Dates of Samples:	3/7/18	\$ 3/8	118	

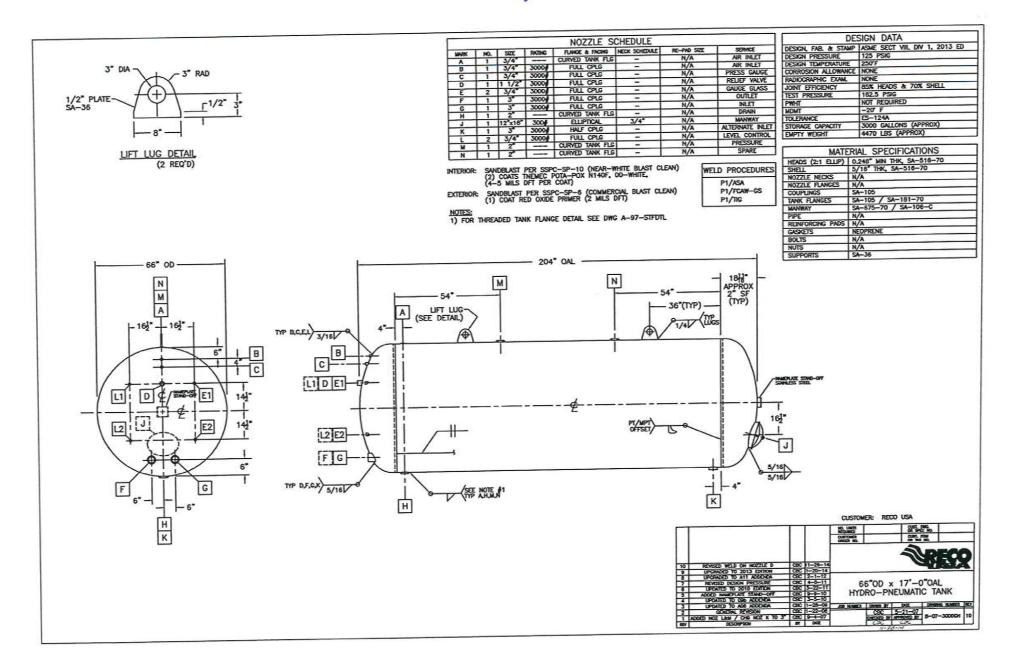




Now tank



New fank



1									
AQUA PURE WATER & SEWAGE SERVICE, INC.		& [FOR LAB USE ONLY						
			20		00	DATE RECEIVED AND ANALYZED / TIME RECEIVED			
	10865 East State Road 40		RECEIVED	вү: <u>С</u>		¥62 8 18:			
Aqua Pure	Silver Springs, Florida 34488-2349		SAMPLE P			GONICE ONT		<u>[[-</u>	<u>5_°C</u>
	(352) 625-2822, Ext. 30		DISINFECT			TINOT DETECTED			mg/L
C.C. C.C.	Laboratory No. E83265 SAMPLE COLLECTION AND REPORT		HIS SAME	PLE DO	DES NOT MEI	ET THE FOLLOWING NELAC	REQUIREM	ENT(5):	
	FORM FOR DRINKING WATER	-	DATE/TIME	E PWS	NOTIFIED B	Y LAB OF POSITIVE RESUL	TS:		
1	TOTAL COLIFORM / E. coli ANALYSIS	F	PERSON N	OTIFIE	ED:	n want see to monoise provident.	NOTIFIED B	Y:	
	Press Hard, (4) copies (Page 1 of 1)	C	DATE DEP/	/DOH	NOTIFIED BY	/ LAB OF E. coli POSITIVE I	RESULTS:		
		C		CHE	CK OR RECE	IPT #:			
SYSTEM NAM	ME: Florida Hts		PV	VS ID	: 342	4031 SYSTEM PHO	NE: 34	1-87	28
SYSTEM ADI	DRESS: 6800 SE 53 Pl					c	OUNTY:	Mensi	icn
CLIENT: S	unshine Utilities collector	R: Ja	mes	1-1:	odges-	COLLECTOR PHO	ONE: <u>23</u>	9-1	197
	PPLY (Check Only One):								
Communit	ty Water System 📮 Non-Transient Non-commun se System 📮 Other:	nity Water	System		Transient N	lon-community Water Sys	tem		
	R SAMPLING (Check All That Apply):								
Distributio	n Routine Distribution Repeat Distribution Repeat Raw (trigg Replacement (also check type of sample bein	gered or a	ssessmen	it)	Raw (trigg	gered or assessment) add	itional C	Well S	Survey
						His to Suns		5744. Q. ² .	
SAMPLE CO	LLECTION DATE(S): 3/1/18-3/8/18		COMIN	/IENTS	5:			(1.4.0	
	TO BE COMPLETED BY SAMPLE COL	LECTOR				TO BE COMI Total coliform & E. coli analy			M9223B)
Sample No.	Sample Point (Location or Specific Address)	Collec Tin		imple ype¹	Disinfect Res'd (mg/L)	Lab Sample Number Report/Submission Number:	Total coliform	E. coli	Data Qualifier ²
1	Tank 3/7	2:00	5 ^m F	`	1.4	M18 2264	A		
2	Tank 3/7	2:00	PAN f	> .	1,4	M18 2265	A		
3	Tapk 3/3	1:43	EM 1	0	1.4	1118 2-2-66	A		
4	3/8	1:45	pon f	2	1.4	M182267	A		
	Tank	E1 6 -38		_		1100000			
	(*								
	disinfectant residuals for routine and repeat samp	les. ³				Time(s) Analyzed:	<u></u>		
	e or Total chlorine (circle one). t Residual Analysis Method: 🖵 DPD Colorimetric	Other	:	-		2.7	apr	vi	116 - 18m210 - 045
Person per	forming disinfectant analysis is: ertified operator (#	ì							
Sup	ervised by a certified operator (# ployed by a certified lab)))			-M.	ha Allone	- 7	-12-12	e
Q Aut	norized representative of supplier of water				11110	TECHNICAL DIRECTOR		D	ATE
Besults: A = co	rformed in accordance with NELAC standards. liforms are absent; P = coliforms are present īype Codes: D = Distribution (Routine Compliance); C = Repe	eat or Checl	k; R = Raw	; N =	If you have an	esented herein relate only to the sam y questions regarding this report, ple Distribution; P = Plant Tap; S =	ease call Lisa S	Saupp at (35	
² Defined in Flor	Ida Administrative Code Rule 62-160, Table 1 community and nontransient noncommunity systems serving per								
	MAILING ADDRESS OF PERSON/COMPANY TO RE								ISE ONLY
	Sunshine Utilities			🔾 In	atisfactory complete Co epeat Sampl	ollection Information			
	10230 E HW4 25				eplacement	Samples Required			
	Belleview Fl. 34420			14232366	Date Reviewed by DEP/DOH:				

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1 1

DEP/DOH Reviewing Official: (62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

From: sunshineutl@aol.com,

To: daissan.a.villareal@dep.state.fl.us,

Subject: Florida Heights Tank Replacement PWS # 3424031

Date: Thu, Sep 23, 2021 11:36 am

Attachments: FL HEIGHTS ORIGINAL TANK SPECS.pdf (858K), FL HEIGHTS NEW TANK SPECS.pdf (850K), FL HEIGHTS TANK CLEARANCE.pdf (632K), TANK REPLACEMENT FORMFLORIDA HEIGHTS.pdf (785K)

Dear Daissan:

On 3/5/18 we replaced the tank in Florida Heights with a 3000 gallon tank. On the Sanitary Survey the FDEP shows that the original tank that we replaced was a 3500 gallon however, I have attached the specifications I retrieved from the FDEP's portal from 1980 showing it was actually a 3000 gallon tank there.

I have attached the Tank Replacement Form, the specifications on the original tank, the specifications on the new replacement tank, and the tank clearance sample results.

If you have any questions please feel free to give me a all at (352)347-8228.

Thank you, Dewaine Christmas Manager

EXHIBIT 3

Monitoring Requirements Not Met for Fore Oaks Estates

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During 3rd quarter we did not monitor for Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s) and therefore cannot be sure of the quality of our drinking water during that time.

Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer.

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

We have since taken the required samples on October 22, 2020 and were all satisfactory under the MCL.

For more information, please contact Dewaine Christmas at (352)347-8228 or E-mail me at Sunshineutl@aol.com.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Sunshine Utilities. State Water System ID#: 3424644. Date distributed: November 18, 2020.



INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information	and the second devices and the second		
Public Water System (PWS) Name: Fore Oaks Estates			
PWS ID:3424644			
PWS Type: Community Non-	Transient Non-Community	Transient Non-Community	
PWS Owner: Sunshine Utilities of Central FI, Inc.			
Contact Person: Dewaine Christmas	Contact Person	Contact Person's Title: Manager	
Contact Person's Mailing Address: 10230 East Hwy 25		*	
City: Belleview	State: FL	Zip Code: 34480	
Contact Person's Telephone Number:	Contact Person	's Fax Number: 352-347-6915	
Contact Person's E-Mail Address: sunshineUtl@aol.com			

II. Certification	A DESCRIPTION OF THE PARTY OF T		·····································
For Violation/Situation: Failure to take DBP in the	3rd quarter for 2020		
Date of Occurrence:			
Consultation Date			
Delivery Methods: Radio/TV / Mail	Newspaper Hand Delive	ry Posting	Other(describe)
Delivery Date/s:			
11/18/2020			

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

11 12 20 Signature and Date

Dewaine Christmas Printed or Typed Name

Manager Title

NOTICE **DISRUPTION OF WATER** SERVICE ADVISORY

DATE: 10-29-18

The City of Eustis Water Department is notifying affected customers of a possible interruption in water service. This interruption is a/an: Planned Outage Emergency occurring from

9:00 Am to 3:00 PM on 10-31-18 Locations (s):

To perform the work, the connections will require a temporary depressurization of your water main. Though the City has never experienced an instance of contamination when performing these common types of operations, the City would like to notify you that there is a remote chance that some contaminate could enter the water main. However, the water main will be properly disinfected before being placed back into service. Please flush your taps for two minutes or until any discoloration disappears.

PRECAUTIONARY MEASURES

Therefore, as a precaution, we advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil of oneminute is sufficient. As an alternative bottled water may be used. This "Precautionary Boll Water Notice" will remain in effect until the problem is corrected and a bacteriological survey shows that the water is safe to drink. If you have any questions you may contact the City of Eustis Water Department at 357-5618. Eustis Utility form 08-01

Bill's Prestige Printing 352-589-5833

Rescission of Precautionary Boil Water Notice

The 10-31-18 "Precautionary Boil Water Notice" following the depressurization and repair of your water main is hereby rescinded. A satisfactory completion of the bacteriological survey shows that the water is safe to drink. If you have any questions please call the **City Water Department**

at

352-357-5618

from 7:30 a.m. to 4:30 p.m. Monday through Friday. 318 Date

Bill's Prestige Printing 352-589-5833

Eustis Utility form 12-03

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531 Office (352) 347-8228 - Fax (352) 347-6915

November 6th, 2018

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of : Quail Run PWS Number:3424046

Sunshine Utilities lost water pressure due to incoming power from the power company. We advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect until bacteriological survey shows that the water is safe to drink, at which time **rescind notices will be issued**.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

Sunshine Utilities



^{*}INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information

Public Water System (PWS) Name: Little Lake Weir						
PWS ID: 3420761						
PWS Type: 🛛 Community 🗌 Non-Transient Non-Community 🗌 Transient Non-Community						
PWS Owner: Sunshine Utilities						
Contact Person: Dewaine Christmas Contact Person's Title: Manager						
Contact Person's Mailing Address: 10230 East Highway 25						
City: Belleview	State: Fl	Zip Code: 34420				
Contact Person's Telephone Number: (352)347-8228	Contact Person's Fax Number: (352)347-6915					
C. it at Devenue E. Mait Address Sunshine Itil@gol.com						

Contact Person's E-Mail Address: SunshineUtl@aol.com

II. Certification							
For Violation/Situat	ion: Missed 3rd	I Quarter DBP'	S				
Date of Occurrence:							
Consultation Date:							
Delivery Methods:	Radio/TV	⊠Mail	Newspaper	Hand Delivery	Posting	Other(describe)	
a martine and the second							
Delivery Date/s:		12/14/2017					
NAME AND DESIGN X							

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

d () / 12/19/17	Dewaine Christmas	Manager	
Signature and Date	Printed or Typed Name	Title	

RECEIVED DEC 2 2 2017 DEP Central Dist.

Monitoring Requirements Not Met for Little Lake Weir

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During the 3^{rd} quarter of this year, we did not monitor for TTHM and HAA5 therefore cannot be sure of the quality of our drinking water during that time. However, we did resample during the 4^{th} quarter and the results show that the concentration of TTHM (**1.09 ug/L**) and HAA5 (**1.60 ug/L**) is under the Maximum Contaminate Level (MCL) (TTHM = 80 ug/L; HAA5 = 60 ug/L).

Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

We have since taken the required samples on 11/13/17.

For more information, please contact Dewaine Christmas at (352)347-8228 or Sunshine Utilities, 10230 East Highway 25, Belleview, FL 34420.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Sunshine Utilities. State Water System ID#: 3420761. Date distributed: 12/14/2017

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531 Office (352) 347-8228 - Fax (352) 347-6915

August 15th, 2019

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of : <u>BURKS</u> PWS Number:3421554

We advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect until bacteriological survey shows that the water is safe to drink, at which time **rescind notices will be issued**.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

Sunshine Utilities

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531 Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

AUGUST 23rd , 2019

Residents of : burks PWS #3421554

The "PREVIOUS Precautionary Boil Water Notice" is hereby rescinded following the satisfactory completion of the bacteriological survey showing that the water is safe to drink.

If you have any questions, please call the office at the above telephone number.

Sunshine Utilities

d'	A OLLA DUDE WATER	Г			FOR LAB USE ONLY			
	AQUA PURE WATER &	1		Г	DATE RECEIVED AND AN	ALYZED / T	IME REC	EIVED
	SEWAGE SERVICE, INC	RECEIVE	D DV.C	7P	846 22 '19	DV 1-13		
	10865 East State Road 40	neceive		RESERVATION: GON ICE DINOT ON ICE 2.4 °C				4 °c
Aqua Pur	e Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30	DISINFE			NOT DETECTED Dmg/L			mg/L
	Laboratory No. E83265	THIS SA	MPLE D	DES NOT MEE	T THE FOLLOWING NELAC	REQUIREN	ENT(S):	
	SAMPLE COLLECTION AND REPORT	DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS:						
	FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS				Y LAB OF POSITIVE RESUL			
	Press Hard, (4) copies (Page 1 of 1)				LAB OF E. coli POSITIVE			
		PAID CHECK DR RECEIPT #:					I	
	ME: Berks	L			1554 SYSTEM PHO			
SYSTEM NA			PWS IL		SYSTEM PHC			
SYSTEM AD	DARESS: ON File Dunshine Utilities COLLECTOR:	MA I	1	1			10.7	(19
CLIENT:	DUNShine UTILITIES_COLLECTOR:_	rigre l	OUC	her	COLLECTOR PH	ONE: 77	0-51	
- 4	JPPLY (Check Only One):	Meter Suntar	. r	Tranciant N	Ion-community Water Sys	stem		
	hity Water System IN Non-Transient Non-community Use System ID Other:	water syster	n .					
	DR SAMPLING (Check All That Apply):							
D Distribut	ion Boutine Distribution Repeat D Raw (triggere	ed or assessm	nent)	🛛 Raw (trig	gered or assessment) add	litional	U Well	Survey
Clearance	e Replacement (also check type of sample being r							
SAMPLE C	DLLECTION DATE(S): 8-21-2019	CO	MMENT	'S:		i den		
	TO BE COMPLETED BY SAMPLE COLLE	CTOR	:/		TO BE COM Total coliform & E. coli anal	PLETED B' lysis method:	Y LAB Colilert (S	SM9223B)
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type'	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
IA	600 S.W. 23 pl	4:15pm		.6	Report/Submission Number: M198634	A		
24	590 S.W 23P	4:25 pm		1.8	M198635	A		
30	580 5.W. 23p	4:30 pm		1.6	M198636	A		
YA	2330 S.W. 5th ct	4:40 pm		1.8	M198637	A_		
							<u> </u>	
	1							
	a visit of a state of the state	. 3			Time(s) Analyzed:			
Free chlor	of disinfectant residuals for routine and repeat samples ine or Total chlorine (circle one).				Time(s) Analyzed:	:['[pr	\sim	
Disinfecta Person p	ant Residual Analysis Method: DDPD Colorimetric C erforming disinfectant analysis Is:	Other:		-	L			
I DA	certified operator (#	;			1 1		123 - 10270	2122
0 E	mployed by a certified lab Employed by DEP or DOF	'		Muc	Wel Morre	(8-26	-19
	uthorized representative of supplier of water performed in accordance with NELAC standards.		CAN SHE	The results p	TECHNICAL DIRECTOR resented herein relate only to the sa ny questions regerding this report, p	imples submitte	ed. Source at (JAIE
	colliforms are absent; $P = colliforms are presente Type Codes: D = Distribution (Routine Compliance); C = Repeat$	or Check; R = I	Raw; N =	If you have a Entry Point to	Distribution; $P = Plant Tap; S$	= Special (o	learance	etc.)
	onda Administrative Code Rule 62-160, Table 1 r community and nontransient noncommunity systems serving population					in the avara	ige.	
	TO DECEMBER OF DESCON (COMPANY TO DECE	IVE BEDORT				DE	P/DOH	USE ONLY
	Sunshine Utilities		D I		ollection information			
					les Required Samples Required			
	10230 E. HWY 25							
	Bunshine Vilities 10230 E. Hwy 25 Belleview, Fl. 3442	0	12008		by DEP/DOH:			
			DE	P/DUH Revie	(62-550.730 Reporting For	mat Effective (1/1005 B	wised 02/2010

	9			FOR LAB USE ONLY			
AQUA PURE WATER	02238		Г	DATE RECEIVED AND AN	NALYZED /	TIME RECEIVE	D
SEWAGE SERVICE, IN	C.	BUT	P	AUG 22 '19	PM 1:18	1	
Haua Pare 10865 East State Road 40 Silver Springs, Florida 34488-2349 (352) 625-2822, Ext. 30	SAMPLE DISINFEC	PRESERV	ATION: HECK:	NOT DETECTED		m	_°C ng/L
Laboratory No. E83265 SAMPLE COLLECTION AND REPORT	THIS SAM	IPLE DDE	ES NOT MEE	T THE FOLLOWING NELAC	C REQUIREN	MENT(S):	
FORM FOR DRINKING WATER	DATE/TIN	IE PWS	NOTIFIED B	Y LAB OF PDSITIVE RESU	LTS:		_
TOTAL COLIFORM / E. coll ANALYSIS Press Hard, (4) copies (Page 1 of 1)	PERSON	NDTIFIED):		NOTIFIED I	BY:	
	DATE DEF			LAB OF E. coli POSITIVE	1994/978-09979/04-0987929 1		
05040				PT #:			
SYSTEM NAME: BERKS	P	WS ID:_	3421	554_ SYSTEM PHO	DNE:		
SYSTEM ADDRESS:					COUNTY:		
CLIENT: Sunshine Utilities COLLECTOR	MARC R	Bouch	her	COLLECTOR PH	IONE: 47	0-3619	1
TYPE OF SUPPLY (Check Only One):							
Community Water System Q Non-Transient Non-communi Limited Use System Q Other:	ity Water System	0	Transient N	on-community Water Sy	stem		
REASON FDR SAMPLING (Check All That Apply): Distribution Routine Distribution Repeat Raw (trigged) Clearance Replacement (also check type of sample being						U Well Surve	еу
SAMPLE COLLECTION DATE(S): 8-22-2019	Сом	MENTS:			***		
TO BE COMPLETED BY SAMPLE COL	LECTOR			TO BE COM Total coliform & E. coli ana			201
Sample Sample Point No. (Location or Specific Address)		ample Type'	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform		ata
1B 600 s.w. 23pl	10:00 AM		.8	Report/Submission Number: M198638	A-		
2B 590 S.W. 23pl	10: 10 Am	_	2.4	M198639	A		
3B 580 Saw 23p	10:15 Am.		22	M198640	A		
4B 2330 SW 5th ct	10:25 pm		2.4	M19.8641	A		
•							
Average of disinfectant residuals for routine and repeat sample	es. ³			Time(s) Analyzed:			
Free chlorine or Total chlorine (circle one). Disinfectant Residual Analysis Method: DPD Colorimetric	Other:			Time(s) Analyzed:	:17pr	n	
Person performing disInfectant analysis is:)						
 Supervised by a certified operator (#) DH		Mili	ha Man	0_	8-26-19	9
Authorized representative of supplier of water			-1700	TECHNICAL DIRECTOR		DATE	<u> </u>
All tests are performed in accordance with NELAC standards. Results: A = coliforms are absent; P = coliforms are present 'DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repar "Defined in Florida Administrative Code Rule 62-160, Table 1			If you have an atry Point to D		ease call Lise : = Special (cl	Saupp at (352) 625 leerance, etc.)	5-2822
³ Complete for community and nontransient noncommunity systems serving pol NAME AND MAILING ADDRESS OF PERSON/COMPANY TO REC			,500. D0 H0t	noute law or plant samples	2002252	DOH USE O	ONLY
NAME AND MAILING ADDRESS OF PERSON/COMPANY TO REC Sunshive Utilities	٦		sfactory	lection Information		2019-2019-2019-2019-2019-2019-2019-2019-	
10230 E. Hwy 25 Belleview, Fl. 3442		C Rep	eat Sample	es Required amples Required			
Belleview, Fl. 3442	0	Date F	Reviewed b	y DEP/DOH:	100		
		DEP/D	OOH Review	ving Official:			

.....

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

Monitoring Requirements Not Met for Ocala Heights Water Plant

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During the 3rd quarter of this year, we did not monitor for TTHM and HAA5 therefore cannot be sure of the quality of our drinking water during that time. However, we did resample during the 4th quarter and the results show that the concentration of TTHM (2.63 ug/L) and HAA5 (2.59 ug/L) is under the Maximum Contaminate Level (MCL) (TTHM = 80 ug/L; HAA5 = 60 ug/L).

Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

We have since taken the required samples on December 8, 2016.

For more information, please contact Dewaine Christmas at (352)347-8228 or contact us by mail at Sunshine Utilities, 10230 East Hwy 25, Belleview, FL 34420.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Sunshine Utilities of Central Florida, Inc., PWS ID # 3424651.

Date distributed: February 16, 2017



INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information	
Public Water System (PWS) Name: Ocala Height	
PWS ID: 3424651	2
PWS Type: Community Non-Transient Non-Community	Transient Non-Community
PWS Owner: Sunshine Utilities	
Contact Person: Dawaine Christmes	Contact Person's Title: Manager
Contact Person's Mailing Address: 10730 E Hwy 2.	5
City: Ballavian	State: I=L Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228	Contact Person's Fax Number: (352) 347 - 6915
Contact Person's E-Mail Address: Sunshine Utl & F	AOL. Com

II. Certification	and the second second		and the second second			
For Violation/Situat	tion:				187	
Date of Occurrence:						
Consultation Date:						
Delivery Methods: Delivery Date/s:	Radio/TV	Mail	Newspaper	Hand Delivery	Posting	Other(describe)

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the detivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

4)/2 2	110/17 Dewaine Chris	thes Managar
Signature and Date	Printed or Typed Name	Title



INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information			
Public Water System (PWS) Name: Ocklawaha			
PWS ID: 3420939			
PWS Type: Community Non-Transient Non-Community	Transient Non-Community	/	
PWS Owner: Sunshine Utilities			
Contact Person: Dewaine Christmas Contact Person's Title: Manager			
Contact Person's Mailing Address: 10230 East Highway 25			
City: Belleview	State: Fl	Zip Code: 34420	
Contact Person's Telephone Number: (352)347-8228	Contact Person's Fax Number:	(352)347-6915	
Contact Person's E-Mail Address: SunshineUtl@aol.com			

II. Certification								
For Violation/Situat	tion: Missed 3rd	d Quarter DBP	's					
Date of Occurrence	:							
Consultation Date:								
Delivery Methods:	Radio/TV	Mail	Newspaper	Hand Delivery	Posting	Other(describe)		
13. Sec. 201								
Delivery Date/s:		12/14/2017						
CONTRACTOR AND					1			

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

12/19/	Dewaine Christmas	Manager	
Signature and Date	Printed or Typed Name	Title	

RECEIVED

DEC 2 2 2017 DEP Central Dist.

Monitoring Requirements Not Met for Ocklawaha Water Plants

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During the 3^{rd} quarter of this year, we did not monitor for TTHM and HAA5 therefore cannot be sure of the quality of our drinking water during that time. However, we did resample during the 4^{th} quarter and the results show that the concentration of TTHM (17.74 ug/L & 24.34 ug/L) and HAA5 (14.55 ug/L & 12.38 ug/L) is under the Maximum Contaminate Level (MCL) (TTHM = 80 ug/L; HAA5 = 60 ug/L).

Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

We have since taken the required samples on 11/7/17.

For more information, please contact Dewaine Christmas at (352)347-8228 or Sunshine Utilities, 10230 East Highway 25, Belleview, FL 34420.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Sunshine Utilities. State Water System ID#: 3420939. Date distributed: 12/14/2017

Monitoring Requirements Not Met for Sandy Acres Water Plant

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During the 3rd quarter of this year, we did not monitor for TTHM and HAA5 therefore cannot be sure of the quality of our drinking water during that time. However, we did resample during the 4th quarter and the results show that the concentration of TTHM (0.82 ug/L) and HAA5 (0.52 ug/L) is under the Maximum Contaminate Level (MCL) (TTHM = 80 ug/L; HAA5 = 60 ug/L).

Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

We have since taken the required samples on December 8, 2016.

For more information, please contact Dewaine Christmas at (352)347-8228 or contact us by mail at Sunshine Utilities, 10230 East Hwy 25, Belleview, FL 34420.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Sunshine Utilities of Central Florida, Inc., PWS ID # 3421118.

Date distributed: February 28, 2017



INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information		
Public Water System (PWS) Name: Sandy Acres		
PWSID: 342 III 8		
PWS Type: Community Non-Transient Non-Community	Transient Non-Community	
PWS Owner: Sunshine Utilities		
Contact Person: Dewaine Christmas	Contact Person's Title: Ma	nagor
Contact Person's Mailing Address: 10730 E Hwy 25	5	
City: Bellavian	State: /= L	Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228	Contact Person's Fax Number: (352) 347 - 6915
Contact Person's E-Mail Address: 5unshine Utl & A	OL. Com	

II. Certification				Ale in the second	
For Violation/Situation:				£	
Date of Occurrence:					
Consultation Date:					
Delivery Methods: Radio/TV	Mail	Newspaper	Hand Delivery	Posting	Other(describe)
Delivery Date/s:	2/28/17	x X			
and the second state of the					

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

10 3/2/17	Dewaine Christme	5 Managar
Signature and Date	Printed or Typed Name	Title



INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information				
Public Water System (PWS) Name: Sandy Acres				
PWS ID: 3421118				
PWS Type: Community Non-Transient Non-Community	Transient Non-Communi	ty		
PWS Owner: Sunshine Utilities	P			
Contact Person: Dewaine Christmas Contact Person's Title: Manager				
Contact Person's Mailing Address: 10230 East Highway 25		1		
City: Belleview	State: Fl	Zip Code: 34420		
Contact Person's Telephone Number: (352)347-8228 Contact Person's Fax Number: (352)347-6915				

Contact Person's E-Mail Address: SunshineUtl@aol.com

II. Certification							
For Violation/Situation: Missed 3r	d Quarter DBP	's					
Date of Occurrence:							
Consultation Date:							
Delivery Methods: Radio/TV	Mail	Newspaper	Hand Delivery	Posting	Other(describe)		
Delivery Date/s:	12/14/2017						

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with here livery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

()())))))))))))))))))))))))))))))))))	Dewaine Christmas	Manager
Signature and Date	Printed or Typed Name	Title

RECEIVED

DEC 2 2 2017 DEP Central Dist.

Monitoring Requirements Not Met for Sandy Acres

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During the 3^{rd} quarter of this year, we did not monitor for TTHM and HAA5 therefore cannot be sure of the quality of our drinking water during that time. However, we did resample during the 4^{th} quarter and the results show that the concentration of TTHM (0.82 ug/L) and HAA5 (1.98 ug/L) is under the Maximum Contaminate Level (MCL) (TTHM = 80 ug/L; HAA5 = 60 ug/L).

Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

We have since taken the required samples on 11/13/17.

For more information, please contact Dewaine Christmas at (352)347-8228 or Sunshine Utilities, 10230 East Highway 25, Belleview, FL 34420.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Sunshine Utilities. State Water System ID#: 3421118. Date distributed: 12/14/2017



* INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information	والتابية والمترافل وبراد المست				
Public Water System (PWS) Name: Sunray					
PWS ID: 3421314					
PWS Type: 🛛 Community 🗌 Non-Transient Non-Community	Transient Non-Communit	у			
PWS Owner: Sunshine Utilities					
Contact Person: Dewaine Christmas	Contact Person's Title: Manage	er			
Contact Person's Mailing Address: 10230 East Highway 25					
City: Belleview State: Fl Zip Code: 34420					
Contact Person's Telephone Number: (352)347-8228 Contact Person's Fax Number: (352)347-6915					
Contact Person's E-Mail Address: SunshineUtl@aol.com					

II. Certification						
For Violation/Situa	tion: Missed 3re	d Quarter DBP	's			
Date of Occurrence						
Consultation Date:						
Delivery Methods:	Radio/TV	Mail	Newspaper	Hand Delivery	Posting	Other(describe)
					_	
Delivery Date/s:		12/14/2017				

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

21		12/19/17	Dewaine Christmas	Manager	
Signature and	d Date		Printed or Typed Name	Title	

RECEIVED DEC 2 2 2017 DEP Central Dist.

Monitoring Requirements Not Met for Sunray

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During the 3^{rd} quarter of this year, we did not monitor for TTHM and HAA5 therefore cannot be sure of the quality of our drinking water during that time. However, we did resample during the 4^{th} quarter and the results show that the concentration of TTHM (1.02 ug/L) and HAA5 (0.52 ug/L) is under the Maximum Contaminate Level (MCL) (TTHM = 80 ug/L ; HAA5 = 60 ug/L).

Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer

What should I do?

1. 400

There is nothing you need to do at this time.

What happened? What is being done?

We have since taken the required samples on 11/7/17.

For more information, please contact Dewaine Christmas at (352)347-8228 or Sunshine Utilities, 10230 East Highway 25, Belleview, FL 34420.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Sunshine Utilities. State Water System ID#: 3421314. Date distributed: 12/14/2017

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531 Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

December 18, 2018

Residents of : <u>SUNRAY/JASON'S LANDING</u> PWS# 3421314

The "PREVIOUS Precautionary Boil Water Notice" is hereby rescinded following the satisfactory completion of the bacteriological survey showing that the water is safe to drink.

If you have any questions, please call the office at the above telephone number.

Sunshine Utilities

Sunshine Utilities

10230 East Highway 25 Belleview, FL 34420 Office (352)347-8228 Fax (352)347-6915

PRECAUTIONARY BOIL WATER NOTICE

75W # 3421314

DECEMBER 15, 2018

To: The Residents of: JASONS LANDING

Due to a compromise in water pressure, as a <u>PRECAUTION</u> we advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect until a bacteriological survey shows that the water is safe to drink, at which time rescind notices will be issued.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

AQUA PURE WATER & SEWAGE SERVICE, LLC 3855 E. 5ilver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383 Laboratory Certification Number E83265						
This Side To Be Completed By Client / Sample Collector			,	This Side For Labora	tory Use Only	r.
System Name: SUNRAY	PWS ID	: 372	314	Received By:	Special	TC ICE
System Phone: 312-347-82>8 System Address: 372-	NE 22	NO C	LOCALA, FL	Con Ice No	t On Ice	15.300
System County: MARIO Client: SUNSHIN	E UTL	1.0	5. 	Paid Check or Rec	elpt Number an	d Initials:
Collector: Dussin THRASHEL Collect	tor Phone:	352-3	22:6701			
Type of Supply: (check only one)	n			Disinfectant Check:	Not Detected	mg/L
Non-Transient Non-community Water System	on-community	Water S	ystem	Comments:		
Limited Use System	-			Analysis Method: SM92		
Reason for Sampling: (check all that apply)	outine	istributio	n Repeat	Time(s) Analyzed:	11:09	Am
Raw (triggered or assessment) Raw (triggered or assessme	ent) additional	N	Vell Survey	[[Notified	LEmailed	
Clearance Boil Water Notice FDACS finished product (ice) Oth	ier:		PWS Notified by Lab of		1
Sample Collection Date(s): 12/18/14 / 12/17-18	PO Number:_			Date: Person Notified:	2.000	
Comments: RESULTS TO SUNSHINE				DEP/DOH Notified by L	ab of E. coli Posi	itive Results:
				Date: Notified By:	Time:	
Sample Sample Point (Location or Specific Address) Number	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	Laboratory Sample Number	Total Coliform	E. coli DQ ²
1A 1952 NE 35TU ST. OLOLD 12/10	700 P	N	1.6	Report/Submission Number: M18/2652	- A	
18 3351 NE ITTO AUE OCALA 12/14	7008	M	1:4	M18 12653	A	
2A 1952 NE 35TH SI OCOLO 12/17	940A	N	1.4	M18/2654	A	
28 3351 NE 17TH AVE OLALA 12/17	94013	r	1.6	111812655	F A	
Free chlorine Totai chlorine Average	of disinfectant residu and re	als for routine peat samples ³		Unless otherwise noted, all tes standards. Results relate only t		
)Isinfectant Residual Analysis Method: DPD Colorimetric Other:				Oata Qualifiers (checke	d if applicable}	
Person performing disinfectant analysis is: A certified operator (#) Supervised by a certified operator	tu i	1	Y - Received in	nproperty preserved; presence of	chlorine.	
Employed by a certified lab Employed by DEP or DOH Authorized represent	A.	ater	4	eyend holding time or with insuff		te analysis,
For Sample Types see Instructions Item 1 16. DQ = Data Qualifier (defined in Forlda Administrative Code Rule 62-160, Table 1)	· 🐂		Other:	ntaining ioss than method specia	ed sample veronie.	
Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.			MA:	1. 1-11/m	Ac 12	2-18-18
Report to: (Name and Mailing Address)			Te	chnical Director	<u> </u>	Date
SUNSHINEUTILITIES				DEP/DOH Use O	nly	
10230 E. HWY. 25			Satisfactory		Repeat Samples Requ	lined
BELLEVIEW, FL 34420-5531			Incomplete Collectio	na se a se	Replacement Samples	s Required
04420-0001	I		ate Reviewed by DEP/ EP/DDH Reviewing Off			
			R R. R.	at Effective D1/1995, Revised 02/	2010)	CRFTC Revision 1

Sunshine Utilities

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

FEBRUARY 20, 2019

Residents of : <u>SUNRAY/ JASON'S LANDING</u> PWS# 3421314

The "PREVIOUS Precautionary Boil Water Notice" is hereby rescinded following the satisfactory completion of the bacteriological survey showing that the water is safe to drink.

If you have any questions, please call the office at the above telephone number.

	AQUA PURE WATER &	8			FOR LAB USE ONLY		7
F) 🔼				~	DATE RECEIVED AND AN	ALYZED / TIME	RECEIVED
2	SEWAGE SERVICE, IN 10865 East State Road 40	C. RECEIV	ED BY	P	FEB 19'19	AM10:47	
Haua Z		SAMPL	E PRESE	RVATION:	DONICE DNO	T ON ICE	7.4 °c
	(352) 625-2822, Ext. 30	DISINF	CTANT	CHECK:	. NOT DETECTED	۵	mg/L
	Laboratory No. E83265 SAMPLE COLLECTION AND REPORT	THIS SA	MPLE D	DES NOT ME	ET THE FOLLOWING NELAC	REQUIREMENT	r(S):
	FORM FOR DRINKING WATER	DATE/T	IME PW		BY LAB OF PDSITIVE RESU	LTS:	
	TOTAL COLIFORM / E. coli ANALYSIS	and the second second				11/940.	
	Press Hard, (4) copies (Page 1 of 1)	DATE D	EP/DOH	NOTIFIED B	Y LAB OF E. coli POSITIVE	RESULTS:	
			CHI	CK DR REC	EIPT #:		
SYSTEM	NAME: Jasons Landing		PWS ID	342	1314 SYSTEM PHO	DNE: 352 3	47 8228
SYSTEM	ADDRESS: NE 22 ct				0		Lrion
CLIENT:	Sunshine Utilition COLLECTOR:	James	- 14	adager	COLLECTOR PH	ONE: 352 2	39 1197
	SUPPLY (Check Only One):			-			
	unity Water System Q Non-Transient Non-communit Use System Q Other:	y Water Syster	m C	Transient	Non-community Water Sys	stem	
	FOR SAMPLING (Check All That Apply):						
Distrib	ution Routine 🖸 Distribution Repeat 📮 Raw (trigge					litional 🔲 W	Vell Survey
	nce Replacement (also check type of sample being	S S 2		-			
SAMPLE	COLLECTION DATE(S): 2/18/19 - 2/19/19	CO	MMENT	s: <u>Ke</u>	sultr to Sur	shine	
	TO BE COMPLETED BY SAMPLE COLL	ECTOR			TO BE COM Total coliform & E. coli anal	PLETED BY LA ysis method: Colik	
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	Lab Sample Number	Total coliform E. c	coli Data Qualifier ²
		6:30	D	.6	Report/Submission Number: M19 1735	A	
2	3351 NE 17 Ave 5 2/18/19	6:30 M	D	.6	M19 1736	A	
3		10:00	P	.6	MI9 1737	A	
4	3351 NE 17 Ave 2/19/19	10:00	Ð,	16	M191738	A	
						1	
	of disinfectant residuals for routine and repeat samples orine or Total chlorine (circle one).	s.³			Time(s) Analyzed:	00 Am	
	tant Residual Analysis Method: DPD Colorimetric performing disinfectant analysis is:	Other:					
1 0,	A certified operator (#						
	Employed by a certified lab Employed by DEP or DO Authorized representative of supplier of water	н		Muc	had alors	<u>ب</u> 2-	-20-19
All tests are	e performed in accordance with NELAC standards.		2 65		TECHNICAL DIRECTOR resented herein relate only to the sar		DATE
'DEP Samp "Defined in	= coliforms are absent; P = coliforms are present ple Type Codes: D = Distribution (Routine Compliance); C = Repeat Florida Administrative Code Rule 62-160, Table 1			Entry Point to		= Special (clearar	
	for community and nontransient noncommunity systems serving pop ND MAILING ADDRESS OF PERSON/COMPANY TO RECE			4,900. Do no	a include raw of plant samples i		H USE ONLY
	Sunshine Utilities		🗅 In		ollection Information		
	10230 East Huy C.	25		Constitution and a second second second	les Required Samples Required		
	Belleview Pl. 34420		Date	Reviewed	by DEP/DOH:		
			DEP	/DOH Revie	(62-550.730 Reporting Form	at Effective 01/1995	, Revised 02/2010)
					• • • • • • • • • • • • • • • • • • •		

Sunshine Utilities

10230 East Highway 25 Belleview, FL 34420 Office (352)347-8228 Fax (352)347-6915

PRECAUTIONARY BOIL WATER NOTICE

FEBRUARY 15, 2019

To: The Residents of: JASONS LANDING

Due to a compromise in water pressure, as a <u>PRECAUTION</u> we advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect until a bacteriological survey shows that the water is safe to drink, at which time rescind notices will be issued.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

Image: Market and State a						
Date: 3/7/2017 Time: Received By: Reported By: James Hodges Business Name: SUNSHINE UTILITIES Name of Plant/System: Country Walk PWS 1D Number: 3421520 Address: SE 122 LN System Phone: 352-347-8228						
County: MARION Owner: Sunshine Trust						
Contact Person: JAMES HODGES Phone #: 352-239-1197						
Failure Planned Outage Date: 3/6/2017 Time: 10:00						
Expected to be (or was) back in service: Date: 3/6/2017 Time: 11:30						
Location of Trouble (address): SE 122 Lo.						
Statement of Trouble (check as many as necessary to explain incident):						
□ Water main breaks □ Pressure greater than 20-psi ☑ pressure drop below 20 psi. ☑ Outage (no water to customers) □ Service line break □ tie in (no pressure drop) □ valve repair, replace or shut off □ Treatment Facilities □ Pumping Facilities □ Storage Facilities □ Well failure □ Plant equip. break down □ Planned main clearance (explain below) □ Other: <u>Power</u> Outage						
Was integrity of water system maintained 🔀 Yes 🗌 No 🛛 If yes, explain						
Number of Customers Affected: 70 🕼 Connections 🗌 Individuals						
Corrective Action: Prior to placing back into service, was line/ Equipment: Flushed: Yes ☑ Superchlorinated/Disinfected Yes ☑ Bacteriologicals Requested? Yes ☑ No Sample						
Was heavily chlorinated water released to environment Yes No; to distribution Yes No Explain:						
Was a Precautionary Boil Water Notice Issued per DOH Guidelines dated 8/26/1999: Yes 📈 No 🗌						
If a Precautionary Boil Water Notice was issued, please attach or submit together with this report. Bacteriological reports (2 days) as well as a rescission notice must follow.						
Valve # Size Num of valves Location of Valve						

Valve #	Size	Num. of valves closed	Location of Valve
		ciosed	

Remarks:

Sunshine Utilities

10230 East Highway 25 Belleview, FL 34420 Office (352)347-8228 Fax (352)347-6915

PRECAUTIONARY BOIL WATER NOTICE

MARCH, 6 2017

To: The Residents of: SUNLIGHT ACRES

Due to a compromise in water pressure, as a <u>PRECAUTION</u> we advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect until a bacteriological survey shows that the water is safe to drink, at which time rescind notices will be issued.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

Sunshine Utilities

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

March 9th, 2017

Residents of : SUNLIGHT ACRES

The "PREVIOUS Precautionary Boil Water Notice" is hereby rescinded following the satisfactory completion of the bacteriological survey showing that the water is safe to drink.

If you have any questions, please call the office at the above telephone number.

N A	AQUA PURE WATER	&			FOR LAB USE ONLY				
	SEWAGE SERVICE, IN	C.	VED BY	RP_	DATE RECEIVED AND ANALYZED / TIME RECEIVED MAR 7'17 PH 3:03				
Hava Pa		DISINF	ECTANT		CLONTICE IN NO IGNOT DETECTED ET THE FOLLOWING NELAC		15 MENT(S):	mg/	
	FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS Press Hard, (4) copies (Page 1 of 1)	PERSO	n Nottf Dep/doi	IED:	Y LAB OF POSITIVE RESU	NOTIFIED RESULTS:			
SYSTEM AC	AME: Sunlight Acres DORESS: 13035 S.E. 32nd Sunshing (Hilifies COLLECTOR: JPPLY (Check Only One):	ct	_ PWS II	342	IPT *: ISQO_SYSTEM PHO COLLECTOR PH	DNE:	llon C		
Commun Limited L REASON FC	Jee System Don-Transient Non-communit Jee System Dother: DR SAMPLING (Check All That Apply):				lon-community Water Sys				
- Clearance	on Routine Distribution Repeat D Raw (trigge Part Replacement (also check type of sample being DLLECTION DATE(S): 3/7/2017	red or assess repleced) CC	Boil V	Nator Notice	Other	ltional		Survey	
	TO BE COMPLETED BY SAMPLE COLL	ECTOR			TO BE COM Total coliform & E. coli analy	PLETED B	Y LAB	M9223B)	
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	Lab Sample Number Report/Submission Number:	Total coliform	E coli	Data Qualifie	
	3461 S.E. 320d ct Belleview	2:10 pm		1.4	MIT 2065	A			
<u>IB</u>	3012 S.E. 32nd ct Belleview	2:15pp	<u> </u>	1.4	<u>MI72066</u>	A			
				1					
Disinfectar Person per	forming disinfectant analysis is:	a.ª D Other:			Time(s) Analyzed: 3-	·58f	an	-	
Sup Em Auti	entified operator (# pervised by a certified operator (# ployed by a certified lab) H		The results on	TECHNICAL DIRECTOR		3-8-1	Z ATE	
Hesults: A = co DEP Sample T Defined in Flo Complete for c	illiorms are absent; P = colliorms are present Type Codes: D = Distribution (Routhe Compliance); C = Repest ride Administrative Code Rule 82-160, Table 1 community and nontranslent noncommunity systems serving population.	lations up to and	law; N = I including	Entry Point to D	questions regarding this report, pla- istribution; P = Plant Tap; 8 =	ese cell Lian S Special (cir	aupp at (35 Baranoe, 1	i2) 625-283 NC.)	
C. CONC. MIND	MAILING ADDRESS OF PERSON/COMPANY TO RECE SUNSHINE Utilities 10230 E. Hwy 25 Belleview Fl 3442	IVE REPORT	O Sa O In O Re	atisfactory complete Co	lection Information	the second se	the local division in	SE ONL	
	Belleview Fl 3442	20	and the second	Reviewed b	V DEP/DOH:				

DEP/DOH Reviewing Official: (82-550 730 Reputies Former Elizable Alliant C U3/U1/2011 14.43 FAA

121002/002

AQUA PURE WATER &	[PAR I ST COM			
		POR LAB USE ONLY DATE RECEIVED AND ANALY				
SEWAGE SERVICE, INC.	RECEIVED BY	170	Contraction of the second second			IECEIVED
Taua Parce 10865 East State Road 40 Silver Springs, Florida 34488-2349	SAMPLE PRES	112.000.000	MAR 6'1			0.8
(352) 625-2822, Ext. 30	DISINFECTANT			NOT ON ICE		The second secon
Laboratory No. E83265	and the second se		NOT DETECTED	_ ۵		mg/L
SAMPLE COLLECTION AND REPORT		5010 NOT 1	EET THE FOLLOWING NEL	AC REQUIR	EMENT(S	\$):
FORM FOR DRINKING WATER TOTAL COLIFORM / E. coll ANALYSIS	DATE/TIME PV	VS NOTIFIED	BY LAB OF POSITIVE RES	211170		
Press Hard, (4) copies (Page 1 of 1)	PERSON NOTH				BV.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	DATE DEP/DO	H NOTIFIED I	BY LAB OF E. coli POSITIN	E RESULTS		
C 1.11. 0	U PAID CH	HECK OR REC	EIPT #:			
SYSTEM NAME: Sun light Acres SYSTEM ADDRESS: ON - File	PW\$ I	0: 342	1520 SYSTEM P	JONE.		
SYSTEM ADDRESS: ON - File			oronem ry	COULT	<i>m</i>	1
CLIENT: SUnshine Utilities COLLECTOR: Ma	re Bou	cher	COLLECTOR F	COUNTY	1191	1012
TYPE OF SUPPLY (Check Only One):		V211.1.1	COLLEGIOR F	HONE	2-470	-36.17
Community Water System INon-Transient Non-community Water	er System	Transient	Non-community Water S	Weam		
				yotom	-	
REASON FOR SAMPLING (Check All That Apply):						
Distribution Routine Distribution Repeat Replacement (also check type of sample being replacement)	asseament)	Asw (trig Nater Notice	gered or assessment) at	ditional	D Well	Survey
SAMPLE COLLECTION DATE(S): 3-5-2017 + 3-6-2017		Q ALL 1	0			
		S: 191'TI91		and the second second		
TO BE COMPLETED BY SAMPLE COLLECTOR Sample Sample Point Colle			TO BE COM Total coliform & E. coli and	APLETED B	Y LAB	SMI9222BI
No. (Location of Spacific Adda) Colle	ne Sample	1 Mes d	Lab Sample Number	Total	E. coli	Data
1 A 13460 SiE. 32nd ct Bellevia 12:		(mg/L)	Report/Submission Number:	caliform		Qualifier ²
14 12000 12 DANG CT Delley av 12:		1.4	MT 1967	IA_		
2 DELITIVISMI TAIS		1.2	MIT_1963	P_	A_	
Ci pellevieu Ti	15 AM	1.4	MI7 1969	IA-		
2B 13012 S.E. 32nd ct Belleview 9:5	to An	1.2	MIT 1970	4		
			Mit 110	+71		
Average of disinfectant residuals for routine and repeat samples. ³ (Free chloring or Total chlorine (circle one).			Time(s) Analyzed:			
Disinfectant Residual Analyzia Method: D DDD Coloria Ministra				44pm		
A certified operator /#	·			(ipm		
Supervised by a certified operator (#		MA.	1 0 111			
Authorized representative of supplier of water		Mach	al Moran	-	3-7-1	7
All tests are performed in accordance with NELAC standards. Results: $A = colliforms are absent; P = colliforms are present$		The results pre-	TECHNICAL DIRECTOR sented herein relate only to the sam	nples submitted	D4	TE
Defined in Florida Administrative Carle Dutine Compliance); C = Repeat or Check	; R = Raw; N = E	nuv Point to D	questions regarding this report, pk stribution; P = Plant Tap; S	President data		2) 525-2822. tc.)
complete for contrantity and nontransient noncommunity systems serving populations up	antipulari has at a	4,900. Do not I	nclude raw or plant samples i	n the average	a.	
	ORI	tisfactory				SE ONLY
Sunshine Utilities	C inc	omplete Col	lection Information			
10230 E. Hur 25	C Rep	peat Sample	a Required amples Required			
10230 E. Hwy 25 Belleview F1 34420			DEP/DOH:			
Delleview			10-10-10-10-10-10-10-10-10-10-10-10-10-1			
		DOH Review	(82-550.730 Reporting Form	at Effective 01/	1905 Bente	020010
			and the second se			

407/893-33	HORIDA	4-7555,EXT. 2243	PRO C e n t r a l Drinking MALFUNCTION (OF ENVIRONMENTAL DTECTION District Water Program OR INCIDENT REPORT		
Date: 5// `	7/18 TI	me: 12:00pm	Received By:			
Reported E	By: Dex Chi	istmes .	Business Name: 🛬	nshine utilities		
System Ph County: we	9435 55 3 . 0118:352-347	-8258	PWS ID Number: 3	42) 5 Z O		
Contact Pe		hastnes	Phone #: <u>352-347</u>	1.8228		
🗹 Failure		Planned Outage	Date 5/17/18	Time: 12:00 pm		
Expected to	be (or was) t	back in service:		Time: 12:30 pm		
Location of	Trouble (addr	ess):/ <i>3035 5E</i> 3	32 nd Ct			
Statement	of Trouble (che	eck as many as necess	ary to explain incident):			
Planned (」Service line I t Facilities [] F nain clearance アクレンCア へい	preak [_] tie in (no press ?umping Facilities [] St (explain below) 한파어드 Explain:	uradoon) Livalva rapair ra	ıre 🛄 Plant equip. break down		
Was integrity	of water system	n maintained 🛃 Yes [] No If yes, explain			
Number of (Customers Aff	ected: <u>70</u> Ki co	onnections 🗌 Individuals			
Corrective Action: Prior to placing back into service, was line/ Equipment: Flushed: Yes X Superchlorinated/Disinfected Yes X Bacteriologicals Requested? Yes X						
Was heavily Explain:	chlorinated wat	er released to environm	ent 🔲 Yes 🕅 No; to distribu	ition 🔟 Yes 🗶 No		
Was a Prece I <u>I a Precaut</u>	autionary Boil Ionary Boil M	Water Notice Issued <u>Vater No</u> tice was issu		1 8/26/1999: Yes 🖌 No 🗌		
Valve #	Size	Num. of valves closed	Locati	on of Valve		

7

Remarks:

Sunshine Utilities

MAY 17TH, 2018

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of :<u>SUNLIGHT ACRES</u>

Sunshine Utilities lost water pressure due to a power outage at the station. We advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect until bacteriological survey shows that the water is safe to drink, at which time <u>rescind notices will be issued</u>.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

Sunshine Utilities

December 18th, 2018

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of : <u>Sunlight Acres</u> PWS Number:3421520

Sunshine Utilities lost water pressure due to incoming power from the power company. We advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect until bacteriological survey shows that the water is safe to drink, at which time **rescind notices will be issued**.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

AQUA PURE WATER & SEWAGE SERVICE, LLC 3855 E. Silver Springs Bivd., Unit 107 Ocala, Florida 34470 (352) 355-2383 Laboratory Certification Number E83265				form / E. coli ratory Report Form Date Received and DEC 19'18 AM	Page 1 of 1 Analyzed / Time Received (10:10)
This Side To Be Completed By Client / Sample Collector				This Side For Laborate	
System Name: SUNLIGHT ACRES	PWS If	: 34	2 1520	Received By	
System Phone: 351-849-8224 System Address: 1303					
System County: MARION Client: SUNSHIM				- L L	
Collector: Desting THEASHER Collect				-	pt Number and initials:
Type of Supply: (check only one)		236,	1010/01		Not Detected mg/L
17					
Non-Transient Non-community Water System				Analysis Method: SM922	
Limited Use System				Time(s) Analyzed:	2
Reason for Sampling: (check all that apply)					Emailed
Raw (triggered or assessment)			Vell Survey	لیا د	
Clearance Boil Water Notice FDACS finished product (i			15- <u>19-5-</u> 19-6-19	PWS Notified by Lab of Po Date:	DSitive Results:
Sample Collection Date(s): 12/19/19 4 12.19.18 F	D Number:_			Person Notified:	
Comments: RESULTS TO SUNSHIME				1	of E. coli Positive Results:
		A		Notified By:	Time:
Sample Sample Point (Location or Specific Address)	5ample Coilection Time	Sample Type ¹	Disinfectant Residual (mg/L)	Laboratory Sample Number	Total E. coli DQ ²
1A 13200 SE 32ND CT 14/18	920P	N	۰. له	Report/Submission Number: 1.118/2798	A
18 3240 SG 13310 PC 12/18	9304	~	. 6	11812799	A
ZA 13200 SE 3210 CT 12/19	900A	~	• 50	11/13/2800	A
2B 3240 56 13'SPO PL 12/19	gosA	m	- 6	111812801	A
]Free chlorine []Total chlorine Average of	f disinfectant residual	ls for routine eat samplos ³		Unless otherwise noted, all tests po standards. Results relate only to th	
isinfectant Residual Analysis Method: DPD ColorImetric Dther:			l		
Isson performing disinfectant analysis is: A certified operator (# A			Y - Received In	Data Qualifiers (checked if a nareperty preserved; presence of chio	
A certified operator (#) Supervised by a certified operator (#) Employed by a certified lab Employed by DEP or DOH Authorized representat) ter	Q - Received t	eyond holding time or with Insufficien	t time to complete analysis.
** Sample Types see Instructions item 1 16. 2 = Data Qualifier (defined in Flonda Administrative Code Rule 52-160, Toble 1)				ntaining less than method specified sa	imple volume.
implete for community and nontransient noncommunity systems serving populations up to and including 4,300. 2 not include raw or plant samples in the average.				210	
Report to: (Name and Mailing Address)		-	Un	Maun hnical Director	12/20/18
SUNSHING UTL				DEP/DDH Use Only	Date
10230 60 20 25	9	[Satisfactory		at Samples Required
BELLEVIEW FL 34920		Ľ	incomplete Colloction	Information	cement Samples Required
	Ĭ		e Reviewed by DEP/E P/DOH Reviewing Offi		
]			crai:	CRFTC Revision 1

Sunshine Utilities

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

December 20th, 2018

Residents of : <u>Sunlight Acres</u> PWS #3421520

The "PREVIOUS Precautionary Boil Water Notice" is hereby rescinded following the satisfactory completion of the bacteriological survey showing that the water is safe to drink.

If you have any questions, please call the office at the above telephone number.

Sunshine Utilities

February 27th, 2019

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of : <u>SUNLIGHT ACRES</u> PWS Number:3421520

Sunshine Utilities lost water pressure due to incoming power from the power company. We advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect until bacteriological survey shows that the water is safe to drink, at which time **rescind notices will be issued**.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

Sample Collection & Laboratory Report Form Prest # Sample Collection & Laboratory Report Form Prest # Sample Collection & Laboratory Report Form Prest # Sample Collection & Laboratory Use Only FEB 200 '129 # 101:05 System Name: Sub / Licker Acass PWS ID: 372.15 20 System Name: Sub / Licker Acass PWS ID: 372.15 20 System Name: Sub / Licker Acass PWS ID: 372.15 20 System County: FEB 200 '129 # 101:05 This Side For Laboratory Use Only System Ohone: Str. 372.15 20 PWS ID: 372.15 20 System County: FAB 22 / 20 / 129 # 101:05 This Side For Laboratory Use Only System County: FAB 22 / 20 / 129 # 101:05 This Side For Laboratory Use Only System County: FAB 22 / 20 / 129 # 101:05 PWS ID: 572.22 / 20 / 11 Upper of Supply: (Check only conl) Comments: Stratassent Non-Translet Non-community Water System Intrastent Non-community Water System Intrastent Non-community Water System Non-Translet Non-community Water System Intrastent Non-community Water System Intrastent Non-community Water System Sample Collection Date(s): F/2/3/1.5 + 2/18/1.4 P O Number: Intrastent Non-community Water System Sample Sample Folici (Location or Specific Addresi) Sample Sample Date (Check at Intrastent Non-commun	A DUDA PURE WATER & SEWAGE SERVICE, LLC	er Total Coliform / E. coli
Item 1993 1983 1983 1983 1983 1983 1983 1983	Sass E. Silver springs blod, onic 107	
This Side To Be Completed By Client/Sample Collector This Side To Be Completed By Client/Sample Collector System Nome: SUM LiGer Access System Nome: Sup LiGer Access System Nome: Collector Phone: System Nome: Sup Liger Access Non-Translent Non-community Water System Connemt: Non-Translent Non-community Water System Connemt: Sample Collection Date(s): Z/22/15 \$ 2 /22/17 \$ 2 /22/1	staut - ute	
System Name: SUVALLEAR AC465	Laboratory Certification Number E83265	, FR. 3.20 2.3 HR 20-2.5
System Nume System Address: 13251 Step 2 2 - Step 2 -	This Side To Be Completed By Client / Sample Collector	2
System County: <u>MARKAD ANDER</u> Client: <u>Supply:</u> Client: <u>Supply:</u> System County: <u>MARKAD ANDER</u> Collector Phone; <u>Style 2 County</u> Client: <u>Supply:</u> Ype of Supply: Check only one] Gotter Mone; <u>Style 2 County</u> Disinfectant Check: Gotter Disinfectant Che	System Name: SUNLIGHT ACRES PWS ID: 37	121520 Received By: CH Special TC ICE
System Collector Distriction Collector Distriction Collector Phone: Str. 32.2 - CO.e.) Distriction Distriction Distriction Distriction Non-Transient Non-community Water System Transient Non-community Water System Distriction Distriction Non-Transient Non-community Water System Transient Non-community Water System Analysis Medice: SM32238 (Collect) Iumited Use System Other: Distribution Repeat Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat Sample Collection Date(s): Z/21/14 × Z/EE/19 PO Number: Distribution Repeat Comments: # 550 UT 15 SUM FAINER Distriction Sample Sample Sample Foint (location or Specific Address) Sample Sample Number Total Collection Time Type' Redical (mg/) Distriction Number Sample Sample Sample Foint (location or Specific Address) Sample Sample Number Total Laborator Sample Total Sample Sample Sample Foint (location or Specific Address) Sample Sample Sample Number Total Sample Sample Sample Foint (location or Specif	System Phone: 352-347-F225 System Address: 13035 56 3200	Con Con Ice Not On Ice 8.5°C
Type of Supply: (check only one) Gmmunity Water System Disinfectant Check: Got Control of the service of t	System County: MAR. 0~ Client: SUNSHING UTILITIES	Paid Check or Receipt Number and Initials:
Type of Supply: (check only one) GGmmunity Water System Comments: Non-Transient Non-community Water System Transient Non-community Water System Comments: Junited Use System Other: Analyzis Method: SM92288 (collect) Reason for Sampling: (check all that apply) Obstribution Routine Distribution Repeat Reason for Sampling: (check all that apply) Obstribution Routine Well Survey Clearance GdGiffied Gmailed Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey Comments: PLOACS finished product (ice) Other: Date: Sample Collection Date(s): 2/13/1/9 + 2/12/1/9 PO Number: Date: Time: Comments: 2 sample Point (location or Specific Address) Sample Collection Time Type ¹ Readual (m/l) Number Number Time: Number Number Number 16 33 o 9 Sc (3 1 // C // 2 // 2 // 2 // 2 // 2 // 2 //	Collector: Dust. ~ THRASHER Collector Phone: 352-3	22-6701
Non-Transient Non-community Water System Analysis Method: SM92288 (Collect) Jumited Use System Other: Reason for Sampling: (check all that apply) Distribution Routine Jaw (triggered or assessment) Baw (triggered or assessment) additional Well Survey Genatical Clearance Jeff Wathed Comments: 2-1/2-1/1-9 Sample Sample Collection Date(s): 2/2.3/1/9 Comments: 2-1/2-1/1-9 Sample Sample Collection or Specific Address) Sample Collection for Sample Total Sample Sample Collection or Specific Address) Sample Collection file: The Total Collection file: 24 13-2-21 Sc 32-PC rt 7/2-1 Sc 0P 74 30-9 Sc 1/3-71" PC 7/2-1 Sc 0P / 1.0 74 13-0-21 Sc 32-PC rt 7/2-1 Sc 0P / 1.0 74 13-0-2 7/2-1 7/2-2 7/2-1 Sc 0P / 1.0 74 13-0-2 7/2-1 7/2-2 7/2-1 Sc 0P / 1.0 76 13-0 7/2-2 7/2-	Type of Supply: (check only one)	
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If ree chlorine Interage of chinics and repeat samples ¹ standards, Results relate only to the samples submitted. Disinfectant Residual Analysis Method: [DBD Colorimetric Other:		
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OQ - Data Qualifier (defined in Florida Administrative Code Rule 32-160, Table 1) Complete for community and nontransient noncommunity systems serving populations up to and including d, 300. Do not include raw or plant samples in the average. Report to: (Name and Mailing Address) SUNSHIPF UTILLSTIES 10230 E. HWY 2f BELEVIEW, FL 34420 Deterviewed by DEP/DOH: Deterviewed by DEP/DOH: DEP/DOH Reviewing Official:		
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(62-S50.730 Reporting Format Effective 01/1995, Revised 02/2010) CRFTC Revision 1		DEP/DOH Reviewing Official:
		(62-550,730 Reporting Format Effective 01/1995, Revised 02/2010) CRFTC Revision 1

Sunshine Utilities

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

MARCH 1, 2019

Residents of : <u>SUNLIGHT ACRES</u> PWS# 3421520

The "PREVIOUS Precautionary Boil Water Notice" is hereby rescinded following the satisfactory completion of the bacteriological survey showing that the water is safe to drink.

If you have any questions, please call the office at the above telephone number.

Sunshine Utilities

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

MARCH 26, 2019

Residents of : <u>SUNLIGHT ACRES</u> PWS# 3421520

The "PREVIOUS Precautionary Boil Water Notice" is hereby rescinded following the satisfactory completion of the bacteriological survey showing that the water is safe to drink.

If you have any questions, please call the office at the above telephone number.

Sunshine Utilities

MARCH 21ST 2019

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of : <u>SUNLIGHT ACRES</u> PWS Number:3421520

Sunshine Utilities lost water pressure <u>due to incoming power from the</u> <u>power company</u>. We advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect until bacteriological survey shows that the water is safe to drink, at which time **rescind notices will be issued**.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

AQU	JA PURE WATER & SEWAGE SER 3855 E. Silver Springs Blvd., Unit 107				er Total Colifo tion & Labora	rm / E. coli itory Report Form		Pag	e 1 of 1
Apur Pari	Ocaia, Fiorida 34470 (352) 355-2383 Laboratory Certification Number E8320	55				Date Received and A [df:3:25115 av		Received	
his Side To	Be Completed By Client / Sample Collect	tor				This Side For Laborato	ry Use Only	Y	
ystem Nan	ne: Sublight Acres		PWS ID:	34	21520		Special		TC ICE
	ne: <u>352 347 322</u> §ystem Add						In Ice	8.6	<u>_</u> °c
ystem Cou	nty: Manan Client: S.	instine U	4-1:4.0,			Paid Check or Receip	t Number a	nd Initials:	C.
	James Hurlges								
		y Water System		3 - 21		Disinfectant Check:	Not Detected	d	_mg/L
		Transient No		Water S	vstem	Comments:			
				Water 5	ystem	Analysis Method: SM9223	B (Colilert)		
Limited Us	e System					Time(s) Analyzed:	1:27	Ann	
2017		Distribution Ro		_			Emailed	<u></u>	_
Raw (trigge	ered or assessment) Raw (triggere	ed or assessme	nt} additional	[]v	Vell Survey	PWS Notified by Lab of Po	*****		
	Boil Water Notice FDACS finit					Date:			
iample Coll	ection Date(s): 3/24/19 - 3 k	5/2019 1	O Number:			Person Notified:			
	Resulty to Sushine					DEP/DOH Notified by Lab			
.omments:	Kesultt to Jushine					Date:			
						Notified By:			
Sample Number	Sample Point (Location or Specific Add	iress)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	Laboratory Sample Number	Total Coliform	E. coli	DQ2
1 13	3048 SE 32 CH	3/24	4.30 EA	D	2.0	Report/Submission Number:	A		
2 3	303 SE 134 PL	3/24	4:30 P.M	D	2.0	M193098	A		
	3048 3C 32 CL	1 H	10:15	D	2.0	m193099	A		
43	303 SE 134 PI.	3/25	10:15	D	2.0	M193100	_ <u>A</u>		
									<u> </u>
Free chlorine	Total chlorine	Ауегаде	of disinfectant residue and rep	als for routin peat samples	1	Unless otherwise noted, all tests standards. Results relate only to t			NEGAL
Jisinfectant Residu	al Analysis Method: DPD Colorimetric	Other:				Data Qualifiers (checked i	f spplicable)		
056	disinfectant analysis is:		1.	,	Y - Received I	mproperly preserved; presence of ch			
] A certified oper		by a certified operator		ater		beyond holding time or with insuffici			
	e Instructions kem 16.				J - Received o	containing less than method specified	sample volume		
DQ = Pata Qualifier § Complete for commu	defined in Florida Administrative Code Rule 62-250, Table 1) inity and nontransient noncommunity systems serving populations up to r plant samples in the average.	e and including 4,900.			Minter	1 - Alionse	3-	26-10	7
	Report to: (Name and Ma	iling Address)			T	echnical Director		Date	
	Sunshine Utiliti	er				DEP/DOH Use On	Y		
	10230 East Hu		5		Satisfactory		epeat Samples Re		
		8			Incomplete Collecti Date Reviewed by DEP		pracement samp	nes negatied	
	Belleven Fl. 3	1420			DEP/DOH Reviewing O			-	
	L]	(62-550.730 Reporting For	mat Effective 01/1995, Ravised 02/2	010)	CRFTC	C Revision

PW5 # 3421520

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531 Office (352) 347-8228 - Fax (352) 347-6915

August 9, 2019

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of **SUNLIGHT ACRES**

Sunshine Utilities lost water pressure due to power issues on August 8, 2019. We advise that all water used for drinking, cooking, making ice, brushing teeth, or washing dishes be boiled. A rolling boil for 1 minute is sufficient. As an alternative bottled water may be used.

This "**Precautionary** Boil Water Notice" will remain in effect a minimum of 48 hrs or until bacteriological survey shows that the water is safe to drink, at which time <u>rescind</u> <u>notices will be issued</u>.

If you have any questions you may call our office at (352)347-8228. We are sorry for the inconvenience.

Sunshine Utilities

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

AUGUST 13th , 2019

Residents of : <u>Sunlight Acres</u> PWS #3421520

The "PREVIOUS Precautionary Boil Water Notice" is hereby rescinded following the satisfactory completion of the bacteriological survey showing that the water is safe to drink.

If you have any questions, please call the office at the above telephone number.

AQUA PURE WATER & SEWAGE SERVICE, LLC 3855 E. Silver Springs Blvd., Unit 107 Ocala, Florida 34470 (352) 355-2383 Laboratory Certification Number E83265			er Total Colifo ction & Labora	atory Report Form	Page 1 of 1 Analyzed / Time Received 12:12	
This Side To Be Completed By Client / Sample Collector				This Side For Laborato	ory Use Only	
System Name: Sunlight Acres,	PWS ID	342	1520		Special TC ICE	
System Phone: 352- 347-822% system Address: SE				<u>ن</u>	Dn Ice <u>7.5</u> ℃	
System County: Marion Client: Sunshine	Utilitier					
Collector: Janes Hodges Colle	ector Phone:3:	52.23	19-1197			
Type of Supply: (check only one)	tem			Disinfectant Check:	Not Detectedmg/L	
Non-Transient Non-community Water System	Non-community	/ Water S	ystem	Comments:		
Limited Use System				Analysis Method: 5M922		
Reason for Sampling: (check all that apply)		istributio	n Repeat	Time(s) Analyzed:	:14pm	
Raw (triggered or assessment)					Emailed	
Clearance Boil Water Notice FDACS finished product		_		PWS Notified by Lab of Po		
Sample Collection Date(s): 8/11 - 8/12 2019				Date:Time: Person Notified:		
Comments: Results to Sunshing					of E. coli Positive Results:	
			- Aller States	Carrier Aret	Time:	
Sample Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residuai (mg/L)	Laboratory Sample Number	Total Coliform E. coli DQ ²	
1 3309 SE 134 PL 8/11	4:00 PM	D	1.2	Report / Submission Number:	A	
2 3245 SE 133 Pl. 8/11	4:00 PM	Q	1.2	111110174	A	
3 3245 SE 133 Pl. 8/12	10:00 AM	٥	1.2	11192176	Â	
4 3309 SE 134 PJ. 8/12	10:00 4.4	٩	1.2	M198176	A	
Free chlorineTotal chlorine Avere	ge of disinfectant residual and repo	ls for routine eat samples		Unless otherwise noted, all tests po standards. Results relate only to th	erformed in accordance with NELAC e samples submitted.	
¹ For Sample Types see Instructions Item 1 16.	tor (#) ter	Q - Received be	Data Qualifiers (checked if noroperly preserved; presence of chio syond holding time or with insufficier ntaining less than method specified s	rine. It time to complete analysis.	
¹ DQ - Data QueHifer (defined in Fiorida Administrative Code Rule 52-160, Table 1) ² Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.				1 1/11		
Report to: (Name and Mailing Address	s)		Much	10-1 Thors	313-19	
Sunshine Utilitier DEP/DOH Use Only						
		l	Satisfactory	_	eet Samples Required	
10230 East Hung C.25			Incomplete Collection		acement Samples Required	
Belleview, Fl 34420	1		te Reviewed by DEP/C	(Reveal)		
]	(62	-550.730 Reporting Form	at Effective 01/1995, Revised 02/2011	0) CRFTC Revision 1	

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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

November 4, 2020

Dewaine Christmas, Owner Sunshine Utilities of Central Florida, Inc. 10230 E Hwy 25 Belleview, Florida 34420 <u>sunshineutl@aol.com</u>

Re: Compliance Assistance Offer Fore Oaks Estates PW Facility ID # 3424644 Marion County

Dear Mr. Christmas:

A file review was conducted for Fore Oaks Estates on October 21, 2020. During this file review potential non-compliance was noted. The purpose of this letter is to offer compliance assistance as a means of resolving this matter.

Department records show that the supplier of water did not submit analytical results for disinfection by-product sampling, which were required to be performed annually in accordance with Rule 62-550.821, Florida Administrative Code (F.A.C.). The samples were required to be taken during August.

The purpose of this letter is to offer compliance assistance to begin resolution of the current matter and to prevent such violations in the future.

We request you review the item of concern noted and respond in writing within 15 days of receipt of this Compliance Assistance Offer. Your written response should include one of the following:

- 1. Describe what has been done to resolve the non-compliance issue or provide a schedule describing how/when the issue will be addressed
- 2. Provide the requested information, or information that mitigates the concerns or demonstrates them to be invalid, or
- 3. Arrange for the case manager to visit your system to discuss the item of concern.

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

floridadep.gov

Sunshine Utilities of Central Florida, Inc.; Facility ID No.: 3424644 Compliance Assistance Offer Page 2 of 2 November 4, 2020

Please address your response and any questions to Miranda Rothenberger of the Central District Office at 407-897-4301 or via e-mail at <u>Miranda.Rothenberger@floridadep.gov</u>. We look forward to your cooperation with this matter.

Sincerely,

and Kohld

Daniel K. Hall, Manager Central District Florida Department of Environmental Protection

cc: Miranda Rothenberger, FDEP



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

November 15, 2019

Dewaine Christmas, Facility Owner Sunshine Utilities of Central FL Inc. 10230 SE HWY 25 Belleview, FL. 34420 SUNSHINEUTL@AOL.COM

Re: Compliance Assistance Offer Ocala Heights S/D PW 3424651 Marion County

Dear Mr. Christmas:

A file review was conducted on your facility on October 30, 2019. During this file review, potential non-compliance was noted. The purpose of this letter is to offer compliance assistance as a means of resolving this matter.

Specifically, Department records indicate your facility did not perform required testing for *Disinfection By-Products* sampling, which were required to be performed annually per rule 62-550, Florida Administrative Code (F.A.C) or according to your permit. Upon investigation, an email conversation confirmed that the samples were not collected.

We request you review the item(s) of concern noted and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should include one of the following:

- 1. Describe what has been done to resolve the non-compliance issue or provide a schedule describing how/when the issue will be addressed.
 - A sample for the missed contaminant must be collected immediately and delivered to an approved laboratory, with analysis results submitted to this office within 14 days of the date of this letter.
 - Distribute a public notice in accordance with 62-560.410 F.A.C. Submit a draft of the public notice to the Department prior to issuance.
 - Provide documentation on steps that have been taken to prevent future sampling omissions
 - Contact the Department to determine if increased sampling is required

Ocala Heights; Facility ID No.:3424651 Compliance Assistance Offer Page 2 of 2 November 15, 2019

- 2. Provide the requested information, or information that mitigates the concerns or demonstrates them to be invalid, or
- 3. Arrange for the case manager to visit your facility to discuss the item(s) of concern.

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

Please address your response and any questions to Chandler Hammond of the Central District Office at 407-897-4313 or via e-mail at <u>Chandler.Hammond@FloridaDEP.gov</u>. We look forward to your cooperation with this matter.

Sincerely,

Junjans

Jill Farris, Environmental Manager Central District Florida Department of Environmental Protection

cc: Universal Waters, Operator BLUEJAY2415@AOL.COM



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

December 11, 2020

Dewaine Christmas, Owner Sunshine Utilities of Central Florida Inc 10230 SW Hwy 25 Belleview, FL 34420 <u>sunshineutl@aol.com</u>

Re: Compliance Assistance Offer Ocala Heights Subdivision PW Facility ID # 3424651 Marion County

Dear Mr. Christmas:

A file review was conducted on your facility on December 1, 2020. During this file review, potential noncompliance was noted. The purpose of this letter is to offer compliance assistance as a means of resolving this matter.

Specifically, Department records indicate your facility did not submit analytical results for *bacteriological* sampling/testing, which were required to be submitted monthly per rule 62-550, Florida Administrative Code (F.A.C) or according to your permit. The report was due by November 10, 2020 and was submitted late. The report was received by the Department on December 11, 2020.

We request you review the items of concern noted and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should include the following:

- 1. Describe what has been done to resolve the non-compliance issue or provide a schedule describing how/when the issue will be addressed.
 - Provide documentation on steps that have been taken to prevent future sampling omissions.
 - The system has incurred a monitoring and reporting violation. For community water systems, this violation must be included on the CCR issued in 2021.
- 2. Provide the requested information, or information that mitigates the concerns or demonstrates them to be invalid.

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

floridadep.gov

Ocala Heights Subdivision; Facility ID No.: 3424651 Compliance Assistance Offer Page 2 of 2 December 11, 2020

Please address your response and any questions to Miranda Rothenberger of the Central District Office at 407-897-4301 or via e-mail at Miranda Rothenberger@FloridaDEP.gov. We look forward to your cooperation with this matter.

Sincerely,

st kithel 4

Daniel Hall, Environmental Manager Central District Florida Department of Environmental Protection

cc: Miranda Rothenberger, FDEP

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Ocklawaha Water Plants

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During the 3rd quarter of this year, we did not monitor for TTHM and HAA5 therefore cannot be sure of the quality of our drinking water during that time. However, we did resample during the 4th quarter and the results show that the concentration of TTHM (8.59 & 11.44 ug/L) and HAA5 (12.23 & 11.72 ug/L) is under the Maximum Contaminate Level (MCL) (TTHM = 80 ug/L; HAA5 = 60 ug/L).

Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

Some people who drink water containing haloacetic acids in excess of the MCL over many years may have an increased risk of getting cancer

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

We have since taken the required samples on December 8, 2016.

For more information, please contact Dewaine Christmas at (352)347-8228 or contact us by mail at Sunshine Utilities, 10230 East Hwy 25, Belleview, FL 34420.

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Sunshine Utilities of Central Florida, Inc., PWS ID # 3420939.

Date distributed: February 16, 2017



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information	
Public Water System (PWS) Name: Ocklaugha	
PWS ID: 3420939	
PWS Type: Community Non-Transient Non-Community	Transient Non-Community
PWS Owner: Sunshine Utilities	
Contact Person: Dewaine Christmes	Contact Person's Title: Manager
Contact Person's Mailing Address: 10730 E Hwy 2.	5
City: Belleview	State: 1= L Zip Code: 34420
Contact Person's Telephone Number: (352) 347-8228	Contact Person's Fax Number: (352) 347 - 6915
Contact Person's E-Mail Address: Sunshine Utl & A	for. com

II. Certification			State and the set		
For Violation/Situation:					
Date of Occurrence:					
Consultation Date:					
Delivery Methods: Radio/TV	Mail	Newspaper	Hand Delivery	Posting	Other(describe)
Delivery Date/s:	2/10/17				
	E	Livewspaper	L Hand Delivery		

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

$0^{1/2}$ $3/7/17$	Dewaine Christm	145 Managar	
Signature and Date	Printed or Typed Name	Title	



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

November 15, 2019

Dewaine Christmas, Facility Contact Sunshine Utilities 10230 East HWY 25 Belleview, FL. 34420 <u>SUNSHINEUTL@AOL.COM</u>

Re: Compliance Assistance Offer Ocklawaha Water Works PW 3420939 Marion County

Dear Mr. Christmas:

A file review was conducted on your facility on October 30, 2019. During this file review, potential non-compliance was noted. The purpose of this letter is to offer compliance assistance as a means of resolving this matter.

Specifically, Department records indicate your facility did not perform required testing Disinfection By-Product sampling, which were required to be performed annually per rule 62-550, Florida Administrative Code (F.A.C) or according to your permit. Upon investigation, a phone and email conversation confirmed that the samples were not collected.

We request you review the item(s) of concern noted and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should include one of the following:

- 1. Describe what has been done to resolve the non-compliance issue or provide a schedule describing how/when the issue will be addressed.
 - A sample for the missed contaminant must be collected immediately and delivered to an approved laboratory, with analysis results submitted to this office within 14 days of the date of this letter.
 - Distribute a public notice in accordance with 62-560.410 F.A.C. Submit a draft of the public notice to the Department prior to issuance.
 - Provide documentation on steps that have been taken to prevent future sampling omissions
 - Contact the Department to determine if increased sampling is required

Ocklawaha Water Works; Facility ID No.:3420939 Compliance Assistance Offer Page 2 of 2 November 15, 2019

- 2. Provide the requested information, or information that mitigates the concerns or demonstrates them to be invalid, or
- 3. Arrange for the case manager to visit your facility to discuss the item(s) of concern.

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

Please address your response and any questions to Chandler Hammond of the Central District Office at 407-897-4313 or via e-mail at <u>Chandler.Hammond@FloridaDEP.gov</u>. We look forward to your cooperation with this matter.

Sincerely,

Junjani

Jill Farris, Environmental Manager Central District Florida Department of Environmental Protection



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

February 4, 2020

Dewaine Christmas, Facility Administrator Sunshine Utilities of Central FL, Inc. 10230 East Hwy 25 Belleview FL, 34420 <u>SUNSHINEUTL@AOL.COM</u>

Re: Return to Compliance Ocklawaha Water Works PW Facility ID #3420939 Marion County

Dear Mr. Christmas:

Department personnel conducted a review of the response to the Compliance Assistance Offer Letter issued November 15, 2019. Based on the information provided in your response, the facility was determined to have resolved the identified issues and has returned to compliance with the Department's rules and regulations.

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 Chandler Hammond at 407-897-4313 or via e-mail at <u>Chandler.Hammond@FloridaDEP.gov</u>.

Sincerely,

unjuni

Jill Farris, Manager Central District Florida Department of Environmental Protection



Florida Department of Environmental Protection

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

Carlos Lopez-Cantera Lt. Governor

> Noah Valenstein Secretary

March 1, 2018

Dewaine Christmas, Owner Sunshine Utilities of Central Florida, Inc. 10230 SE Highway 25 Belleview, FL 34420 <u>sunshineutilities@aol.com</u>

Re:	Ashley Heights Subdivision	PWS ID# 3424962
	Eleven Oaks Subdivision	PWS ID# 3424099
	Emil-Mar Subdivision	PWS ID# 3420340
	Florida Heights Subdivision	PWS ID# 3424031
	Floyd Clark Subdivision	PWS ID# 3420411
	Fore Oaks Estates	PWS ID# 3424644
	Oakcrest Villas	PWS ID# 3421201
	Oakhurst Subdivision	PWS ID# 3424032
	Ocala Heights Subdivision	PWS ID# 3424651
	Quail Run Subdivision	PWS ID# 3424046
	Sandy Acres	PWS ID# 3421118
	Sun Ray Estates	PWS ID# 3421314
	Whispering Sands Subdivision	PWS ID# 3424009
	Marion County	

Dear Mr. Christmas:

Department personnel conducted inspections of the above-referenced facilities on January 23, 2018. Based on the information provided during and following the inspections, the facilities were determined to be in compliance with the Department's rules and regulations. A copy of the inspection reports are attached for your records, and any non-compliance items which may have been identified at the time of the inspections 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 Viviana Penuela Useche at 407-897-2919 or via e-mail at <u>Viviana.Useche@dep.state.fl.us</u>.

Sincerely,

Christine Daniel.

Christine Daniel, Manager Central District Florida Department of Environmental Protection

Enclosure: Inspection Report

Plant Name	ASHLEY HEIGHTS S/D	County	Marion	PWS ID #	3424962
Plant Location	ASHLEY HEIGHTS S/D 5580 NE 11 th Avenue, Ocala, FL 34420			Phone	352/347-8228
Owner Name	Sunshine Utilities of Central Florida, Inc.			Phone	352/347-8228
Owner Address	10230 SE Highway 25, Belleview, FL 34	420-5531			
Contact Person	Dewaine Christmas	Title Owner		Phone	352/347-8228
This Survey Date	<u>1/23/18</u> Last Survey Date <u>8/19/15</u>	Last Complia	ance Inspectio	on Date <u>8/29/14</u>	<u> </u>
PWS TYPE: <u>C</u>	ommunity	RAW WAT			
PLANT CATEO	GORY & CLASS: <u>5D</u>			of Wells	
MAX-DAY DES	SIGN CAPACITY: <u>44,000 gpd</u>				
PWS STATUS:	Approved	-	-		
		STANDBY	POWER SO	URCE: <u>Not R</u>	equired
TREATMENT	PROCESSES IN USE	Source			_
	on	Capacity of S	Standby (kW)	
· ·				ic 🗌 Manual	
				1	
	A CHARACTERISTICS	What equipn			
Subdivision					
Food Service:]Yes 🗌 No 🖾 N/A		nent Equipme		
Number of Servic	e Connections 44	Satisfy ava	daily demand	l? 🗌 Yes 🗌 No	Unknown
	1 <u>154</u> Basis <u>12/17 MOR</u>	Audio-visual			
	x MAINTENANCE LOG: <u>Yes</u>				
Location <u>Pla</u>					
Comments		PLANS AN			
		Coliform Sar	mpling Plan	Yes Yes	No N/A
CERTIFIED OI	PERATOR: Yes	D/DBP Mon	itoring Plan	\boxtimes Yes	\square No \square N/A
	rtification Class-Number:	Lead and Co	pper Plan	\boxtimes Yes	□ No □ N/A □ No ⊠ N/A
Kelvin Edun C		Distribution	System Map	\bigvee Yes	\square No \square N/A
					🗌 No 🖾 N/A
Hrs/day: Required	Visit <u>Actual</u> Visit	Comments _			
Days/wk: Required	d 2 Actual 3	-			
	Days? Xes No N/A	PREVENT	IVE MAIN	FENANCE/O	&M
				e Manual 🛛 Y	es 🗌 No
		Preventive N			
		Flushing	g Program	=	$T es \square No \boxtimes N/A$
	PERATION REPORTS (MORs)		Records		$T es \square No \boxtimes N/A$
MORs submitted		Isolation	Valve Exerc		Tes \square No \boxtimes N/A
Data missing from	n MORs?	a l	Records		es 🗌 No 🖾 N/A
		Comments			
• •	rom MORs) <u>13,400 gpd 06/17</u>				
		CROSS CO	NNECTIO	N CONTROL	,
		# BFPAs <u>No</u>			ted <u>Unknown</u>
Flow Measuring I	Device Flow Meter			Date Tes	
	e 2" Master	Written Plan	Yes	Date <u>11/14/12</u>	2
Date Last Calibra					<u></u>

 PWS ID #
 3424962

 Date
 1/23/18

GROUND WATER SOURCE

Well Num	oer (Florida Unique Well ID #)	1 (AAE0274)		
Year Drilled		1991		
Depth Dril	led	120'		
Drilling M	ethod	Combination		
Type of Gr	out	Unknown		
Static Wate	er Level	34'		
Pumping W	Vater Level	39'		
Design We	ll Yield	Unknown		
Test Yield		Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown		
Strainer		Unknown		
Length (ou	tside casing)	62'		
Diameter (outside casing)	4"		
Material (o	utside casing)	Black steel		
Well Contamination History		None		
Is inundation	on of well possible?	No		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	>200'		
SET	Reuse Water	N/A		
BACKS	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
	Туре	Submersible		
	Manufacturer Name	Sta-Rite		
PUMP	Model Number	Unknown		
	Rated Capacity (gpm)	62		
	Motor Horsepower	5		
Well casing 12" above grade?		Yes		
Well Casin	g Sanitary Seal	OK		
Raw Water	Sampling Tap	Yes		
Above Gro	und Check Valve	Yes		
Security		Yes		
Well Vent	Protection	Yes		

COMMENTS _____

PWS ID #	3424962
Date	1/23/18

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo					
Make Stenner	Capacity <u>17 gpd</u>				
Chlorine Feed Rate 50% s	stroke				
Avg. Amount of Cl ₂ gas used	N/A				
Chlorine Residuals: Plant	<u>1.96</u> Remote <u>1.25</u>				
Remote tap location 5410	NE 12 th Ave				
DPD Test Kit: On-site	With operator				
None	Not Used Daily				
Injection Points Prior to hydropneumatic tank					
Booster Pump Info <u>N/A</u>					
Comments					

STORAGE FACILITIES

(G) Ground (C) Cle	
(B) Bladder (H) Hy	dropneumatic / flow-through
Tank Type/Number	Н
Capacity (gal)	5,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or	Yes
Level Indicator	
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap	Discharge piping
Location	
Date of Inspection	7/13
Date of Cleaning	7/13

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
- Monitoring schedules are available on the Central District's Drinking Water Website.
 <u>https://floridadep.gov/central/central/content/resources-drinking-water-facilities-and-operators-central-district</u>

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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 <u>work or alterations</u> 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.]

PWS ID #	3424962
Date	1/23/18

COMMENTS (continued):

• 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

Viviana Penuela Useche Printed Name

Environmental Specialist

Title

2-21-18 Date

Christine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18 Date

5

Plant Name	ELEVEN OA	KS SUBDIVISION	County	Marie	on PWS ID #	3424	099
Plant Location	Between NE 6	KS SUBDIVISION	Ocala, F	L 34471		Phone	352/347-8228
Owner Name	Sunshine Utilit	ies of Central Florida, Inc.				Phone	352/347-8228
Owner Address	10230 SE Hi	ghway 25, Belleview, FL	34420-	5531			
Contact Person	Dewaine Chi	ristmas	Titl	e <u>Owner</u>		_ Phone	352/347-8228
This Survey Date	1/23/18	Last Survey Date <u>11/16/1</u>	2	Last Complia	ance Inspection	Date <u>$8/29/29/29/29/29/29/29/29/29/29/29/29/29/$</u>	/14
PWS TYPE: Co	ommunity			RAW WATE			
PLANT CATEG	GORY & CLAS	SS: <u>5D</u>					1
MAX-DAY DES	SIGN CAPACI	TV • 39,000 and					
		1 1 • <u>39,000 gpu</u>					
PWS STATUS:	Approved			Emergeno	cy Water Capac	city	
				STANDBY P	POWER SOUR	RCE: Not l	Required
TREATMENT H	PROCESSES I	N USE		Source			
Hypochlorinatio				Capacity of S	tandby (kW)		
/1					Automatic		
					Under Load		
SERVICE AREA	A CHARACTI	ERISTICS			ent does it oper		
Subdivision					umps		
Food Service:	JYes No	X N/A			ervice Pumps		
Number of Service	e Connections	36		Sotiafy ava d	ent Equipment		o 🗌 Unknown
		Basis Operator		Audio visual	alarm? [Yes		
- op	<u> </u>						
OPERATION &							
Comments				PLANS ANI	D MAPS		
				Coliform Sam	npling Plan	🛛 Yes	🗌 No 📃 N/A
CERTIFIED OP	PERATOR • Ve	¢		D/DBP Monit	toring Plan	Yes Yes	No N/A
Operator(s) & Cer				Lead and Cop	pper Plan	\boxtimes Yes	\square No \square N/A
Kelvin Edun C				Distribution S	System Map	\boxtimes Yes	\square No \square N/A
	, 105			Emergency R	Response Plan	X Yes	🗌 No 🖾 N/A
Hrs/day: Required	Visit	Actual Visit		Comments			
Days/wk: Required	1 2	Actual 3					
Non-consecutive	Days?	Yes No N/A		PREVENTI	VE MAINTE	NANCE/O)&M
				Operation & I	Maintenance M	lanual 🖂	Yes 🗌 No
					aintenance Prog		Yes 🗌 No
				Flushing	Program	\boxtimes	$Yes \square No \boxtimes N/A$
		PORTS (MORs)			Records		$Yes \square No \boxtimes N/A$
MORs submitted r		Yes No N/A No Yes N/A		Isolation	Valve Exercise		$Yes \square No \boxtimes N/A$
		l gpd		C	Records		Yes 🗌 No 🖾 N/A
		00 gpd 9/17		Comments			
• 、	· · · · · · · · · · · · · · · · · · ·	stem exceeded the					
		es were non-recurrent		CROSS CO	NNECTION (CONTRO	L
and highly unusual				# BFPAs No	ne observed	# Te	sted Unknown
				WWTP RPZ	N/A	Date Te	sted N/A
		Flow Meter		Written Plan	$\frac{N/A}{Yes} Da$	ate <u>11/14/</u>	12
Date Last Calibrat	ted 4/22/15						

 PWS ID #
 3424099

 Date
 1/23/18

GROUND WATER SOURCE

WATER SOURCE				
	· · · · · ·			
d				
ed	200'			
ethod	Rotary drill			
out	Neat cement			
er Level	Unknown			
Vater Level	Unknown			
ll Yield	Unknown			
	Unknown			
d (if different than rated capacity)	Unknown			
	Unknown			
tside casing)	194'			
outside casing)	4"			
utside casing)	Black steel			
mination History	None			
on of well possible?	No			
"Concrete Pad	Yes			
Septic Tank	>200'			
Reuse Water	N/A			
WW Plumbing	>100'			
Other Sanitary Hazard	None observed			
Туре	Submersible			
Manufacturer Name	Sta-Rite			
Model Number	Unknown			
Rated Capacity (gpm)	55			
Motor Horsepower	5			
g 12" above grade?	No*			
g Sanitary Seal	OK			
Sampling Tap	Yes			
und Check Valve	Yes			
	Yes			
Protection	Yes			
	ed ethod out rr Level Vater Level Il Yield d (if different than rated capacity) etside casing) outside casing) outside casing) mination History on of well possible? "Concrete Pad Septic Tank Reuse Water WW Plumbing Other Sanitary Hazard Type Manufacturer Name Model Number Rated Capacity (gpm) Motor Horsepower g 12" above grade? g Sanitary Seal Sampling Tap und Check Valve	d1981ed200'ethodRotary drilloutNeat cementrr LevelUnknown/ater LevelUnknown/ater LevelUnknown/ater LevelUnknown(if different than rated capacity)Unknownd (if different than rated capacity)Unknowntside casing)194'outside casing)4"utside casing)Black steelmination HistoryNoneon of well possible?No"Concrete PadYesSeptic Tank>200'Reuse WaterN/AWW Plumbing>100'Other Sanitary HazardNone observedTypeSubmersibleManufacturer NameSta-RiteModel NumberUnknownRated Capacity (gpm)55Motor Horsepower5s12" above grade?No*g Sanitary SealOKSampling TapYesYesYes	d1981ed200'sthodRotary drilloutNeat cementr LevelUnknown//ater LevelUnknownIl YieldUnknownd (if different than rated capacity)Unknownd (if different than rated capacity)Unknownutside casing)194'outside casing)4"utside casing)Black steelmination HistoryNoneon of well possible?No"Concrete PadYesSeptic Tank>200'Reuse WaterN/AWW Plumbing>100'Other Sanitary HazardNone observedTypeSubmersibleManufacturer NameSta-RiteModel NumberUnknownRated Capacity (gpm)55Motor Horsepower5s12" above grade?No*g Sanitary SealOKSampling TapYesund Check ValveYesYesYes	d1981ed200'sthodRotary drilloutNeat cementr LevelUnknown/ater LevelUnknownIl YieldUnknownd (if different than rated capacity)Unknowniside casing)194'outside casing)194'outside casing)Black steelmination HistoryNoeon of well possible?No? Concrete PadYesSeptic Tank>200'Reuse WaterN/AWW Plumbing>100'Other Sanitary HazardNone observedTypeSubmersibleManufacturer NameSta-RiteModel NumberUnknownRated Capacity (gpm)55Motor Horsepower5g Sanitary SealOKSampling TapYesyesYesout Check ValveYesYesYes

COMMENTS <u>*The Department will continue to accept the well casing height as it currently exists unless it is shown</u> to contain chemical or microbial contamination.

PWS ID #	3424099
Date	1/23/18

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo			
Make Chem-Tech	Capacity	15	gpd
Chlorine Feed Rate 90% s	stroke		
Avg. Amount of Cl ₂ gas used		N/2	4
Chlorine Residuals: Plant	<u>1.19</u> Re	mote _	1.25
Remote tap location 5985	NE 25 th Av	e	
DPD Test Kit: On-site	🔀 With o	operato	or
□ None	🗌 Not U	sed Da	ily
Injection Points Prior to hydrogenetic Prior Pri	dropneumati	ic tank	-
Booster Pump Info N/A	*		
Comments			

CORROSION CONTROL

Chemical Used <u>Aqua Gold</u>					
Make	Stenner	_Capacity_17 gpd			
Feed Rate	30% stroke				
Injection Points Well discharge piping					
Comments					

STORAGE FACILITIES

(G) Ground (C) Cle	
(B) Bladder (H) Hy	dropneumatic / flow-through
Tank Type/Number	Н
Capacity (gal)	1,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or	Yes
Level Indicator	
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap	Discharge piping
Location	
Date of Inspection	6/13
Date of Cleaning	6/13

Comments Tank inspection due 6/18.

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
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COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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.

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 - 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.]
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PWS ID #	3424962
Date	1/23/18

COMMENTS (continued):

• 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

Viviana Penuela Useche Printed Name

Environmental Specialist

2-21-18

Date

pristine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18 Date

Plant Name EMIL-MAR SUBDIVISION	County Marion PWS ID # 3420340
Plant Location <u>NE 22nd & NE 38th Street</u> , Ocala, FL 344	Phone 352/347-8228
Owner Name Sunshine Utlities of Central Florida, Inc.	Phone 352/347-8228
Owner Address <u>10230 SE Highway 25, Belleview, FL 3</u>	
Contact Person Dewaine Christmas	TitleOwnerPhone352/347-8228
This Survey Date <u>1/23/18</u> Last Survey Date <u>8/19/15</u>	Last Compliance Inspection Date <u>8/29/14</u>
PWS TYPE: Community	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5D	GROUND; Number of Wells1 PURCHASED from PWS ID #
MAX-DAY DESIGN CAPACITY: 72,000 gpd	Emergency Water Source
DWS STATUS, Approved	Emergency Water Capacity
PWS STATUS: <u>Approved</u>	
	STANDBY POWER SOURCE: Not Required
TREATMENT PROCESSES IN USE	Source
Hypochlorination	Capacity of Standby (kW)
	Switchover: Automatic Manual
	Hrs Operated Under Load
SERVICE AREA CHARACTERISTICS	What equipment does it operate?
Subdivision	 Well Pumps High Service Pumps
Food Service: Yes No N/A	Treatment Equipment
Number of Service Connections 73	Satisfy avg. daily demand? Yes No Unknown
Population Served <u>255</u> Basis <u>12/17 MOR</u>	Audio-visual alarm? \Box Yes \Box No
	Comments
OPERATION & MAINTENANCE LOG: <u>Yes</u>	
Location Water treatment plant	
Comments	PLANS AND MAPS
	Coliform Sampling Plan \square Yes \square No \square N/A
CERTIFIED OPERATOR: Yes	D/DBP Monitoring Plan \square Yes \square No \square N/A
Operator(s) & Certification Class-Number:	Lead and Copper Plan \boxtimes Yes \square No \square N/ADistribution System Map \boxtimes Yes \square No \boxtimes N/A
Kelvin Edun C-7459	Emergency Response Plan \square Yes \square No \square N/A
	Comments
Hrs/day: Required Visit Actual Visit	
Days/wk: Required 3 Actual 3	
Non-consecutive Days? Xes No N/A	PREVENTIVE MAINTENANCE/O&M
Comments	Operation & Maintenance Manual 🛛 Yes 🗌 No
	Preventive Maintenance Program Yes No
MONTHLY OPERATION REPORTS (MORs)	Flushing Program X Yes \Box No \Box N/ANo D N/A
MORs submitted regularly? \square Yes \square No \square N/A	RecordsYesNoN/AIsolation Valve ExerciseYesNoN/A
Data missing from MORs? \square No \square Yes \square N/A	Isolation Valve Exercise X Yes No N/A Records Yes No N/A
Average Day (from MORs) <u>18,491 gpd</u>	Comments
Maximum Day (from MORs) <u>67,000 gpd 6/17</u>	
Comments	
	CROSS CONNECTION CONTROL
	# BFPAs <u>None observed</u> # Tested <u>Unknown</u>
Flow Measuring Device Flow Meter	WWTP RPZ <u>N/A</u> Date Tested <u>N/A</u>
Meter Size & Type <u>2" Sensus</u>	Written Plan Yes Date <u>11/14/12</u>
Date Last Calibrated 7/23/15	Comments

 PWS ID #
 3420340

 Date
 1/23/18

GROUND WATER SOURCE

Well Num	oer (Florida Unique Well ID #)	1 (AAE0259)		
Year Drille	d	1977		
Depth Dril	led	79'		
Drilling M	ethod	Cable tool		
Type of Gr	out	Neat cement		
Static Wate	er Level	Unknown		
Pumping W	Vater Level	Unknown		
Design We	ll Yield	Unknown		
Test Yield		Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown		
Strainer		Unknown		
Length (ou	tside casing)	52'		
Diameter (outside casing)	6"		
Material (o	utside casing)	Black steel		
Well Contamination History		None		
Is inundation of well possible?		No		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	>200'		
SET	Reuse Water	N/A		
BACKS	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
	Туре	Submersible		
	Manufacturer Name	Sta-Rite		
PUMP	Model Number	Unknown		
	Rated Capacity (gpm)	62		
	Motor Horsepower	5		
Well casing 12" above grade?		Yes		
Well Casing Sanitary Seal		OK		
Raw Water	Sampling Tap	Yes		
Above Gro	und Check Valve	Yes*		
Security		Yes		
Well Vent	Protection	N/A		

COMMENTS *Check valve leaking

PWS ID #	3420340
Date	1/23/18

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo			
Make Chem-Tech	Capacity 15 gpd		
Chlorine Feed Rate 100%	stroke		
Avg. Amount of Cl ₂ gas used _	N/A		
Chlorine Residuals: Plant			
Remote tap location 2319	NE 38 th St.		
DPD Test Kit: On-site	With operator		
None None	Not Used Daily		
Injection Points Prior to hyd	dropneumatic tank		
Booster Pump Info <u>N/A</u>			
Comments			

STORAGE FACILITIES

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

Tank Type/Number	Н
Capacity (gal)	2,500
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	6/13
Date of Cleaning	6/13

Comments ______ Tank inspection due 6/18

			PWS ID # 342 Date 1/23/	20340 /18
DEFICIENCIES:				
Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Check valve leaking or not functioning properly.	62-555.350(2)	Repair or replace.	2/12/18 - check valve replaced per operator e- mail	No

MONITORING REMINDER:

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COMMENTS:

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 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - o 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

PWS ID #	3420340
Date	1/23/18

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.]

COMMENTS (continued):

- 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.]
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Inspector Signature

Viviana Penuela Useche Printed Name

Environmental Specialist

Title 2-21-18

Date

tine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title 3/1/18

Date

Plant Name		County	Marion	PWS ID #	3424031
Plant Location	SE 55 TH Place & SE 68 th Court, Ocala, FL 344	71		Phone	352-347-8228
Owner Name	Sunshine Utilities of Central Florida, Inc.			Phone	352-347-8228
Owner Address	10230 SE Highway 25, Belleview, FL 34420-				
Contact Person		tle Owner			352-347-8228
This Survey Date 1	L/23/18 Last Survey Date 1/23	/15	Last Complia	ance Inspectio	on Date <u>8/29/14</u>
PWS TYPE: Co	ommunity		ER SOURCE		
PLANT CATEG	ORY & CLASS: <u>5D</u>		D; Number of V		2
MAX-DAY DESI	IGN CAPACITY: <u>144,000 gpd</u>				
PWS STATUS:	Approved	Emergen	ncy Water Capa	city	
			POWER SOUL		
	PROCESSES IN USE	Source <u>Capacity of S</u>	Standby (kW)		
Hypochlorination	n	Switchover:	Automatic	Manual	
			Under Load		
	A CHARACTERISTICS	What equipm	nent does it open	rate?	
Subdivision			umps		
Food Service:	Yes No N/A	High S	Service Pumps		
Number of Service	Connection 99	Satisfy ava	nent Equipment daily demand? [Unknown
Population Served	<u>346</u> Basis: <u>12/17 MOR</u>	Audio-visual	alarm? Yes		
i opulation beivea	<u> </u>				
OPERATION &	MAINTENANCE LOG: Yes				
Location <u>Wat</u>	ter treatment plant				
Comments		PLANS AN	D MAPS		
		Coliform Sar			No N/A
		D/DBP Mon	itoring Plan	Yes Yes	No N/A
CERTIFIED OP		Lead and Co	pper Plan System Map	🖂 Yes	No N/A
	ification Class-Number:	Distribution	System Map	Yes Yes	
Kelvin Edun C-	7459	Emergency I	Response Plan		No N/A
Una/day Demined	Visit <u>Actual</u> Visit				ubmitted 8/20/14.
Days/wk: <i>Required</i>	<u>3 Actual</u> <u>3</u>		opper Plan was a		
Non-consecutive I	Days? 🛛 🛛 Yes 🗌 No 🗌 N/A		IVE MAINTE		
Comments			Maintenance M		
			faintenance Pro	-	
		Flushing	Program	\boxtimes Yes	= $=$
	ERATION REPORTS (MORs)	T 1.4	Records	\boxtimes Yes	
MORs submitted re		Isolation	Valve Exercise	_	
Data missing from		Commente	Records		∐ No ∐ N/A
	1 MORs) 29,714 gpd	Comments			
• •	om MORs) <u>89,800 gpd 5/17</u>				
		CROSS CO	NNECTION	CONTROL	
Flow Measuring D	evice Flow Meter	# BFPAs	None reported		d N/A
	2 3" Kent & 3" Master	WWTP RPZ		_	Tested N/A
	ed 7/23/15	Written Plan			2/15/10

 PWS ID #
 3424031

 Date
 1/23/18

GROUND WATER SOURCE

Well Numb	oer (Florida Unique Well ID #)	1(AAC0020)	2(AAC0019)
Year Drille	ed	1980	1980
Depth Drill	led	146'	146'
Drilling Me	ethod	Combination	Combination
Type of Gr	rout	Neat cement	Neat cement
Static Wate	er Level	31'	31'
Pumping W	Vater Level	Unknown	Unknown
Design We	ll Yield	Unknown	Unknown
Test Yield		Unknown	Unknown
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown
Strainer		Unknown	Unknown
Length (ou	tside casing)	74'	66'
Diameter (outside casing)	6"	6"
Material (o	outside casing)	Black steel	Black Steel
Well Contamination History		None	None
Is inundation	on of well possible?	No	No
6' X 6' X 4	4" Concrete Pad	Yes	Yes
	Septic Tank	>200'	>200'
SET	Reuse Water	N/A	N/A
BACKS	WW Plumbing	>100'	>100'
	Other Sanitary Hazard	None observed	None observed
	Туре	Submersible	Submersible
	Manufacturer Name	Sta-Rite	Sta-Rite
PUMP	Model Number	Unknown	Unknown
	Rated Capacity (gpm)	100	100
	Motor Horsepower	5	5
Well casing	g 12" above grade?	Yes	Yes
Well Casin	g Sanitary Seal	Yes	Yes
Raw Water	Sampling Tap	Yes	Yes
Above Gro	und Check Valve	Yes	Yes
Security		Yes	Yes
Well Vent	Protection	Yes	Yes*No

COMMENTS _____

PWS ID #	3424031
Date	1/23/18

CHLORINATION (Disinfection)			
Type: 🗌 Gas 🛛 Hypo			
Make (1)Chem-Tech (1)Uni-E	Dose Capacity <u>15/12 gpd</u>		
Chlorine Feed Rate 75% a	and 70% of stroke		
Avg. Amount of Cl ₂ gas used	N/A		
Chlorine Residuals: Plant	<u>>2.2</u> Remote <u>>2.2</u>		
Remote tap location 6815 SE 55 th Place			
DPD Test Kit: On-site	With operator		
None None	Not Used Daily		
Injection Points <u>Prior to the hydropneumatic tank.</u>			
Booster Pump Info <u>N/A</u>			
Comments			

STORAGE FACILITIES

STORAGE		
(G) Ground	(C) Clearwell	(E) Elevated
(B) Bladder	(H) Hydropne	umatic / flow-through
Tank Type/Nu	ımber	H*
Capacity (gal)		
Material		
Gravity Drain		
By-Pass Piping	5	
Protected Open	nings	
Sight Glass or		
Level Indicator	•	
PRV/ARV		
Pressure Gauge	2	
On/Off Pressur	e	
Access Secured	1	
Access Manho	le	
Tank Sample T	ap Location	
Date of Inspect	tion	
Date of Cleanin	ng	

Comments <u>*Tank ruptured 12/29/17. A community</u> wide boil water noticed was issued on 12/29/17 and rescinded on 1/4/18.Currently there is a temporary tank in place pending the installation of the new tank.

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
- Monitoring schedules are available on the Central District's Drinking Water Website. <u>https://floridadep.gov/central/central/content/resources-drinking-water-facilities-and-operators-central-district</u>

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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 <u>work or alterations</u> 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.]

PWS ID #	3424031
Date	1/23/18

<u>COMMENTS (continued):</u>

• 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.]

vistine Daniel

Inspector Signature

Viviana Penuela Useche Printed Name

Environmental Specialist

Title

2-21-18

Date

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title 3/1/18

Date

Plant Name FLOYD CLARK SUBDIVISION	County Marion PWS ID # 3420411
Plant Location <u>NE 38th Street & 14th Avenue, Ocala, FL</u>	<u>34471</u> Phone <u>352/347-8228</u>
Owner Name Sunshine Utilities of Central Florida, Inc.	Phone 352/347-8228
Owner Address <u>10230 SE Highway 25, Belleview, FL 3</u>	
Contact Person Dewaine Christmas	Title Owner Phone 352/347-8228
This Survey Date $1/23/18$ Last Survey Date $8/19/15$	Last Compliance Inspection Date <u>8/29/14</u>
PWS TYPE: Community	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5D	GROUND; Number of Wells1
MAX-DAY DESIGN CAPACITY: 68,000 gpd	Emergency Water Source
PWS STATUS: Approved	Emergency Water Capacity
	STANDBY POWER SOURCE: Not Required
TREATMENT PROCESSES IN USE	Source
Hypochlorination	Capacity of Standby (kW)
	Switchover: Automatic Manual
	Hrs Operated Under Load
SERVICE AREA CHARACTERISTICS	What equipment does it operate?
Subdivision	Well Pumps
Food Service: \Box Yes \Box No \boxtimes N/A	High Service Pumps
Number of Service Connections 72	Treatment Equipment
Population Served <u>251</u> Basis <u>12/17 MOR</u>	Satisfy avg. daily demand? Yes No Unknown
Topulation Served <u>251</u> Basis <u>12/17 WOR</u>	Audio-visual alarm? Yes No
OPERATION & MAINTENANCE LOG: <u>Yes</u>	Comments
Location Water treatment plant	
Comments	PLANS AND MAPS
	Coliform Sampling Plan \square Yes \square No \square N/A
	D/DBP Monitoring Plan Xes No N/A
CERTIFIED OPERATOR: Yes	Lead and Copper Plan 🛛 Yes 🗍 No 🗍 N/A
Operator(s) & Certification Class-Number:	Distribution System Map \square Yes \square No \square N/A
Kelvin Edun C-7459	Emergency Response Plan \square Yes \square No \square N/A
TT / 1	Comments
Hrs/day: Required Visit Actual Visit	
Days/wk: Required 3 Actual 3	
Non-consecutive Days? \square Yes \square No \square N/A	PREVENTIVE MAINTENANCE/O&M
Comments	Operation & Maintenance Manual 🛛 Yes 🗌 No
	Preventive Maintenance Program Yes No
MONTHLY OPERATION REPORTS (MORs)	Flushing Program X Yes No N/A No N/A
MORs submitted regularly? \square Yes \square No \square N/A	$\begin{array}{ccc} Records & \boxtimes Yes \Box No \Box N/A \\ V(z) & \bigvee V$
Data missing from MORs? \square No \square Yes \square N/A	Isolation Valve Exercise X Yes No N/A Records X Yes No N/A
Average Day (from MORs) <u>16,442 gpd</u>	
Maximum Day (from MORs) <u>24,600 gpd 5/17</u>	Comments
Comments	
	CROSS CONNECTION CONTROL
	# BFPAs <u>None observed</u> # Tested <u>Unknown</u>
Flow Measuring Device Flow Meter	WWTP RPZ N/A Date Tested N/A
Meter Size & Type 2" Sensus	Written Plan Yes Date $11/14/12$
Date Last Calibrated 7/23/15	Comments

 PWS ID #
 3420411

 Date
 1/23/18

GROUND WATER SOURCE

	WATER SOURCE Der (Florida Unique Well ID #)	1		
Year Drille		1974		
Depth Drill	led	80'		
Drilling Me	ethod	Unknown		
Type of Gr	out	Unknown		
Static Wate	er Level	Unknown		
Pumping W	Vater Level	Unknown		
Design We	ll Yield	Unknown		
Test Yield		Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown		
Strainer		Unknown		
Length (ou	tside casing)	65'		
Diameter (outside casing)	4"		
Material (o	utside casing)	Black steel		
Well Conta	mination History	None		
Is inundation of well possible?		No		
6' X 6' X 4	"Concrete Pad	Yes		
	Septic Tank	>200'		
SET	Reuse Water	N/A		
BACKS	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
	Туре	Submersible		
	Manufacturer Name	Sta-Rite		
PUMP	Model Number	Unknown		
	Rated Capacity (gpm)	62		
	Motor Horsepower	5		
Well casing 12" above grade?		No*		
Well Casing Sanitary Seal		ОК		
Raw Water Sampling Tap		Yes		
Above Ground Check Valve		Yes		
Security		Yes		
Well Vent	Protection	Yes**		

COMMENTS <u>*The Department will continue to accept the well casing at the current height unless it is shown to contain chemical or microbial contamination.</u> **Well vent screen missing.

PWS ID #	3420411
Date	1/23/18

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo			
Make Chem-Tech	Capacity	30	gpd
Chlorine Feed Rate 65% s	stroke		
Avg. Amount of Cl ₂ gas used		N/A	4
Chlorine Residuals: Plant			1.66
Remote tap location <u>3721</u>	NE 14 th Ave	;	
DPD Test Kit: On-site	With o	perato	r
□ None	Not Us	ed Da	ily
Injection Points Prior to hyd	dropneumatic	: tank	-
Booster Pump Info <u>N/A</u>	-		
Comments			

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated		
(B) Bladder (H) Hydropneumatic / flow-through		
Tank Type/Number	Н	
Capacity (gal)	5,000	
Material	Steel	
Gravity Drain	Yes	
By-Pass Piping	Yes	
Protected Openings	Yes	
Sight Glass or	Yes	
Level Indicator		
PRV/ARV	PRV	
Pressure Gauge	Yes	
On/Off Pressure	40/60	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap	Discharge piping	
Location		
Date of Inspection	6/13	
Date of Cleaning	6/13	

Comments <u>Next tank inspection due 6/18</u>

DEFICIENCIES:			PWS ID #342 Date1/23/	2 <u>0411</u> /18
Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Well casing vent was not properly screened (missing or damaged screens).	62-555.320(8)(c)	Provide a well vent that is at least 12 inches above well pad in a down turned position above the top of the casing and covered by a 24 mesh, corrosion resistant screen.		No

MONITORING REMINDER:

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- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
- Monitoring schedules are available on the Central District's Drinking Water Website. https://floridadep.gov/central/central/content/resources-drinking-water-facilities-and-operators-central-district

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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.]

COMMENTS (continued):

- 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

Viviana Penuela Useche Printed Name

Environmental Specialist Title

2-21-18

Date

vistine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18 Date

Plant Name FORE OAKS ESTATES	County	Marion	PWS ID #	3424644
Plant Location <u>NE 49th/2nd Avenue/Left of NE 51st, Ocala, F</u>				
Owner Name Sunshine Utilities of Central Florida, Inc.			Phone	352/347-8228
Owner Address <u>10230 SE Highway 25, Belleview, FL 3442</u>				
Contact Person Dewaine Christmas	Title Owner			
This Survey Date 1/23/18Last Survey Date 8/19/15	Last Complianc	e Inspectio	n Date <u>8/29/14</u>	<u>-</u>
PWS TYPE: Community	RAW WATER			
PLANT CATEGORY & CLASS: 5C	\square GROUND;			2
MAX-DAY DESIGN CAPACITY: <u>421,200 gpd</u>	Emergency	Water Sou	irce	
PWS STATUS: <u>Approved</u>	Emergency	Water Cap	pacity	
	STANDBY PC			
TREATMENT PROCESSES IN USE	Source <u>Ger</u>			38
Hypochlorination	Capacity of Sta Switchover:			
	Hrs Operated U			
SERVICE AREA CHARACTERISTICS	What equipmen			<u>1 III/WK.</u>
Subdivision			berate :	
Food Service: Yes No N/A	High Ser	vice Pumps	8	
	Treatmen			
Number of Service Connections 227	Satisfy avg. dai			Unknown
Population Served 793 Basis 11/17 MOR	Audio-visual al			
	Comments			
OPERATION & MAINTENANCE LOG: <u>Yes</u>				
Location Water treatment plant				
Comments	PLANS AND	MAPS		
	Coliform Samp			🗌 No 📃 N/A
CERTIFIED OPERATOR: Yes	D/DBP Monitor			= $=$
Operator(s) & Certification Class-Number:	Lead and Copp			
Kelvin Edun C-7459	Distribution Sy			No N/A
Kelvin Ldun (C-743)	Emergency Re			No N/A
Hrs/day: Required Visit Actual Visit	Comments			
Days/wk: Required 5+1 Actual 5+1				
Non-consecutive Days? \Box Yes \Box No \boxtimes N/A	PREVENTIV	F MAINT	FNANCE/O	& -M
Comments	Operation & M			
	Preventive Mai			
	Flushing Pi			$res \square No \square N/A$
MONTHLY OPERATION REPORTS (MORs)		Records	=	$res \square No \square N/A$
MORs submitted regularly? \square Yes \square No \square N/A	Isolation V			es \square No \square N/A
Data missing from MORs? No Yes N/A		Records		es 🗌 No 🗍 N/A
Average Day (from MORs) <u>46,423 gpd</u>	Comments			
Maximum Day (from MORs) <u>94,00 gpd 5/17</u>				
Comments				
	CROSS CON			
	# BFPAs <u>None</u>			ted <u>Unknown</u>
Flow Measuring Device Flow Meter	WWTP RPZ <u>N</u>			
Meter Size & Type <u>4" Sensus</u>	Written Plan <u>Y</u>		Date <u>11/14/12</u>	
Date Last Calibrated 8/18/16	Comments			

 PWS ID #
 3424644

 Date
 1/23/19

GROUND WATER SOURCE

Well Num	oer (Florida Unique Well ID #)	2 (AAE0270)	3(AAE0271)	
Year Drille	ed	1985	1992	
Depth Dril	led	165'	165'	
Drilling M	ethod	Combination	Combination	
Type of Gr	out	Neat cement	Neat cement	
Static Wate	er Level	30'	58'	
Pumping W	Vater Level	Unknown	Unknown	
Design We	ll Yield	Unknown	Unknown	
Test Yield		Unknown	Unknown	
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown	
Strainer		Unknown	Unknown	
Length (ou	tside casing)	85'	84'	
Diameter (outside casing)	6"	6"	
Material (o	utside casing)	Black steel	Black steel	
Well Conta	mination History	None	None	
Is inundation	on of well possible?	No	No	
6' X 6' X 4	"Concrete Pad	Yes	Yes	
	Septic Tank	>200'	>200'	
SET	Reuse Water	N/A	N/A	
BACKS	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
	Туре	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
PUMP	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	225	330	
	Motor Horsepower	10	20	
Well casing 12" above grade?		No*	Yes	
Well Casin	g Sanitary Seal	ОК	ОК	
Raw Water Sampling Tap		Yes	Yes	
Above Ground Check Valve		Yes	Yes	
Security		Yes	Yes	
Well Vent	Protection	N/A	Yes	

COMMENTS <u>* The Department will continue to accept the well casing height as it currently exists unless there are signs of microbial or chemical contamination.</u>

PWS ID #	3424644
Date	1/23/19

Yes Yes

Yes

Yes

Both Yes

40/60

Yes Yes

Discharge piping

6/13

CHLORINATION (Disinfection)

Type: Gas Hypo					
Make Chem-Tech/Uni-Dose Capacity 15/30 gpd					
Chlorine Feed Rate 100% /60% strole					
Avg. Amount of Cl_2 gas used N/A					
Chlorine Residuals: Plant <u>>2.2</u> Remote <u>1.91</u>					
Remote tap location <u>5263 3rd Ave</u>					
DPD Test Kit: On-site With operator					
None Not Used Daily					
Injection Points <u>Prior to hydropneumatic tank</u>					
Booster Pump Info <u>N/A</u>					
Comments					

STORAGE FACILITIES

By-Pass Piping Protected Openings

Sight Glass or Level Indicator

Pressure Gauge On/Off Pressure

Access Secured

Access Manhole Tank Sample Tap

Date of Inspection

Location

PRV/ARV

(G) Ground (C) Cle	
(B) Bladder (H) Hy	dropneumatic / flow-through
Tank Type/Number	Н
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes

Date of Cleaning		6/13
Comments	Next tank	inspection due 6/18.

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
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COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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.]
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PWS ID #	3424644
Date	1/23/19

COMMENTS (continued):

• 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

Viviana Penuela Useche Printed Name

Environmental Specialist *Title*

2-21-18

pristine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18

Plant Name O	AKCREST VILLAS/SUN RESORT	County	Marion	PWS ID #	3421201
Plant Location <u>CR</u>	<u>R 326 & 71st Place, Ocala, FL 34471</u>			Phone	352/347-8228
Owner Name Sun	shine Utilities of Central Florida, Inc.				352/347-8228
Owner Address 10	0230 SE Highway 25, Belleview, FL 34	420-5531			
Contact Person D	ewaine Christmas	Title Owner		Phone	352/347-8228
This Survey Date <u>1/23/</u>	Last Survey Date <u>8/9/15</u>	Last Complian	ce Inspection	n Date <u>8/29/14</u>	
PWS TYPE: Comm	unity	RAW WAT			
PLANT CATEGOR	Y & CLASS: <u>5D</u>			of Wells	1
MAX-DAY DESIGN	CAPACITY: <u>21,600 gpd</u>	Emergen	cy Water So	urce	
PWS STATUS: App	proved	Emergen	cy Water Ca	pacity	
		~		URCE: <u>Not R</u>	-
TREATMENT PRO		Source	· · · · · · · · · · · · · · · · · · ·	<u></u>	
Hypochlorination		Capacity of S	Standby (KW)) ic	
SERVICE AREA CH	TADACTEDISTICS	What equipm		norato?	
	hakaciekisiics			perate?	
Apartments Food Service: Yes					
Number of Service Cor	nnections <u>32</u>	Satisfy avg	aily demand	ent !?YesNo	Unknown
	80 Basis 12/17 MOR	Audio-visual	alarm? $\Box Y$	$es \square No$	
	INTENANCE LOG: <u>Yes</u>				
	reatment plant				
Comments		PLANS AN	D MAPS		
		Coliform Sar	npling Plan	🛛 Yes	
CERTIFIED OPER	TOD. Vas	D/DBP Moni	itoring Plan	🛛 Yes	
Operator(s) & Certifica		Lead and Cop Distribution S	pper Plan	🔀 Yes	
Kelvin Edun C-745		Distribution S	System Map	🔀 Yes	No N/A
Kelvin Edun C-745		Emergency I			🗌 No 🖾 N/A
Hrs/day: Paguinad	Visit <u>Actual</u> Visit	Comments			
	<u>2 Actual 3</u>				
	$rac{2}{\text{S}}$ S? $rac{1}{\text{S}}$ Yes $rac{1}{\text{No}}$ N/A	DREVENTI	WE MAIN'	FENANCE/O	8-M
				Manual \square Y	
		Preventive M			
			Program		$res \square No \square N/A$
MONTHLY OPERA	TION REPORTS (MORs)	Trushing	Records	=	$res \square No \square N/A$
MORs submitted regula		Isolation	Valve Exerc		
Data missing from MO	$Rs?$ No \Box Yes \Box N/A	10010010	Records		$Ves \square No \square N/A$
Average Day (from MC	ORs) <u>4,513 gpd</u>	Comments		<u> </u>	
Maximum Day (from N	MORs) <u>6,400 gpd 11/17</u>				
Comments					
		CROSS CO	NNECTIO	N CONTROL	4
		# BFPAs <u>No</u>	one observed	<u>l</u> # Tes	ted <u>N/A</u>
	e Flow Meter	WWTP RPZ	<u>N/A</u>	Date Test	ted <u>N/A</u>
	2" Master	Written Plan	Yes	Date <u>Unknow</u>	<u>/n</u>
Date Last Calibrated	8/4/16	Comments			

 PWS ID #
 3421201

 Date
 1/23/18

GROUND WATER SOURCE

Well Num	oer (Florida Unique Well ID #)	1 (AAE0075)		
Year Drille	ed	1974		
Depth Dril	led	100'		
Drilling M	ethod	Unknown		
Type of Gr	rout	Unknown		
Static Wate	er Level	Unknown		
Pumping W	Vater Level	Unknown		
Design We	ll Yield	Unknown		
Test Yield		Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown		
Strainer		Unknown		
Length (ou	tside casing)	70'		
Diameter (outside casing)	4"		
Material (o	utside casing)	Black steel		
Well Conta	mination History	None		
Is inundation	on of well possible?	No		
6' X 6' X 4	4" Concrete Pad	Yes		
	Septic Tank	>200'		
SET	Reuse Water	N/A		
BACKS	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
	Туре	Submersible		
	Manufacturer Name	Sta-Rite		
PUMP	Model Number	Unknown		
	Rated Capacity (gpm)	30		
	Motor Horsepower	2		
Well casing 12" above grade?		No*		
Well Casing Sanitary Seal		Yes		
Raw Water	Sampling Tap	Yes		
Above Gro	und Check Valve	Yes		
Security		Yes		
Well Vent	Protection	N/A		

COMMENTS <u>*The Department will continue to accept the well casing height as it currently exists unless it is shown</u> to contain chemical or microbial contamination.

PWS ID #	3421201
Date	1/23/18

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo		
Make Chem-tech	Capacity	15 gpd
Chlorine Feed Rate 50% s	stroke	
Avg. Amount of Cl ₂ gas used		N/A
Chlorine Residuals: Plant	0.53 Rei	note <u>0.83</u>
Remote tap location <u>1642</u>	71 st Place	
DPD Test Kit: On-site	🛛 With c	perator
□ None	🗌 Not Us	sed Daily
Injection Points Prior to hyd	dropneumati	c tank
Booster Pump Info <u>N/A</u>	-	
Comments		

STORAGE FACILITIES

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

Tank Type/Number	Н
Capacity (gal)	300
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	ARV
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	No
Tank Sample Tap Location	Discharge piping
Date of Inspection	N/A
Date of Cleaning	N/A

Comments _____

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
- Monitoring schedules are available on the Central District's Drinking Water Website.
 <u>https://floridadep.gov/central/central/content/resources-drinking-water-facilities-and-operators-central-district</u>

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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.]

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 - 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.]
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PWS ID #	3421201
Date	1/23/18

COMMENTS (continued):

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Inspector Signature

Viviana Penuela Useche Printed Name

Environmental Specialist

Title

2-21-18

Christine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18

Plant Name OAKHURST SUBDIVISION		County	Marion	_PWS ID #	3424032
Plant Location 20 TH Street & SE 56 th Court, Ocala, FL 3	34471			Phone	352-347-8228
Owner Name Sunshine Utilities of Central Florida Inc				Phone	352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 3	<u>34420-55.</u>	31			
Contact Person Dewaine Christmas	Title	Owner			352-347-8228
This Survey Date 1/23/18Last Survey Date	e <u>1/23/15</u>		Last Complian	ce Inspection	n Date <u>8/29/14</u>
PWS TYPE: Community			ER SOURCE		
PLANT CATEGORY & CLASS: 5C		GROUN	D; Number of V ASED from PW	Vells <u> </u>	1
MAX-DAY DESIGN CAPACITY: 288,000 gpd		Emergen	cy Water Sourc	e	
PWS STATUS: Approved		Emergen	cy Water Capac	city	
			POWER SOUR		
TREATMENT PROCESSES IN USE	C Se	apacity of S	Standby (kW)		
Hypochlorination	S	witchover:	Automatic	🔄 Manual	
	Н	rs Operated	Under Load		
SERVICE AREA CHARACTERISTICS	W		ent does it oper umps		
Subdivision Food Service: Yes No N/A		High S	ervice Pumps		
		Treatm	ent Equipment		
Number of Service Connection 99	Sa	atisfy avg. o	laily demand?	Yes No	Unknown
Population Served 346 Basis: 11/17 MOR	А	udio-visual	alarm? [Yes]	No	
	С	omments			
OPERATION & MAINTENANCE LOG: <u>Yes</u>					
Location <u>Water treatment plant</u>	D	LANS AN			
Comments			npling Plan	\bigtriangledown V \sim	No N/A
			itoring Plan	\boxtimes Tes \boxtimes Yes	
CERTIFIED OPERATOR: <u>Yes</u>		ead and Co	pper Plan		
Operator(s) & Certification Class-Number:	D	istribution	System Map	\Box Yes	\square No \square N/A
Kelvin Edun C-7459			Response Plan		
			tage 2 D/DBP N		
Hrs/day: RequiredVisitActualVisitDays/wk: Required5+1Actual5+1			d and Copper P		
Days/wk: Required $5+1$ Actual $5+1$ Non-consecutive Days? \Box Yes \Box No \bigotimes N/A	Р	REVENT	IVE MAINTE	NANCE/OA	вм
Comments			Maintenance M		
			laintenance Prog		
			Program	Yes	
MONTHLY OPERATION REPORTS (MORs)		6	Records	Yes	
MORs submitted regularly? \square Yes \square No \square N/A		Isolation	Valve Exercise		= $=$
Data missing from $MORs$? \square No \square Yes \square N/A			Records		$\overline{\square}$ No $\overline{\square}$ N/A
Average Day (from MORs) <u>38,029 gpd</u>	С	omments			
Maximum Day (from MORs) 60,400 gpd 5/17					
Comments					
			NNECTION (1 37/4
		BFPAs	None reported		$\frac{N/A}{N}$
Flow Measuring Device Flow Meter		WTP RPZ			Tested <u>N/A</u>
Meter Size & Type <u>3" Master</u>			Yes	Date <u>02</u> /	(15/10
Date Last Calibrated 8/18/16	С	omments			

 PWS ID #
 3424032

 Date
 1/23/18

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1(AAE0256)	
Year Drilled		1978	
Depth Drilled		138'	
Drilling M	ethod	Cable tool	
Type of Grout		Neat cement	
Static Water Level		18'	
Pumping V	Vater Level	Unknown	
Design We	ell Yield	Unknown	
Test Yield		Unknown	
Actual Yield (if different than rated capacity)		Unknown	
Strainer		Unknown	
Length (outside casing)		105'	
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	
	Septic Tank	>200'	
SET	Reuse Water	N/A	
BACKS	WW Plumbing	>100'	
	Other Sanitary Hazard	None observed	
	Туре	Submersible	
	Manufacturer Name	Sta-Rite	
PUMP	Model Number	Unknown	
	Rated Capacity (gpm)	200	
	Motor Horsepower	10	
Well casing 12" above grade?		Yes	
Well Casir	ng Sanitary Seal	Yes	
Raw Water	r Sampling Tap	Yes	
Above Gro	ound Check Valve	Yes	
Security		Yes	
Well Vent	Protection	N/A	

COMMENTS

PWS ID #	3424032
Date	1/23/18

STORAGE FACILITIES

(G) Ground (C) Clearwell	(E) Elevated
(B) Bladder (H) Hydropner	umatic / flow-through
Tank Type/Number	Н
Capacity (gal)	3,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or	Yes
Level Indicator	
PRV/ARV	Both
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	On tank
Date of Inspection	2013/06
Date of Cleaning	2013/06

Comments <u>Next tank inspection due 6/18</u>

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

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 - 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.]
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PWS ID #	3424032
Date	1/23/18

COMMENTS (continued):

• 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

Viviana Penuela Useche Printed Name

Environmental Specialist

Title

2-21-18

Christine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Name	OCALA HEIGH	ITS S/D	County	Marion	PWS ID #	3424651
Plant Location	<u>CR 314(7th Street) and NE</u>	<u>E 68th Ct., Ocala, FL</u>	34420		Phone	352-347-8228
Owner Name		al Florida Inc			Phone	352-347-8228
Owner Address	10230 SE Highway 25, E	Belleview, FL 34420	-5531			
Contact Person	Dewaine Christmas	T	itle <u>Owner</u>		Phone	352-347-8228
This Survey Date	<u>1/23/18</u> L	ast Survey Date <u>1/2</u>	3/15	Last Compliane	ce Inspection	n Date <u>10/17/01</u>
PWS TYPE: <u>C</u>	<u>ommunity</u>			TER SOURCE		
PLANT CATEC	GORY & CLASS: <u>5C</u>			ND; Number of W ASED from PWS		
MAX-DAY DES	SIGN CAPACITY: 676,8	<u>00 gpd</u>	Emerger	ncy Water Source		
PWS STATUS:	Approved		Emerger	ncy Water Capaci	ty	
			STANDBY	POWER SOUR	CE: <u>Yes</u>	
TREATMENT I	PROCESSES IN USE		Source I	Kohler Generator Standby (kW)		20
Hypochlorinatio	on			Standby (kW) X Automatic [30
				d Under Load <u>1</u>		
SERVICE ARE	A CHARACTERISTICS			nent does it opera		
Mobile home p				Pumps Both		
	Yes No N/A		🗌 High S	Service Pumps		
			🛛 Treatr	nent Equipment	All	
Number of Servic	e Connection	331		daily demand?		⊠Unknown
Population Served	1 825 Basis: 12	2/17 MOR		l alarm? ⊠Yes [
ODED ATION 8	- MAINTENANCE I OC	Vac	Comments _			
	z MAINTENANCE LOG: ater treatment plant					
	ater treatment plant		PLANS AN	JD MAPS		
			Coliform So	mpling Plan	🛛 Yes [No N/A
			D/DBP Mor	itoring Plan	Xes [No N/A
CERTIFIED OF	PERATOR: Yes		Lead and Co	nitoring Plan opper Plan System Map	Yes [🗍 No 🗍 N/A
	rtification Class-Number:		Distribution	System Map	Xes [No N/A
Kelvin Edun C	-7459		Emergency	Response Plan	Xes [No N/A
				Stage 2 D/DBI		
Hrs/day: Required	Visit <u>Actual</u>	Visit	<u>8/20/14. Le</u>	ad and copper pla	n approved	12/13/12
	d = 5+1 Actual		DDEVENT	IVE MAINTEN		-M
	Days? 🗌 Yes 🗌 No 🔀	N/A		Maintenance Ma		
Comments:				Aaintenance Prog		
				g Program	\boxtimes Yes	
MONTHLY OP	ERATION REPORTS (M	(ORs)	1 10011112	Records	\boxtimes Yes	= $=$
MORs submitted		No $\prod N/A$	Isolation	n Valve Exercise	_	□ No □ N/A
Data missing from		Yes N/A		Records	🖾 Yes	🗍 No 🗍 N/A
Average Day (from			Comments			
	rom MORs) <u>109,000 gpd</u>	4/17				
Comments	/		CDOSS CO		ΟΝΤΡΟΙ	
			# BFPAs	None reported		NI/A
Flow Magazzin - T	Davian Elaw-M-		# BFPAs WWTP RPZ	None reported N/Δ		ted <u>N/A</u>
Flow Measuring I Meter Size & Typ			Written Plan		Date 11	
Date Last Calibrat				<u>103</u>		
Date Last Calibrat	.00 //17/13					

 PWS ID #
 3424651

 Date
 1/23/18

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1	2(AAE0277)	
Year Drilled		1984	1988	
Depth Drilled		150'	140'	
Drilling Method		Combination	Cable tool	
Type of Grout		Neat Cement	Neat Cement	
Static Water Level		38'	Unknown	
Pumping Water Level		Unknown	Unknown	
Design Well Yield		Unknown	Unknown	
Test Yield		Unknown	Unknown	
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown	
Strainer		Unknown	Unknown	
Length (outside casing)		90'	125	
Diameter (outside casing)		6"	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	
	Septic Tank	>200'	>200'	
SET	Reuse Water	N/A	N/A	
BACKS	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
	Туре	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
PUMP	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	120	470	
	Motor Horsepower	10	30	
Well casing 12" above grade?		Yes	Yes	
Well Casin	g Sanitary Seal	Yes	Yes	
Raw Water	Sampling Tap	Yes	Yes	
Above Gro	und Check Valve	Yes	Yes	
Security		Yes	Yes	
Well Vent	Protection	N/A	N/A	

COMMENTS _____

Date <u>1/23/18</u>	

STORAGE FACILITIES

(G) Ground (C) Clearwell	(E) Elevated
(B) Bladder (H) Hydropne	umatic / flow-through
Tank Type/Number	Н
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or	Yes
Level Indicator	
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40-60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	On tank
Date of Inspection	2013/08
Date of Cleaning	2013/08

Comments Tank inspection due 8/18

PWS ID #	3424651
Date	1/23/18

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
- Monitoring schedules are available on the Central District's Drinking Water Website. https://floridadep.gov/central/central/content/resources-drinking-water-facilities-and-operators-central-district

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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 <u>work or alterations</u> 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.]

PWS ID #	3424651
Date	1/23/18

COMMENTS (continued):

• 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

Viviana Penuela Useche Printed Name

Environmental Specialist Title

2-21-18

Christine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Name QUAIL RUN SUBDIVISION	County <u>Marion</u> PWS ID # 3424046
Plant Location SW 108 Lane and SW 18 Terrace, Ocala,	FL 32671 Phone 352-347-8228
Owner Name: Sunshine Utilities of Central Florida, Inc.	Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34	
	Title Manager Phone 352-347-8228
This Survey Date $1/23/18$ Last Survey Date $9/17/19$	Last Compliance Inspection Date <u>8/29/14</u>
PWS TYPE: Community	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5C	 ☐ GROUND; Number of Wells1 ☐ PURCHASED from PWS ID #
MAX-DAY DESIGN CAPACITY: 260,000 gpd	Emergency Water Source
PWS STATUS: <u>Approved</u>	Emergency Water Capacity
<u> </u>	STANDBY POWER SOURCE: Not Required
TREATMENT PROCESSES IN USE	SourceCapacity of Standby (kW)
Hypochlorination	Switchover: Automatic Manual
	Hrs Operated Under Load
SERVICE AREA CHARACTERISTICS	What equipment does it operate?
Subdivision	Well Pumps
Food Service: Yes No X/A	High Service Pumps
	Treatment Equipment
Number of Service Connection92Population Served230BasisMOR	Satisfy avg. daily demand? Yes No Unknown Audio-visual alarm? Yes No
Population Served 230 Basis MOR	
OPERATION & MAINTENANCE LOG: <u>Yes</u>	Comments
Location <u>Water treatment plant</u>	
Comments	PLANS AND MAPS
	Coliform Sampling Plan 🛛 Yes 🗌 No 🗌 N/A
	D/DBP Monitoring Plan \square Yes \square No \square N/A
CERTIFIED OPERATOR: Yes	Lead and Copper Plan \boxtimes Yes \square No \square N/A
Operator(s) & Certification Class-Number:	Distribution System Map \Box Yes \Box No \boxtimes N/A
Kelvin Edun C-7459	Emergency Response Plan \Box Yes No \boxtimes N/A
	Comments Lead & Copper Plan approved 10/10/12
Hrs/day: Required Visit Actual Visit	
Days/wk: Required $5+1$ Actual $5+1$ Non-consecutive Days? \Box Yes \Box No \boxtimes N/A	PREVENTIVE MAINTENANCE/O&M
Non-consecutive Days? Yes No N/A Comments:	Operation & Maintenance Manual \boxtimes Yes \square No
	Preventive Maintenance Program 🖾 Yes 🔲 No
	Flushing Program 🛛 🗌 Yes 🗌 No 🗌 N/A
MONTHLY OPERATION REPORTS (MORs)	Records \bigvee Yes \Box No \Box N/A
MORs submitted regularly? Xes No N/A	Isolation Valve Exercise 🛛 🗌 Yes 🗌 No 🗌 N/A
Data missing from MORs? No Yes N/A	Records \bigvee Yes \square No \square N/A
Average Day (from MORs) 24,968 gpd	Comments
Maximum Day (from MORs) <u>52,200 gpd 8/17</u>	
Comments	CROSS CONNECTION CONTROL
	# BFPAs <u>None observed</u> # Tested <u>N/A</u>
Flow Measuring Device Flow Meter	WWTP RPZ <u>N/A</u> Date Tested <u>N/A</u>
Meter Size & Type4" Rockwell	Written Plan Yes Date $\frac{2/15/10}{2}$
Date Last Calibrated _3/23/16	Comments

 PWS ID #
 3424046

 Date
 1/23/18

GROUND WATER SOURCE

	per (Florida Unique Well ID #)	1(AAG9894)	
Year Drilled		1980	
Depth Drilled		Unknown	
Drilling Method		Unknown	
Type of Grout		Unknown	
Static Water Level		Unknown	
Pumping Water Level		Unknown	
Design We	ll Yield	Unknown	
Test Yield		Unknown	
Actual Yield (if different than rated capacity)		Unknown	
Strainer		Unknown	
Length (outside casing)		Unknown	
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	
	Septic Tank	>200'	
SET	Reuse Water	N/A	
BACKS	WW Plumbing	>100'	
	Other Sanitary Hazard	None observed	
	Туре	Submersible	
	Manufacturer Name	Sta-Rite	
PUMP	Model Number	Unknown	
	Rated Capacity (gpm)	360	
	Motor Horsepower	30	
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 _____

PWS ID #	3424046
Date	1/23/18

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo					
Make Uni-Dose	Capacity <u>12 gpd</u>				
Chlorine Feed Rate	100% stroke				
Avg. Amount of Cl ₂ gas used	N/A				
Chlorine Residuals: Plant	0.2 Remote <u>N/A*</u>				
Remote tap location <u>Apa</u>	rtment 1699				
DPD Test Kit: On-site	With operator				
None 🗌	Not Used Daily				
Injection Points <u>Prior to the hydropneumatic tank.</u>					
Booster Pump Info <u>N/A</u>					
Comments <u>*Chlorine pump not functional at the time</u>					
of inspection. Operator fixed the pump and restored					
chlorine residual at the plant.					

STORAGE FACILITIES

(G) Ground (C) Cle	arwell (E) Elevated		
(B) Bladder (H) Hye	dropneumatic / flow-through		
Tank Type/Number	H/2		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	No		
PRV/ARV	Both		
Pressure Gauge	Yes		
On/Off Pressure	40/60		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	Discharge piping		
Date of Inspection	*		
Date of Cleaning	*		

Comments <u>*Replacement tank installed 7/23/15.</u> Next tank inspection due 7/20

PWS ID #	3424046
Date	1/23/18

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Inadequate combined or free chlorine residual	62-555.350(6)	Maintain a continuous minimum free chlorine residual of 0.2 mg/L	2/12/18 - chlorin residual restored in the distribution system per operator e-mail	

MONITORING REMINDER:

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COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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.]

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- 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.]

PWS ID #	3424046
Date	1/23/18

COMMENTS (continued):

- 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.]
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Inspector Signature

Viviana Penuela Useche Printed Name

Environmental Specialist

Title

2-21-18 Date

vistine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18 Date

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Name	SANDY A	CRES	County	Marion		3421118
Plant Location:	24901 SE Highway 42,	Umatilla, FL 32784			Phone	
Owner Name:					Phone	352-347-8228
Owner Address	10230 SE Highway 25	, Belleview, FL 3442	0-5531			
Contact Person	Dewaine Christmas 01/23/18		l'itle <u>Owne</u>	er		
This Survey Date	01/23/18	Last Survey Date <u>9/</u>	23/15	Last Compliance	Inspection Da	te $08/08/01$
PWS TYPE: Co	ommunity		RAW W	ATER SOURCE		
PLANT CATEG	GORY & CLASS: 5D			UND; Number of	Wells	2
	GIGN CAPACITY: <u>230</u> ,	000 and		CHASED from PV		
MAA-DAI DES	$\frac{250}{250}$	<u>ooo gpu</u>	Emer Emer	gency Water Sour	ce	
PWS STATUS:	Approved		Emer	gency Water Capa	<u> </u>	
			STAND	BY POWER SOU	RCE: Yes	
TDE A TRAENTE I	DOCESSES IN USE			Propane generat		
Hypochlorinatio	PROCESSES IN USE			of Standby (kW)		
<u> </u>	n		Switchov	er: 🛛 Automatic	🗌 Manual	
				ated Under Load _		vn
SERVICE AREA	A CHARACTERISTIC	S		ipment does it ope		
Mobile Home F			We We	ll Pumps 2		
Food Service:] Yes 🗌 No 🖾 N/A		L Hig	gh Service Pumps		
N 1 CO '		242	∐ Ire	atment Equipment g. daily demand?		TT1
Number of Service	e Connection 607Basis	243	Satisfy av	sual alarm? \boxtimes Yes		Unknown
ropulation Served	00/Dasis	12/1 / WIOK		ts		
OPERATION &	MAINTENANCE LO	G: Yes	Comment			
	ter treatment plant					
Comments			PLANS A	AND MAPS		
				Sampling Plan		<u>No</u> N/A
				Ionitoring Plan		No N/A
CERTIFIED OP				Copper Plan		No N/A
Kelvin Edun C-	tification Class-Number:		Distributi	on System Map	X Yes	\square No \square N/A
Kelvin Edun C-	-7459			cy Response Plan		No N/A
Urs/dow: Required	Visit Actual	Visit	Comment	ts		
Davs/wk: Poquired		3				
Non-consecutive	Davs? Ves] No 🖾 N/A	PREVEN	NTIVE MAINTE	ENANCE/O8	kМ
	must be on non consecutiv		Operation	n & Maintenance N	Ianual 🔀 Ye	s 🗌 No
total at least 0.3				e Maintenance Pro		
	*		Flush	ing Program	🖂 Yes	
	ERATION REPORTS	<u> </u>		Records	\boxtimes Yes	
MORs submitted r		No N/A	Isolat	tion Valve Exercise	_	
Data missing from		Yes N/A	C	Records	🛛 Yes	□ No □ N/A
Average Day (from			Comment	ts		
	rom MORs) <u>gpd</u> /12					
Comments			CROSS	CONNECTION	CONTROL	
			# BFPAs	None observe		ted <u>Unknown</u>
Flow Measuring D	Device Flow Meter		WWTP R	PZ N/A		Tested <u>N/A</u>
	e 4" Sensus		Written P	lan <u>Yes</u>	Date	<u>N/A</u>
Date Last Calibrat	red <u>7/14/15</u>		Comment	ts <u>N/A</u>		

 PWS ID #
 3421118

 Date
 1/23/18

GROUND WATER SOURCE

Well Num	ber (Florida Unique Well ID #)	1(AAG9607)	2	
Year Drilled		1981	1981	
Depth Drilled		180'	179'	
Drilling M	ethod	Cable tool	Cable tool	
Type of Gr	rout	Neat Cement	Neat Cement	
Static Wate	er Level	60'	60'	
Pumping V	Vater Level	Unknown	Unknown	
Design We	ell Yield	Unknown	Unknown	
Test Yield		Unknown	Unknown	
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown	
Strainer		Unknown	Unknown	
Length (ou	tside casing)	108'	110'	
Diameter (outside casing)	6"	6"	
Material (o	outside casing)	Black steel	Black steel	
Well Contamination History		None	None	
Is inundation of well possible?		No	No	
6' X 6' X 4	4" Concrete Pad	Yes	Yes	
	Septic Tank	>200'	>200'	
SET	Reuse Water	N/A	N/A	
BACKS	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
	Туре	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
PUMP	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	230	89	
	Motor Horsepower	15	5	
Well casing 12" above grade?		*No	*No	
Well Casing Sanitary Seal		Yes	Yes	
Raw Water	r Sampling Tap	Yes	Yes	
Above Ground Check Valve		Yes	Yes	
Security		Yes	Yes	
Well Vent Protection		N/A	Yes	

COMMENTS <u>*The Department will continue to accept the well casing height as it currently exists unless there are signs</u> of microbial or chemical contamination.

PWS ID #	3421118
Date	1/23/18

CHLORINATION (Disinfection)

Type: 🗌 Gas 🖾 Hypo
Make <u>Chem-Tech/Uni-Dose</u> Capacity 15/12 gpd
Chlorine Feed Rate 100% / 60% stroke
Avg. Amount of Cl ₂ gas usedN/A
Chlorine Residuals: Plant >2.2 Remote 1.2
Remote tap location 25176 SE 17 th St
DPD Test Kit: On-site With operator
None Not Used Daily
Injection Points <u>Prior to the hydropneumatic tank.</u>
Booster Pump Info <u>N/A</u>
Comments

STORAGE FACILITIES

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

Tank Type/Number	H1	
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	30/50	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location Date of Inspection	Effluent pipe 7/2013	
Date of Cleaning	7/2013	

Comments <u>Next tank inspection due 7/2018</u> *Missing PRV vent screen.

PWS ID #	3421118
Date	1/23/18

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Damaged or missing vent screens on tank(s) or tank(s) overflow and the tank is a finished water storage	62-555.320(8)(c)	Provide at least a 24 mesh corrosion resistant screen, except 4-mesh screen may be used on vents for elevated tanks.	2/12/18 - vent screen replaced per operator e- mail	No

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
- Monitoring schedules are available on the Central District's Drinking Water Website. https://floridadep.gov/central/central/content/resources-drinking-water-facilities-and-operators-central-district

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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.]

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 - 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

PWS ID #	3421118
Date	1/23/18

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.]

COMMENTS (continued):

- 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.]
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Inspector Signature

Viviana Penuela Useche Printed Name

Environmental Specialist

Title

2-21-18 Date

Vistine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18 Date

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

SUN RAY ESTATES Plant Location NE 35 th Street, Ocala, FL 34421	County Marion PWS ID # 3421314
Plant Location <u>NE 35th Street, Ocala, FL 34421</u>	Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc.	Phone 352/347-8228
Owner Address <u>10230 SE Highway 25, Belleview, FL 34</u>	420-5531
Contact Person Dewaine Christmas	Title Phone 352/347-8228
This Survey Date 1/23/18Last Survey Date 8/19/15	Last Compliance Inspection Date <u>10/16/01</u>
PWS TYPE: Community	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5C	 ☐ GROUND; Number of Wells2 ☐ PURCHASED from PWS ID #
MAX-DAY DESIGN CAPACITY: <u>396,000 gpd</u>	Emergency Water Source
PWS STATUS: Approved	Emergency Water Capacity
	STANDBY POWER SOURCE: Yes
TREATMENT PROCESSES IN USE	Source Generac Protector QS
Hypochlorination	Capacity of Standby (kW) 34
	Switchover: 🖾 Automatic 🗌 Manual
	Hrs Operated Under Load
SERVICE AREA CHARACTERISTICS	What equipment does it operate?
	Well Pumps
Food Service: Yes No X/A	High Service Pumps
Number of Service Connections 572	☐ Treatment Equipment
Population Served <u>1,999</u> Basis <u>12/17 mor</u>	Audio-visual alarm? \square Yes \square No
	Comments
OPERATION & MAINTENANCE LOG: <u>Yes</u>	
Location <u>Water treatment plant</u>	
Comments	PLANS AND MAPS
	Coliform Sampling Plan 🛛 Yes 🗌 No 🗌 N/A
	D/DBP Monitoring Plan
CERTIFIED OPERATOR: Yes	Lead and Copper Plan
Operator(s) & Certification Class-Number:	Distribution System Map Yes No N/A
Kelvin Edun C-7459	Emergency Response Plan 🛛 Yes 🗌 No 🗌 N/A
	Comments
Hrs/day: Required Visit Actual Visit	
Days/wk: Required $5+1$ Actual $5+1$	
Non-consecutive Days? \Box Yes \Box No \boxtimes N/A	PREVENTIVE MAINTENANCE/O&M
Comments	Operation & Maintenance Manual X Yes No
	Preventive Maintenance Program \square Yes \square No
MONTHLY OPERATION REPORTS (MORs)	Flushing Program Xes No N/A Records Yes No N/A
MORs submitted regularly? \square Yes \square No \square N/A	Records Yes No N/A Isolation Valve Exercise Yes No N/A
Data missing from MORs? \square No \square Yes \square N/A	Records Yes No N/A
Average Day (from MORs) 141,667 gpd	Comments
Maximum Day (from MORs) <u>220,100 gpd</u> 5/17	
Comments	
	CROSS CONNECTION CONTROL
	# BFPAs <u>None observed</u> # Tested <u>Unknown</u>
Flow Measuring Device Flow Meter	WWTP RPZ <u>N/A</u> Date Tested <u>N/A</u>
Meter Size & Type4" AMCO	Written Plan Yes Date <u>11/14/12</u>
Date Last Calibrated 7/23/15	Comments

 PWS ID #
 3421314

 Date
 1/23/18

GROUND WATER SOURCE

Well Num	oer (Florida Unique Well ID #)	2 (AAE0357)South	1 (AAE0258)	
Year Drille	ed	1965	1972	
Depth Dril	led	165'	160'	
Drilling M	ethod	Combination	Combination	
Type of Gr	out	Neat cement	Neat cement	
Static Wate	er Level	20'	26'	
Pumping W	Vater Level	Unknown	Unknown	
Design We	ll Yield	Unknown	Unknown	
Test Yield		Unknown	Unknown	
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown	
Strainer		Unknown	Unknown	
Length (ou	tside casing)	45'	105'	
Diameter (outside casing)	6"	8"	
Material (o	utside casing)	Black steel	Black steel	
Well Conta	mination History	None	None	
Is inundation	on of well possible?	No	No	
6' X 6' X 4	"Concrete Pad	Yes	Yes	
	Septic Tank	>200'	>200'	
SET	Reuse Water	N/A	N/A	
BACKS	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
	Туре	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
PUMP	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	410	140	
	Motor Horsepower	25	10	
Well casing	g 12" above grade?	No*	Yes	
Well Casin	g Sanitary Seal	ОК	ОК	
Raw Water	Sampling Tap	Yes	Yes	
Above Gro	und Check Valve	Yes	Yes	
Security		Yes	Yes	
Well Vent	Protection	N/A	Yes	

COMMENTS <u>*The Department will continue to accept the well casing height as it currently exists unless it is shown</u> to contain chemical or microbial contamination.

PWS ID #	3421314
Date	1/23/18

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo				
Make Chem-Tech/Uni-Dose	<u>capacity 30 gpd</u>			
Chlorine Feed Rate 80% /	60% stroke			
Avg. Amount of Cl ₂ gas used	N/A			
Chlorine Residuals: Plant				
Remote tap location2831	NE 35 th Street			
DPD Test Kit: On-site	With operator			
□ None	Not Used Daily			
Injection Points <u>Prior to hydropneumatic tank</u>				
Booster Pump Info <u>N/A</u>				
Comments				

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	Both
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	Discharge piping
Date of Inspection	7/13
Date of Cleaning	7/13

Comments Tank inspection due 7/18

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
- Monitoring schedules are available on the Central District's Drinking Water Website. <u>https://floridadep.gov/central/content/resources-drinking-water-facilities-and-operators-central-district</u>

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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 <u>work or alterations</u> 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.]

PWS ID #	3421314
Date	1/23/18

COMMENTS (continued):

• 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.]

Christine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager Title

3/1/18

Inspector Signature

Viviana Penuela Useche Printed Name

Environmental Specialist Title

2-21-18

State of Florida Department of Environmental Protection Central District SANITARY SURVEY REPORT

Plant Name	WHISPERING SANDS SUBDIVISION	N	County	Marion	PWS ID #	3424009
	SE 50 th Ct & SE 30 th Street, Ocala, FL 344				Phone	352-347-8228
Owner Name	Sunshine Utilities of Central Florida Inc				Phone	
	10230 SE Highway 25, Belleview, FL 34	420-553	1			
Contact Person	Dewaine Christmas	Title	Owner		Phone	352-347-8228
This Survey Date	<u>1/23/18</u> Last Survey Date	1/23/15	Last	Compliance In		
PWS TYPE: Co	ommunity	RA	AW WATE	ER SOURCE		
PLANT CATEG	GORY & CLASS: 5D			D; Number of		
MAX-DAY DES	SIGN CAPACITY: <u>228,960 gpd</u>			cy Water Sour		
PWS STATUS:	Approved		Emergen	cy Water Capa	city	
				POWER SOUL		
TREATMENT I	PROCESSES IN USE	So	urce <u>G</u>	enerac Power	System	
Hypochlorinatio		Ca	pacity of S	tandby (kW) _		34
		Sw	vitchover:	Automatic	Manual	
		Hr	's Operated	Under Load	<u> </u>	/5 hr/wk.
	A CHARACTERISTICS			ent does it ope umps <u>Both</u>		
Subdivision				ervice Pumps		
Food Service:]Yes 🗌 No 🖾 N/A			ent Equipment		
Number of Service	e Connection 125	Sa	tisfy avg. d	aily demand?	\overline{X} Yes \Box No	Unknown
Population Served	437 Basis 12/17 MOR	Au	idio-visual	alarm? \square Yes		
1 op 0101011 201 / 00						
OPERATION &	z MAINTENANCE LOG: <u>Yes</u>					
	ter treatment plant					
Comments			LANS ANI		N	
				pling Plan		No N/A
CEDTIFIED OI		D/	DBP Monit	toring Plan	\bigvee Yes	\square No \square N/A
CERTIFIED OF	tification Class-Number:	Le	ad and Cop	oper Plan System Map	\bigvee Yes	
Kelvin Edun C-		D1 En	stribution S	Response Plan	⊠ Yes ⊠ Yes	\square No \square N/A
Kelvin Laun C.	-7					☐ No ☐ N/A submitted 6/20/14.
Hrs/day: Paquirad	Visit <u>Actual</u> Visit			pper Plan was		
Dave/wk: Paguira	<u>4 3 Actual 5</u>			pper i fair was		1)/0).
Non-consecutive		PF	REVENTI	VE MAINTE	NANCE/O	&М
		Op	peration & 1	Maintenance M	lanual 🖂 Ye	es 🗌 No
		Pro	eventive M	aintenance Pro	gram 🛛 Y	es 🗌 No
			Flushing		\boxtimes Yes	S 🗌 No 🗌 N/A
MONTHLY OP	ERATION REPORTS (MORs)			Records	\boxtimes Yes	= $=$
MORs submitted a			Isolation	Valve Exercise		s 🗌 No 🗌 N/A
Data missing from				Records		S No N/A
Average Day (from		Co	omments			
• 、	rom MORs) <u>70,200 gpd 08/14</u>					
Comments		C	ROSS CO	NNECTION	CONTROI	
Flow Measuring F	Device <u>Flow Meter</u>		BFPAs	None reported		
	e <u>3" Sensus/3" Master</u>		WTP RPZ		Date Teste	
	ted <u>8/4/16 and 8/18/16</u>		ritten Plan		Date 1030 Date $2/1$	
Late Last Canolat			omments			

 PWS ID #
 3424009

 Date
 1/23/18

GROUND WATER SOURCE

Well Numb	oer (Florida Unique Well ID #)	1(AAE0278)	2(AAE0279)
Year Drille	d	1979	1983
Depth Drill	led	132'	128'
Drilling Me	ethod	Cable tool	Combination
Type of Gr	out	Neat cement	Neat cement
Static Wate	er Level	42'	42'
Pumping W	Vater Level	Unknown	Unknown
Design We	ll Yield	Unknown	Unknown
Test Yield		Unknown	Unknown
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown
Strainer		Unknown	Unknown
Length (ou	tside casing)	105'	Unknown
Diameter (outside casing)	6"	6"
Material (o	utside casing)	Black steel	Black steel
Well Conta	mination History	None	None
Is inundation	on of well possible?	No	No
6' X 6' X 4	"Concrete Pad	Yes	Yes
	Septic Tank	>200'	>200'
SET	Reuse Water	N/A	N/A
BACKS	WW Plumbing	>100'	>100'
	Other Sanitary Hazard	None observed	None observed
	Туре	Submersible	Submersible
	Manufacturer Name	Sta-Rite	Sta-Rite
PUMP	Model Number	Unknown	Unknown
	Rated Capacity (gpm)	115	150
Motor Horsepower		7.5	7.5
Well casing	g 12" above grade?	Yes	Yes
Well Casin	g Sanitary Seal	Yes	Yes
Raw Water	· Sampling Tap	Yes	Yes
Above Gro	und Check Valve	Yes	Yes
Security		Yes	Yes
Well Vent	Protection	N/A	N/A

COMMENTS _____

PWS ID #	3424009
Date	1/23/18

CHLORINATION (Disinfection)

Type: 🗌 Gas 🛛 Hypo			
Make <u>Chem-Tech/Uni-Dose</u> Capacity 15/12 gpd			
Chlorine Feed Rate 35% & 5570% stroke			
Avg. Amount of Cl ₂ gas used N/A			
Chlorine Residuals: Plant <u>>2.2</u> Remote <u>>2.2</u>			
Remote tap location 5061 SE 30th St			
DPD Test Kit: On-site With operator			
None Not Used Daily			
Injection Points <u>Prior to the hydropneumatic tank.</u>			
Booster Pump Info			
Comments			

STORAGE FACILITIES

(G) Ground (C) Clearwell	(E) Elevated
(B) Bladder (H) Hydropne	umatic / flow-through
Tank Type/Number	Н
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or	Yes
Level Indicator	
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	On tank
Date of Inspection	2013/06
Date of Cleaning	2013/06

Comments <u>Next tank inspection due 6/2018</u>

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
- Monitoring schedules are available on the Central District's Drinking Water Website. <u>https://floridadep.gov/central/content/resources-drinking-water-facilities-and-operators-central-district</u>

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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 <u>work or alterations</u> 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.]

PWS ID #	3424009
Date	1/23/18

COMMENTS (continued):

• 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.]

Christine Daniel

Reviewer Signature

Christine Daniel Printed Name

Environmental Manager

Title

3/1/18

Inspector Signature

Viviana Penuela Useche Printed Name

Environmental Specialist Title

2-21-18



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

November 18, 2019

Dewaine Christmas, Facility Contact Sunshine Utilities of Central Florida, Inc. 10230 SE HWY 25 Belleview, FL. 34420 <u>SUNSHINEUTL@AOL.COM</u>

Re: Compliance Assistance Offer Sandy Acres PW 3421118 Marion County

Dear Mr. Christmas:

A file review was conducted on your facility on October 30, 2019. During this file review, potential non-compliance was noted. The purpose of this letter is to offer compliance assistance as a means of resolving this matter.

Specifically, Department records indicate your facility did not perform required testing for *Disinfection By-Product* sampling, which were required to be performed annually per rule 62-550, Florida Administrative Code (F.A.C) or according to your permit. Upon investigation, an email conversation confirmed that the samples were not collected.

We request you review the item(s) of concern noted and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should include one of the following:

- 1. Describe what has been done to resolve the non-compliance issue or provide a schedule describing how/when the issue will be addressed.
 - A sample for the missed contaminant must be collected immediately and delivered to an approved laboratory, with analysis results submitted to this office within 14 days of the date of this letter.
 - Distribute a public notice in accordance with 62-560.410 F.A.C. Submit a draft of the public notice to the Department prior to issuance.
 - Provide documentation on steps that have been taken to prevent future sampling omissions
 - Contact the Department to determine if increased sampling is required

Sandy Acres; Facility ID No.:3421118 Compliance Assistance Offer Page 2 of 2 November 18, 2019

- 2. Provide the requested information, or information that mitigates the concerns or demonstrates them to be invalid, or
- 3. Arrange for the case manager to visit your facility to discuss the item(s) of concern.

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

Please address your response and any questions to Chandler Hammond of the Central District Office at 407-897-4313 or via e-mail at <u>Chandler.Hammond@FloridaDEP.gov</u>. We look forward to your cooperation with this matter.

Sincerely,

Junjans

Jill Farris, Environmental Manager Central District Florida Department of Environmental Protection



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

February 4, 2020

Dewaine Christmas, Facility Administrator Sunshine Utilities of Central Florida, Inc. 10230 SE Hwy 25 Belleview FL, 34420 <u>SUNSHINEUTL@AOL.COM</u>

Re: Return to Compliance Sandy Acres PW Facility ID #3421118 Marion County

Dear Mr. Christmas:

Department personnel conducted a review of the response to the Compliance Assistance Offer Letter issued November 18, 2019. Based on the information provided in your response, the facility was determined to have resolved the identified issues and has returned to compliance with the Department's rules and regulations.

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 Chandler Hammond at 407-897-4313 or via e-mail at <u>Chandler.Hammond@FloridaDEP.gov</u>.

Sincerely,

Jill Farris, Manager Central District Florida Department of Environmental Protection



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

November 15, 2019

Dewaine Christmas, Facility Contact Sunshine Utilities of Central Florida Inc. NE 35th Ave Ocala, FL. 34471 <u>SUNSHINEUTL@AOL.COM</u>

Re: Compliance Assistance Offer Sun Ray Estates PW 3421314 Marion County

Dear Mr. Christmas:

A file review was conducted on your facility on October 30, 2019. During this file review, potential non-compliance was noted. The purpose of this letter is to offer compliance assistance as a means of resolving this matter.

Specifically, Department records indicate your facility did not perform required testing for *Disinfection By-Product* sampling, which were required to be performed annually per rule 62-550, Florida Administrative Code (F.A.C) or according to your permit. Upon investigation, an email conversation confirmed that the samples were not collected.

We request you review the item(s) of concern noted and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should include one of the following:

- 1. Describe what has been done to resolve the non-compliance issue or provide a schedule describing how/when the issue will be addressed.
 - A sample for the missed contaminant must be collected immediately and delivered to an approved laboratory, with analysis results submitted to this office within 14 days of the date of this letter.
 - Distribute a public notice in accordance with 62-560.410 F.A.C. Submit a draft of the public notice to the Department prior to issuance.
 - Provide documentation on steps that have been taken to prevent future sampling omissions
 - Contact the Department to determine if increased sampling is required

Sun Ray Estates; Facility ID No.:3421314 Compliance Assistance Offer Page 2 of 2 November 15, 2019

- 2. Provide the requested information, or information that mitigates the concerns or demonstrates them to be invalid, or
- 3. Arrange for the case manager to visit your facility to discuss the item(s) of concern.

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

Please address your response and any questions to Chandler Hammond of the Central District Office at 407-897-4313 or via e-mail at <u>Chandler.Hammond@FloridaDEP.gov</u>. We look forward to your cooperation with this matter.

Sincerely,

Junjans

Jill Farris, Environmental Manager Central District Florida Department of Environmental Protection

cc: Universal Waters, Operator <u>BLUEJAY2415@AOL.COM</u>



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

February 4, 2020

Dewaine Christmas, Facility Administrator Sunshine Utilities of Central FL, Inc. 10230 SE Hwy 25 Belleview FL, 34420 <u>SUNSHINEUTL@AOL.COM</u>

Re: Return to Compliance Facility Name PW Facility ID #3421314 Marion County

Dear Mr. Christmas:

Department personnel conducted a review of the response to the Compliance Assistance Offer Letter issued November 15, 2019. Based on the information provided in your response, the facility was determined to have resolved the identified issues and has returned to compliance with the Department's rules and regulations.

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 Chandler Hammond at 407-897-4313 or via e-mail at <u>Chandler.Hammond@FloridaDEP.gov</u>.

Sincerely,

Jill Farris, Manager Central District Florida Department of Environmental Protection



Florida Department of Environmental Protection

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

Carlos Lopez-Cantera Lt. Governor

> Ryan E. Matthews Interim Secretary

March 22, 2017

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

Re: Little Lake Weir Subdivision PW Facility ID #3420761 Sunlight Acres Subdivision PW Facility ID #3421520 Belleview Oaks Estates PW Facility ID #3424621 Country Walk PW Facility ID #3424657 Hilltop at Lake Weir PW Facility ID #3424662 Marion County

Dear Mr. Christmas:

Department personnel conducted inspections inspection of the above-referenced facilities on March 16, 2017. Based on the information provided during and following the inspection, the facilities were determined to be in compliance with the Department's rules and regulations. Copies of the inspection reports are attached for your records, and 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 these facilities in compliance with state and federal rules. Should you have any questions or comments, please contact Chris Rossing at 407-897-4172 or via e-mail at Chris.Rossing@dep.state.fl.us.

Sincerely,

Sirena Davila, Manager Central District Florida Department of Environmental Protection

Enclosure: Inspection Reports

Plant Name LITTLE LAKE WEIR SUBDIVISION	County Marion PWS ID # 3420761
Plant Location <u>SE 144th Lane & SE 90th Court, Summerfie</u>	Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc.	Phone 352/347-8228
Owner Address 10230 East Highway 25, Belleview, FL 3	4420
Contact Person Dewaine Christmas	TitleOwner/Office managerPhone352/347-8228
This Survey Date 3/16/17Last Survey Date 5/15/14	Last Compliance Inspection Date <u>10/15/01</u>
PWS TYPE: Community	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5D	☐ GROUND; Number of Wells2 ☐ PURCHASED from PWS ID #
MAX-DAY DESIGN CAPACITY: 106,560 gpd	Emergency Water Source
PWS STATUS: <u>Approved</u>	Emergency Water Capacity
TREATMENT PROCESSES IN USE Hypochlorination	STANDBY POWER SOURCE: Yes Source Onan Diesel Capacity of Standby (kW) 80 Switchover: Automatic Manual
SERVICE AREA CHARACTERISTICS Subdivision	Hrs Operated Under Load <u>1 hr/wk.</u> What equipment does it operate? Well Pumps <u>Both</u>
Food Service: Yes No N/A	High Service Pumps
Number of Service Connections 385 Population Served 963 Basis Operator	☐ Treatment EquipmentAll Satisfy avg. daily demand? ☐Yes ☐No ☐Unknown Audio-visual alarm? ☐Yes ☐No
OPERATION & MAINTENANCE LOG: Yes Location Water treatment plant Comments	Comments <u>Auto-dialer</u> PLANS AND MAPS
CERTIFIED OPERATOR: Yes Operator(s) & Certification Class-Number: Kelvin Edun C-7459 Hrs/day: Required Visit Actual Visit	Coliform Sampling PlanYesNoN/AD/DBP Monitoring PlanYesNoN/ALead and Copper PlanYesNoN/ADistribution System MapYesNoN/AEmergency Response PlanYesNoN/ACommentsYesNoN/A
Days/wk: Required 3 Actual 3 Non-consecutive Days? Yes No N/A Comments	PREVENTIVE MAINTENANCE/O&M Operation & Maintenance Manual Yes Preventive Maintenance Program Yes Flushing Program Yes
MONTHLY OPERATION REPORTS (MORs) MORs submitted regularly? Yes No N/A Data missing from MORs? No Yes N/A Average Day (from MORs) 71,204 gpd Maximum Day (from MORs) 99,800 gpd 2/16	Records Yes No N/A Isolation Valve Exercise Yes No N/A Records Yes No N/A Comments Yes No N/A
Comments Flow Measuring Device Flow Meter Meter Size & Type2" Sensus/2" Master Date Last CalibratedUnknown	CROSS CONNECTION CONTROL # BFPAs None # Tested N/A WWTP RPZ N/A Date Tested N/A Written Plan Yes Date Unknown Comments

 PWS ID #
 3420761

 Date
 3/16/17

GROUND WATER SOURCE

	WATER SOURCE	1 (1 4 5 6 6 6)			
Well Number (Florida Unique Well ID #)		1 (AAE0263)	2 (AAE0262)		
Year Drilled		Unknown	1980		
Depth Drill		250'	170'		
Drilling Mo	ethod	Cable tool	Rotary drill		
Type of Gr	out	Neat cement	Neat cement		
Static Wate	er Level	Unknown	Unknown		
Pumping W	Vater Level	Unknown	Unknown		
Design We	ll Yield	Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown		
Strainer		Unknown	Black steel		
Length (ou	tside casing)	Unknown	142'		
Diameter (outside casing)	4"	4"		
Material (o	utside casing)	Unknown	Black iron		
Well Conta	mination History	None	None		
Is inundation	on of well possible?	No	No		
6' X 6' X 4	" Concrete Pad	Yes	Yes		
	Septic Tank	N/A	N/A		
SET	Reuse Water	>200'	>200'		
BACKS	WW Plumbing	>200'	>200'		
	Other Sanitary Hazard	None observed	None observed		
	Туре	Submersible	Submersible		
	Manufacturer Name	Unknown	Unknown		
PUMP	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	75	73		
	Motor Horsepower	5	5		
Well casing 12" above grade?		Yes	No*		
Well Casin	g Sanitary Seal	ОК	ОК		
Raw Water	· Sampling Tap	Yes	Yes		
Above Gro	und Check Valve	Yes	Yes		
Security		Yes	Yes		
Well Vent	Protection	N/A	N/A		

COMMENTS <u>*The Department will continue to accept the well casing as it currently exists unless it is shown to contain chemical or microbial contamination.</u>

PWS ID #	3420761
Date	3/16/17

Type: 🗌 Gas 🛛 Hypo						
Make Chem-tech (2)	Capacity <u>30 gpd</u>					
Chlorine Feed Rate 60%						
Avg. Amount of Cl ₂ gas used	N/A					
Chlorine Residuals: Plant	<u>N/A</u> Remote <u>1.24</u>					
Remote tap location <u>1415</u>	Remote tap location 14150 90 th Court					
DPD Test Kit: On-site With operator						
□ None	Not Used Daily					
Injection Points Prior to the	hydropneumatic tank					
Booster Pump Info <u>N/A</u>						
Comments						

Chlorine Gas Use	YES	NO	Comments
Requirements Dual System			
*			
Auto-switchover			
Alarms:		_	
Loss of Cl ₂ capability Loss of Cl ₂ residual			
Cl_2 leak detection		H	
Scale			
Chained Cylinders			
Reserve Supply	Ŕ		
Adequate Air-pak			
Sign of Leaks		$\backslash \Box$	
Fresh Ammonia		Ŋ	
Ventilation			
Room Lighting			
Warning Signs			
Repair Kits			
Fitted Wrench			
Housing/Protection			

AERATION (Gases, Fe, &	z Mn Removal)
Туре	Capacity
Aerator Condition	
Visible Algae Growth	
Protective Screen Condition	
Frequency of Cleaning	
Date Last Inspected/Cleane	ed
Comments	

STORAGE FACILITIES

(G) Ground	(C) Clearwell	(E) Elevated	
------------	---------------	--------------	--

(B)	Bladder	(H) Hydropneumatic / flow-throug	gh
-----	---------	----------------------------------	----

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	On tank	
Date of Inspection	7/13	
Date of Cleaning	7/13	

Comments _____

HIGH SERVICE PUMPS

Pump Number	
Туре	
Make	
Model	
Capacity (gpm)	
Motor HP	
Date Installed	
Commonte	
Comments	\rightarrow

PWS ID #	3420761
Date	3/16/17

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
No Bacteriological Sampling Plan on file.	62-550.518(1)	Submit a Bacti Plan.	3/17/17 email from Dewaine Christmas stated that all deficiencies have been corrected.	No
Failure to maintain a map of the drinking water distribution system.	62-555.350(14)	Provide an up-to-date map of the drinking water distribution system.	3/17/17 email from Dewaine Christmas stated that all deficiencies have been corrected.	No

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2017 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2017, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2017.
- Monitoring schedules are available on the Central District's Drinking Water Website.
 <u>http://www.dep.state.fl.us/central/Home/DrinkingWater/InHouseCompliance/MonitoringSchedules/MonitoringSchedules.htm</u>

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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.

- 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

PWS ID #	3420761
Date	3/16/17

- 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	Mr. May	∫ Title: Environmental Specialist II	Date: 3/20/17
Reviewer's Signature	J. Ql	Title: Environmental Manager	Date: <u>3/21/2017</u>

Plant Name SUNLIGHT ACRES SUBDIVISIO	DN County Marion PWS ID # 3421520
Plant Name SUNLIGHT ACRES SUBDIVISION Plant Location SE 32 nd Court, Belleview, FL 34420	Phone 352/347-8228
Owner Name Sunshine Utilities of Central FL, Inc.	Phone 352/347-8228
Owner Address 10230 East Highway 25, Belleview,	FL 34420-5531
Contact Person Dewaine Christmas	Title Owner/Office manager Phone 352/347-8228
This Survey Date 3/16/17Last Survey Date 5/15/	Last Compliance Inspection Date <u>10/17/01</u>
PWS TYPE: Community	RAW WATER SOURCE
PLANT CATEGORY & CLASS: 5D	GROUND; Number of Wells 1
MAX-DAY DESIGN CAPACITY: 180,000 gpd	PURCHASED from PWS ID # Emergency Water Source
PWS STATUS: Approved	Emergency Water Capacity
	- STANDBY POWER SOURCE: <u>Not Required</u>
TREATMENT PROCESSES IN USE	Source
Hypochlorination	Capacity of Standby (kW)
	Switchover: Automatic Manual
SERVICE AREA CHARACTERISTICS	Hrs Operated Under Load What equipment does it operate?
Subdivision	Well Pumps
Food Service: Yes No N/A	High Service Pumps
	Treatment Equipment
Number of Service Connections 79	– Satisfy avg. daily demand? Yes No Unknown
Population Served <u>198</u> Basis <u>Operator</u>	_ Audio-visual alarm?
	Comments
OPERATION & MAINTENANCE LOG: <u>Yes</u>	
Location Water treatment plant	_
Comments	
	$- Coliform Sampling Plan \qquad \qquad$
CERTIFIED OPERATOR: <u>Yes</u>	D/DBP Monitoring Plan \square Yes \square No \square N/A
Operator(s) & Certification Class-Number:	Lead and Copper Plan Yes No N/A
Kelvin Edun C-7459	Distribution System Map \Box Yes \Box No \boxtimes N/A
	- Emergency Response Plan \Box Yes \Box No \boxtimes N/A
Hrs/day: Required Visit Actual Visit	- Comments
Days/wk: Required 3 Actual 3	
Non-consecutive Days? Yes No N/A	- PREVENTIVE MAINTENANCE/O&M
Comments	
	Preventive Maintenance Program 🛛 Yes 🗍 No 🗌 N/A
	Flushing Program Yes No N/A
MONTHLY OPERATION REPORTS (MORs)	Records \Box Yes \Box No \boxtimes N/A
MORs submitted regularly? \square Yes \square No \square N/A	
Data missing from MORs? \square No \square Yes \square N/A	$\square \text{ Records} \qquad \square \text{ Yes } \square \text{ No } \boxtimes \text{ N/A}$
Average Day (from MORs) <u>17,453 gpd</u>	_ Comments
Maximum Day (from MORs) <u>36,200 gpd 11/16</u>	
Comments	
	_ CROSS CONNECTION CONTROL
Flow Measuring Device Flow Meter	# BFPAs None # Tested N/A
Meter Size & Type2" Sensus	······································
	ommont fan <u>Teb</u> bate <u>ommont</u>
Date Last Calibrated Unknown	– Comments <u>Plan not on site</u> .

 PWS ID #
 3421520

 Date
 3/16/17

GROUND WATER SOURCE

WATER SOURCE				
/				
led				
ethod	Cable tool			
out	Neat cement			
er Level	30'			
Vater Level	Unknown			
ll Yield	Unknown			
	Unknown			
ld (if different than rated capacity)	Unknown			
	Unknown			
tside casing)	66'			
outside casing)	6"			
utside casing)	Black steel			
mination History	None			
on of well possible?	No			
" Concrete Pad	Yes			
Septic Tank	N/A			
Reuse Water	>200'			
WW Plumbing	>200'			
Other Sanitary Hazard	None observed			
Туре	Submersible			
Manufacturer Name	Unknown			
Model Number	Unknown			
Rated Capacity (gpm)	150			
Motor Horsepower	10			
g 12" above grade?	Yes			
g Sanitary Seal	OK			
Sampling Tap	Yes			
und Check Valve	Yes			
	Yes			
Protection	N/A			
	per (Florida Unique Well ID #) d ed ethod out er Level /ater Level ll Yield d (if different than rated capacity) tside casing) outside casing) outside casing) utside casing) mination History on of well possible? "Concrete Pad Septic Tank Reuse Water WW Plumbing Other Sanitary Hazard Type Manufacturer Name Model Number Rated Capacity (gpm) Motor Horsepower g 12" above grade? g Sanitary Seal Sampling Tap und Check Valve	per (Florida Unique Well ID #)1 (AAE0260)d1983ed125'ethodCable tooloutNeat cementer Level30'/ater LevelUnknownIl YieldUnknownd (if different than rated capacity)Unknownd (if different than rated capacity)Unknowntside casing)66'outside casing)66'outside casing)66'outside casing)68'on of well possible?Noon of well possible?No"Concrete PadYesSeptic TankN/AReuse Water>200'Other Sanitary HazardNone observedTypeSubmersibleManufacturer NameUnknownModel NumberUnknownRated Capacity (gpm)150Motor Horsepower10g 12" above grade?YesyesSampling TapYesYesund Check ValveYesYesYes	rer (Florida Unique Well ID #) 1 (AAE0260) d 1983 ed 125' ethod Cable tool out Neat cement r Level 30' /ater Level Unknown ll Yield Unknown d (if different than rated capacity) Unknown (d (if different than rated capacity) Unknown tside casing) 66' putside casing) 66' putside casing) 8Black steel mination History None on of well possible? No "Concrete Pad Yes Septic Tank N/A Reuse Water >200' WW Plumbing >200' Other Sanitary Hazard None observed Type Submersible Manufacturer Name Unknown Model Number Unknown Model Number 10 Motor Horsepower 10 g 12" above grade? Yes g Sanitary Seal OK Sampling Tap Yes und Check Valve Yes Yes	rer (Florida Unique Well ID #) 1 (AAE0260) d 1983 ed 125' ethod Cable tool out Neat cement rr Level 30' /ater Level Unknown Il Yield Unknown id (if different than rated capacity) Unknown tside casing) 66' putside casing) 66' putside casing) 66' putside casing) 81ack steel mination History None on of well possible? No Septic Tank N/A Reuse Water >200' WW Plumbing >200' Other Sanitary Hazard None observed Type Submersible Manufacturer Name Unknown Model Number Unknown Model Number 10 Motor Horsepower 10 g 12'' above grade? Yes g Sanitary Seal OK Sampling Tap Yes und Check Valve Yes Yes

COMMENTS _____

PWS ID #	3421520
Date	3/16/17

Type: 🗌 Gas 🛛 Hypo	
Make Pulsa-feeder	Capacity <u>15 gpd</u>
Chlorine Feed Rate 60%	
Avg. Amount of Cl ₂ gas used	N/A
Chlorine Residuals: Plant	<u>N/A</u> Remote <u>1.17</u>
Remote tap location <u>1343</u>	0 SE 32 nd Court
DPD Test Kit: On-site	With operator
□ None	Not Used Daily
Injection Points Prior to hyd	dropneumatic tank
Booster Pump Info <u>N/A</u>	
Comments	

Chlorine Gas Use	YES	NO	Comments
Requirements			
Dual System			
Auto-switchover			
Alarms:			
Loss of Cl2 capability			
Loss of Cl ₂ residual			
Cl ₂ leak detection			
Scale			
Chained Cylinders			
Reserve Supply	Ŕ		
Adequate Air-pak			
Sign of Leaks		$\overline{\Box}$	
Fresh Ammonia		Ď	
Ventilation			
Room Lighting			\mathbf{X}
Warning Signs			
Repair Kits			
Fitted Wrench			
Housing/Protection			

AERATION (Gases, Fe, &	Mn Removal)
Туре	Capacity
Aerator Condition	
Visible Algae Growth	
Protective Screen Condition	<u></u>
Frequency of Cleaning	
Date Last Inspected/Cleaned	
Comments	

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated

(B) Bladder (H) Hydropneumatic / flow-t

Tank Type/Number	H	
Capacity (gal)	2,000	
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	Discharge	
Location	piping	
Date of Inspection	6/13	
Date of Cleaning	6/13	

Comments

\HIGH SERVICE PUMPS

Pump Number	
Туре	
Make	
Model	
Capacity (gpm)	
Motor HP	
Date Installed	/
Comments	

PWS ID #	3421520
Date	3/16/17

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
No Cross Connection Control Plan (CCCP) on file.	62-555.360(2)	Establish and implement a cross- connection control program. Submit a CCCP.	3/17/17 email from Dewaine Christmas stated that all deficiencies have been corrected.	No

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2017 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2017, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2017.
- Monitoring schedules are available on the Central District's Drinking Water Website. <u>http://www.dep.state.fl.us/central/Home/DrinkingWater/InHouseCompliance/MonitoringSchedules/MonitoringSchedules.htm</u>

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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.

- Suppliers of water shall submit written notification to the Department before beginning <u>work or alterations</u> 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.]

PWS ID #	3421520
Date	3/16/17

- 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	Che They	Title: Environmental Specialist II	Date:	3/20/17
Reviewer's Signature _	J. 62	Title: Environmental Manager	Date: <u>3</u>	8/21/2017

Plant Name BELLEVIEW OAKS ESTATES	County Marion	_PWS ID #	3424621
Plant Location <u>CR 25A and SE 76th Avenue, Belleview</u> ,	FL 32620	Phone	352/347-8228
Owner Name Sunshine Utilities of Central FL, Inc.		Phone	352/347-8228
Owner Address 10230 East Highway 25, Belleview, FL	34420-5531		
Contact Person Dewaine Christmas			
This Survey Date $3/16/17$ Last Survey Date $5/15/14$	Last Compliance Inspection	Date <u>10/16/0</u>	<u>1</u>
PWS TYPE: Community	RAW WATER SOURCE		
PLANT CATEGORY & CLASS: 5D	GROUND; Number of		
MAX-DAY DESIGN CAPACITY: 147,000 gpd	Emergency Water Sour		
PW/S STATUS, Approved	Emergency Water Capa		
PWS STATUS: <u>Approved</u>			
	STANDBY POWER SOU	RCE: Not R	equired
TREATMENT PROCESSES IN USE	Source		
Hypochlorination	Capacity of Standby (kW)		
	Switchover: Automatic		
	Hrs Operated Under Load		
SERVICE AREA CHARACTERISTICS	What equipment does it ope		
Subdivision	Well Pumps		
Food Service: Yes No X/A	High Service Pumps		
Number of Service Connections 84	Treatment Equipmen	t	
Population Served <u>294</u> Basis <u>Operator</u>	Satisfy avg. daily demand?		Unknown
Topulation Served 294 Dasis Operator	Audio-visual alarm? [Yes		
OPERATION & MAINTENANCE LOG: <u>Yes</u>	Comments		
Location Water treatment plant			
Comments	PLANS AND MAPS		
	Coliform Sampling Plan	X Yes	🗌 No 🗌 N/A
	D/DBP Monitoring Plan		
CERTIFIED OPERATOR: Yes	Lead and Copper Plan		🗌 No 🗍 N/A
Operator(s) & Certification Class-Number:	Distribution System Map		🗌 No 🖾 N/A
Kelvin Edun C-7459	Emergency Response Plar	n 🗌 Yes	🗌 No 🖾 N/A
	Comments		
Hrs/day: Required Visit Actual Visit			
Days/wk: Required 3 Actual 3 Non-consecutive Days? Xes No N/A			
	PREVENTIVE MAINT		
Comments	Operation & Maintenance M Preventive Maintenance Preventive		′es □ No ′es □ No □ N/A
	Flushing Program	-	$\frac{1}{2} \cos \left[\frac{1}{2} \sin \left[1$
MONTHLY OPERATION REPORTS (MORs)	Records		$\frac{1}{2} \cos \left[\frac{1}{2} \sin \left[1$
MORs submitted regularly? \square Yes \square No \square N/A	Isolation Valve Exercis		$\frac{1}{2} \cos \left[\frac{1}{2} \sin \left[1$
Data missing from $MORs$? \square No \square Yes \square N/A	Records		$\frac{1}{\sqrt{2}} = \frac{1}{\sqrt{2}} = 1$
Average Day (from MORs) <u>15,396 gpd</u>	Comments		
Maximum Day (from MORs) 29,800 gpd 10/16			
Comments			
	CROSS CONNECTION	CONTROL	
	# BFPAs None		
Flow Measuring Device Flow Meter	WWTP RPZ <u>N/A</u>		
Meter Size & Type Kent	Written Plan <u>Yes</u> Date <u>U</u>	Jnknown	
Date Last Calibrated Unknown	Comments <u>Plan not on</u>	site.	

 PWS ID #
 3424621

 Date
 3/16/17

GROUND WATER SOURCE

WATER SOURCE				
· · · · ·	· · · · · ·			
led	160'			
ethod	Rotary drill			
rout	Neat cement			
er Level	30'			
Vater Level	Unknown			
ll Yield	Unknown			
	Unknown			
ld (if different than rated capacity)	Unknown			
	Unknown			
tside casing)	80'			
outside casing)	6"			
outside casing)	Black steel			
amination History	None			
on of well possible?	No			
4" Concrete Pad	Yes			
Septic Tank	N/A			
Reuse Water	>200'			
WW Plumbing	>200'			
Other Sanitary Hazard	None observed			
Туре	Submersible			
Manufacturer Name	Unknown			
Model Number	Unknown			
Rated Capacity (gpm)	150			
Motor Horsepower	10			
g 12" above grade?	Yes			
g Sanitary Seal	OK			
Sampling Tap	Yes			
ound Check Valve	Yes			
	Yes			
Protection	N/A			
	ber (Florida Unique Well ID #) ed led led ethod out er Level Vater Level Il Yield ld (if different than rated capacity) tside casing) outside casing) outside casing) utside casing) utside casing) utside casing) utside casing) outside casing) winnation History on of well possible? I" Concrete Pad Septic Tank Reuse Water WW Plumbing Other Sanitary Hazard Type Manufacturer Name Model Number Rated Capacity (gpm) Motor Horsepower g 12" above grade? g Sanitary Seal Sampling Tap und Check Valve	per (Florida Unique Well ID #)1 (AAE0255)id1983led160'ethodRotary drilloutNeat cementer Level30'Vater LevelUnknownIl YieldUnknownId (if different than rated capacity)Unknowntside casing)80'outside casing)6''utside casing)6''utside casing)Black steelunination HistoryNoneon of well possible?NoV' Concrete PadYesSeptic TankN/AReuse Water>200'Other Sanitary HazardNone observedTypeSubmersibleManufacturer NameUnknownModel NumberUnknownRated Capacity (gpm)150Motor Horsepower10g 12'' above grade?Yesyesyesund Check ValveYesYesYes	rer (Florida Unique Well ID #) 1 (AAE0255) d 1983 led 160' ethod Rotary drill out Neat cement rr Level 30' Vater Level Unknown ll Yield Unknown ld (if different than rated capacity) Unknown tside casing) 80' outside casing) 6'' utside casing) 6'' utside casing) 80' outside casing) 80' 0' utside casing) 80' 0' utside casing) 80' 0' utside casing) 80' 0' 0' outside casing) 80' 0' 0' 0' 0' 0' 0' 0' 0' 0'	Per (Florida Unique Well ID #)1 (AAE0255)d1983led160'etd160'etd160'etdRotary drilloutNeat cementor Level30'/ater LevelUnknownIl YieldUnknownld (if different than rated capacity)Unknowntside casing)80'putside casing)6"uuside casing)80'out of well possible?Nonemination HistoryNoneon of well possible?NoWW Plumbing>200'Other Sanitary HazardNone observedTypeSubmersibleManufacturer NameUnknownModel NumberUnknownModel NumberNone observed7221'' above grade?Yes21'' above grade?Yes21'' above grade?YesYesund Check ValveYesYesYes

COMMENTS _____

PWS ID #	3424621
Date	3/16/17

Type: 🗌 Gas 🔀 Hypo			
Make Chem-Tech	Capacity _	30	gpd
Chlorine Feed Rate 100%			
Avg. Amount of Cl ₂ gas used		N/A	4
Chlorine Residuals: Plant	N/A R	emote	0.64
Remote tap location7505	SE 114 th I	Lane	
DPD Test Kit: On-site	🔀 With	operato	r
🗌 None	🗌 Not I	Jsed Da	ily
Injection Points Prior to hyd	lropneuma	tic tank	-
Booster Pump Info N/A	<u>,</u>		
Comments			

Chlorine Gas Use	YES	NO	Comments
Requirements			
Dual System			
Auto-switchover			
Alarms:			
Loss of Cl ₂ capability			
Loss of Cl ₂ residual			
Cl ₂ leak detection			
Scale			
Chained Cylinders			
Reserve Supply	Ŕ		
Adequate Air-pak			
Sign of Leaks		$\backslash \Box$	
Fresh Ammonia		Ď	
Ventilation			
Room Lighting			
Warning Signs			
Repair Kits			
Fitted Wrench			
Housing/Protection			

AERATION (Gases, Fe, &	Mn Removal)
Туре	Capacity
Aerator Condition	
Visible Algae Growth	
Protective Screen Condition	<u></u>
Frequency of Cleaning	
Date Last Inspected/Cleaned	
Comments	
	\sim

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated

(B) Bladder (H) Hydropneumatic / flow-throug	(B)	Bladder	(H) Hvdr	opneumatic /	flow-throug
--	------------	---------	----------	--------------	-------------

Tank Type/Number	H	
Capacity (gal)	2,000	
Material	Steel	
Gravity Drain	Yes	
By-Pass Piping	Yes	
Protected Openings	Yes	
Sight Glass or Level Indicator	Yes	
PRV/ARV	Both	
Pressure Gauge	Yes	
On/Off Pressure	40/60	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location	Discharge piping 7/13	
Date of Inspection Date of Cleaning	7/13	

Comments

\HIGH SERVICE PUMPS

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

PWS ID #	3424621
Date	3/16/17

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
No Cross Connection Control Plan (CCCP) on file.	62-555.360(2)	Establish and implement a cross- connection control program. Submit a CCCP.	3/17/17 email from Dewaine Christmas stated that all deficiencies have been corrected.	No

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2017 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2017, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2017.
- Monitoring schedules are available on the Central District's Drinking Water Website. <u>http://www.dep.state.fl.us/central/Home/DrinkingWater/InHouseCompliance/MonitoringSchedules/MonitoringSchedules.htm</u>

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or <u>frwa@frwa.net</u>, 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.

- 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.]

PWS ID #	3424621
Date	3/16/17

- 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.]
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Inspector's Signature	Cher Hang	Title: Environmental Specialist II	Date: 3/20/17
Reviewer's Signature	Jan June	Title: Environmental Manager	Date: <u>3/21/2017</u>

Plant Name	COUNTRY WALK	County	Marion	_PWS ID #	3424657
Plant Location SE	60 th Terrace and 60 th Avenue, Bellevi	ew, FL 34420		Phone	352/347-8228
Owner Name Sun	shine Utilities of Central FL, Inc. D230 East Highway 25, Belleview, FL			Phone	352/347-8228
Owner Address 10	0230 East Highway 25, Belleview, FL	34420-5531			
Contact Person D	ewaine Christmas	Title Owner/O			
This Survey Date <u>3/16/</u>	17 Last Survey Date <u>8/22/14</u>	Last Complia	ance Inspection	n Date <u>10/15/(</u>	<u>)1</u>
PWS TYPE: Comm	<u>unity</u>		ER SOURCE		
PLANT CATEGORY	Y & CLASS: <u>5D</u>	\square GROUN	ND; Number of ASED from P	f Wells <u> </u>	1
MAX-DAY DESIGN	CAPACITY: <u>132,480 gpd</u>				
PWS STATUS: App	proved				
			POWER SOU		
TREATMENT PRO		Capacity of	Standby (kW)		
Hypochlorination		Switchover			
			d Under Load		
SERVICE AREA CH	IARACTERISTICS		nent does it op		
Subdivision					
Food Service: Yes	No N/A	🗌 High S	Service Pumps		
		Treatm	nent Equipmer	nt	
Number of Service Cor	mections <u>65</u>		daily demand?		Unknown
Population Served	189 Basis Operator		l alarm? 🗌 Ye		
OPERATION & MA	INTENANCE LOG: Yes	Comments _			
	reatment plant				
	r	PLANS AN	ID MAPS		
			mpling Plan	X Yes	🗌 No 🗌 N/A
					\square No \square N/A
CERTIFIED OPER			pper Plan		🗌 No 🗍 N/A
Operator(s) & Certifica					🗌 No 🖾 N/A
Kelvin Edun C-745	9	Emergency	Response Pla	n 🗌 Yes	🗌 No 🖾 N/A
II. I.	Visit to Visit	Comments _			
Dove/wh: Required	Visit Actual Visit 3 Actual 3				
Non consecutive Days	$\frac{5}{\text{S?}} \qquad \boxed{\text{Yes}} \qquad \boxed{\text{No}} \qquad \boxed{\text{N/A}}$	DDEVENT	IVE MAINT		9-N <i>T</i>
			Maintenance		
			Agintenance Pi		
			g Program	<u> </u>	$Tes \square No \square N/A$
MONTHLY OPERA	TION REPORTS (MORs)	2	Records		res 🗌 No 🖾 N/A
MORs submitted regula		Isolation	n Valve Exerci		í es 🗍 No 🕅 N/A
Data missing from MO			Records		í es 🗍 No 🕅 N/A
Average Day (from MC		Comments _			
Maximum Day (from M					
Comments					
			ONNECTION		
Flow Measuring Device	e Flow Meter		one		
	2" Master		Z <u>N/A</u> Vag. Data I		ted <u>N/A</u>
Date Last Calibrated			<u>Yes</u> Date		
East Canorated _		Comments _			

 PWS ID #
 3424657

 Date
 3/16/17

GROUND WATER SOURCE

	WATER SOURCE		1	
	oer (Florida Unique Well ID #)	1 (AAE0261)	 	
Year Drille		1985		
Depth Drill	led	140'		
Drilling Me	ethod	Combination		
Type of Gr	out	Neat cement		
Static Wate	er Level	60'		
Pumping W	Vater Level	Unknown		
Design We	ll Yield	Unknown		
Test Yield		Unknown		
Actual Yie	ld (if different than rated capacity)	Unknown		
Strainer		Unknown		
Length (ou	tside casing)	105'		
Diameter (outside casing)	4"		
Material (o	utside casing)	Black steel		
Well Conta	mination History	None		
Is inundation	on of well possible?	No		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	N/A		
SET	Reuse Water	>200'		
BACKS	WW Plumbing	>200'		
	Other Sanitary Hazard	None observed		
	Туре	Submersible		
	Manufacturer Name	Unknown		
PUMP	Model Number	Unknown		
	Rated Capacity (gpm)	150		
	Motor Horsepower	10		
Well casing	g 12" above grade?	Yes		
Well Casin	g Sanitary Seal	ОК		
Raw Water	Sampling Tap	Yes	 	
Above Gro	und Check Valve	Yes		
Security		Yes		
Well Vent	Protection	N/A		

COMMENTS _____

PWS ID #	3424657
Date	3/16/17

Type: 🗌 Gas 🔀 Hypo			
Make Chem-Tech	Capacity	15	gpd
Chlorine Feed Rate 40%			
Avg. Amount of Cl ₂ gas used		N/A	4
Chlorine Residuals: Plant	N/A R	emote	0.53
Remote tap location <u>1246</u>	3 SE 60 th 7	[errace]	
DPD Test Kit: On-site	🔀 With	operato	r
None None	🗌 Not I	Used Da	ily
Injection Points Prior to hyd	dropneuma	tic tank	-
Booster Pump Info N/A	-		
Comments			

Chlorine Gas Use	YES	NO	Comments
Requirements			
Dual System			
Auto-switchover			
Alarms:			
Loss of Cl ₂ capability			
Loss of Cl ₂ residual			
Cl ₂ leak detection			
Scale			
Chained Cylinders			
Reserve Supply	Ŕ		
Adequate Air-pak			
Sign of Leaks		$\overline{\Box}$	
Fresh Ammonia		Ď	
Ventilation			
Room Lighting			\mathbf{X}
Warning Signs			
Repair Kits			
Fitted Wrench			
Housing/Protection			

AERATION (Gases, Fe, & 1	Mn Removal)
Туре	Capacity
Aerator Condition	
Visible Algae Growth	
Protective Screen Condition	<u></u>
Frequency of Cleaning	
Date Last Inspected/Cleaned	
Comments	

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated

(B) Bladder (H) Hydropneumatic / flow-thro
--

Tank Type/Number	Н	
Capacity (gal)	2,000	
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	On tank	
Date of Inspection	7/13	
Date of Cleaning	7/13	

Comments

HIGH SERVICE PUMPS

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

• No deficiencies were noted during this inspection.

MONITORING REMINDER:

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COMMENTS:

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- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.

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 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - o 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.]
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PWS ID #	3424657
Date	3/16/17

• 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.]

Title: Environmental Specialist II Date: 3/20/17 / Inspector's Signature ____ Þ 6 Title: Environmental Manager Date: 3/20/2017 Reviewer's Signature

Plant Name	HILLTOP AT LAKE WEIR	County	Marion	_PWS ID #	3424662
	SE 125th Place and CR 25, Belleview, FL				
	Sunshine Utilities of Central FL, Inc.			Phone	352/347-8228
	10230 East Highway 25, Belleview, FL				
	Dewaine Christmas				
This Survey Date	<u>3/16/17</u> Last Survey Date <u>8/22/14</u>	Last Complia	ance Inspectio	n Date <u>10/15/0</u>	<u>)1</u>
PWS TYPE: <u>C</u>	Community	RAW WAT	TER SOURCH	E	
PLANT CATE	GORY & CLASS: 5C		ND; Number of		2
MAX-DAY DE	SIGN CAPACITY: <u>313,000 gpd</u>				
PWS STATUS:	Approved		ncy Water Cap		
			POWER SO		
TREATMENT	PROCESSES IN USE		Generac Gene		
Hypochlorinat	ion		Standby (kW)		
			Automati		
			d Under Load		l hr/wk.
	CA CHARACTERISTICS		nent does it op		
	$\frac{1}{2} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{i=1}^$		Pumps <u>Bo</u>	un	
Food Service:]Yes 🗌 No 🖾 N/A		Service Pumps nent Equipment	5 + A 11	
Number of Servic	ce Connections <u>179</u>		daily demand		
Population Serve	d <u>448</u> Basis <u>Operator</u>		l alarm? \square Ye		
	& MAINTENANCE LOG: <u>Yes</u>	comments _			
Location W	ater treatment plant				
Comments		PLANS AN	ND MAPS		
		Coliform Sa	mpling Plan	🛛 Yes	🗌 No 🗌 N/A
CEDTIFIED O	DEDATOD, V.	D/DBP Mon	nitoring Plan		
	PERATOR: Yes		opper Plan		
	rtification Class-Number:		System Map		
Kelvin Edun (C-7459		Response Pla		🗌 No 🗌 N/A
	Visit Actual Visit	Comments _			
Days/wk: Require	dActual5+1				
	Days? Yes No N/A	PREVENT	IVE MAINT		
Comments			Maintenance		
			Maintenance P		
MONTHI V OI		Flushing	g Program		res 🗌 No 🗌 N/A
	PERATION REPORTS (MORs) regularly? Yes No N/A		Records	=	res 🗌 No 🗌 N/A
MORs submitted Data missing from		Isolation	n Valve Exerci		Yes No N/A
•	m MORs? \square No \square Tes \square N/A \square m MORs) 48,584 gpd	a	Records		Yes 🗌 No 🗌 N/A
0,00	From MORs) <u>104,000 gpd 11/16</u>	Comments _			
• •					
		CROSS CO	ONNECTION	I CONTROI	
			one		
Flow Measuring 1	Device Flow Meter		Z N/A		
	4" Kent / 4" Sensus		<u>Yes</u> Date		<u>1 11 1 1</u>
Date Last Calibra			Plan not or		

 PWS ID #
 3424662

 Date
 3/16/17

GROUND WATER SOURCE

	water Source per (Florida Unique Well ID #)	1 (AAE0264)	2 (AAI5708)	
Year Drille	,	1984	2005	<u> </u>
Depth Drill	led	224'	210'	
Drilling Me	ethod	Combination	Combination	
Type of Gr	out	Neat cement	Neat cement	
Static Wate	er Level	Unknown	80'	
Pumping W	Vater Level	Unknown	Unknown	
Design We	ll Yield	Unknown	Unknown	
Test Yield		Unknown	Unknown	
Actual Yie	ld (if different than rated capacity)	Unknown	Unknown	
Strainer		Unknown	Unknown	
Length (ou	tside casing)	101'	113'	
Diameter (outside casing)	4"	6"	
Material (o	utside casing)	Black steel	Black steel	
Well Conta	mination History	None	None	
Is inundation	on of well possible?	No	No	
6' X 6' X 4	" Concrete Pad	Yes	Yes	
	Septic Tank	N/A	N/A	
SET	Reuse Water	>200'	>200'	
BACKS	WW Plumbing	>200'	>200'	
	Other Sanitary Hazard	None	None	
	Туре	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Grundfos	
PUMP	Model Number	Unknown	2308150-4	
	Rated Capacity (gpm)	190	245	
	Motor Horsepower	15	15	
Well casing	g 12" above grade?	Yes	Yes	
Well Casin	g Sanitary Seal	OK	ОК	
Raw Water	Sampling Tap	Yes	Yes	
Above Gro	und Check Valve	Yes	Yes	
Security		Yes	Yes	
Well Vent	Protection	N/A	Yes	

COMMENTS _____

PWS ID #	3424662
Date	3/16/17

Type: 🗌 Gas 🛛 Hypo					
Make (2) Chem-Tech	Capacity	30	gpd		
Chlorine Feed Rate 80%					
Avg. Amount of Cl ₂ gas used		N/A	4		
Chlorine Residuals: Plant	N/A Re	emote _	>2.2		
Remote tap location <u>1228</u>	2 SE 100 th	Court			
DPD Test Kit: On-site	🛛 With	operato	r		
□ None	🗌 Not U	Jsed Da	ily		
Injection Points <u>Prior to hydropneumatic tank</u>					
Booster Pump Info <u>N/A</u>					
Comments					

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System			
Auto-switchover			
Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection			
Scale			
Chained Cylinders			
Reserve Supply	Ŕ		
Adequate Air-pak			
Sign of Leaks		\Box	
Fresh Ammonia		Ď	
Ventilation		\Box	
Room Lighting			\backslash
Warning Signs			
Repair Kits			
Fitted Wrench			
Housing/Protection			

AERATION (Gases, Fe, &	Mn Removal)
Туре	Capacity
Aerator Condition	
Visible Algae Growth	
Protective Screen Condition	<u></u>
Frequency of Cleaning	
Date Last Inspected/Cleaned	1
Comments	

STORAGE FACILITIES

(G) Ground	(C) Clearwell	(E) Elevated
------------	---------------	--------------

(B)	Bladder	(H) Hydropneumatic / flow-thro	ugh
-----	---------	--------------------------------	-----

Tank Type/Number	H	
Capacity (gal)	10,000	
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	45/65	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location Date of Inspection	Discharge piping 7/13	
Date of Cleaning	7/13	

Comments _____

HIGH SERVICE PUMPS

Pump Number	
Туре	
Make	
Model	
Capacity (gpm)	
Motor HP	
Date Installed	
Comments	
	\sim

PWS ID #	3424662
Date	3/16/17

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
No Cross Connection Control Plan (CCCP) on file.	62-555.360(2)	Establish and implement a cross- connection control program. Submit a CCCP.	3/17/17 email from Dewaine Christmas stated that all deficiencies have been corrected.	No

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2017 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2017, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2017.
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- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.

- Suppliers of water shall submit written notification to the Department before beginning <u>work or alterations</u> 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.]

PWS ID #	3424662
Date	3/16/17

- 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	Title: Environmenta	l Specialist II I	Date: <u>3/20/17</u>
Reviewer's Signature	Title: Environmenta	<u>l Manager</u> I	Date: <u>3/20/2017</u>



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 <u>sunshineutl@aol.com</u>

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

Dear Mr. Christmas:

An inspection was conducted at your facility on July 28, 2020under 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 <u>Ellia.Ruggiero@floridadep.gov</u> We look forward to your cooperation with this matter.

www.dep.state.fl.us

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

Sincerely,

David Smitule

David Smicherko, Manager Central District Florida Department of Environmental Protection

Enclosure: Inspection Report (with attachments)

cc: Ellia Ruggiero <u>Ellia.Ruggiero@floridadep.gov</u> David Smicherko <u>David.Smicherko@floridadep.gov</u>

Plant Name	SUNLIGHT ACRES SUBDIVISON SE 32 nd Court, Belleview, FL 34420	С	ounty	Marion	PWS ID #	3421520
Plant Location	SE 32 nd Court, Belleview, FL 34420				Phone	352-347-8228
Owner Name	Sunshine Utilities of Central Florida, Inc				Phone	352-347-8228
Owner Address	10230 E Highwway 25, Belleview, FL 3442	20-553	31			
Contact Person	Dewaine Christmas	Title_	Operator	•	Phone	352-347-8228
This Survey Date	<u>7/28/2020</u> Last Survey Date <u>5/15/2015</u>	5	Last Con	mpliance Insp	pection Date N/	<u>/A</u>
PWS TYPE: <u>Co</u>	<u>ommunity</u>			ER SOURC		
PLANT CATEG	GORY & CLASS: 5D				of Wells	1
MAX-DAY DES	SIGN CAPACITY: <u>180,000 gpd</u>					
PWS STATUS:	Approved		-	-		
		ST	ANDBY	POWER SO	URCE: <u>Not R</u>	equired
TREATMENT I	PROCESSES IN USE		urce			
		Ca	pacity of S	Standby (kW)		
					ic 🗌 Manual	
	A CHARACTERISTICS			nent does it o		
Subdivision						
Food Service:]Yes 🖾 No 🗌 N/A					
Number of Service	e Connections 79_			nent Equipme	nt	
	1 198 Basis Owner				? Yes No	Unknown
i opulation Served	136 Dasis Owner			alarm? 🗌 Y		
	z MAINTENANCE LOG: <u>Yes</u>	0	omments			
Location W						
Comments			LANS AN		N	
		Co	oliform Sar	npling Plan	\boxtimes Yes	No N/A
CERTIFIED OP	PERATOR: Yes	D/	DBP Mon	itoring Plan	\boxtimes Yes	\square No \square N/A
	tification Class-Number:	Le D:	ad and Co	pper Plan System Map	\boxtimes Yes	
Kelvin Edun C-			stribution	System Map	\bigvee Yes	\square No \square N/A
		En	nergency	Response Pla	an 🖂 Yes	□ No □ N/A
Hrs/day: Required	Visit Actual Visit	CC	minents			
	d 3 Actual 3					
	Days? Yes No N/A	PF	REVENT	IVE MAIN	TENANCE/O	&М
	·				Manual 🖂 Y	
				faintenance F		
			Flushing	Program	Σ Y	es 🗌 No 🗌 N/A
	ERATION REPORTS (MORs)			Records		es 🗌 No 🖾 N/A
MORs submitted 1			Isolation	Valve Exerc		es 🗌 No 🔀 N/A
Data missing from				Records		es 🗌 No 🖾 N/A
	m MORs) <u>15,329 gpd</u>	Co	omments			
• •	rom MORs) <u>53,700 gpd 10/2019</u>					
Comments		C		NNECTIO		
					N CONTROL	1
Flow Measuring r	Device Flow Meter				# Tested <u>N/A</u>	tod N/A
	e2" Sensus	W W	WIT KPZ	N/A	Date 1es	ted <u>N/A</u>
Date Last Calibrat				N/A Da		
2 and Lust Culloful		C	minents			

 PWS ID #
 3421520

 Date
 7/28/2020

GROUND WATER SOURCE

	WATER SOURCE	-	-	· · · · · · · · · · · · · · · · · · ·
	er (Florida Unique Well ID #)	1(AAE0260)		
Year Drille	d	1983		
Depth Drill	ed	125'		
Drilling Me	ethod	Cable Tool		
Type of Gr	out	Neat Cement		
Static Wate	r Level	30'		
Pumping W	Vater Level	Unknown		
Design We	ll Yield	Unknown		
Test Yield		Unknown		
Actual Yiel	d (if different than rated capacity)	Unknown		
Strainer		Unknown		
Length (out	tside casing)	66'		
Diameter (o	outside casing)	6"		
Material (or	utside casing)	Black Steel		
Well Conta	mination History	None		
Is inundation	on of well possible?	No		
6' X 6' X 4	" Concrete Pad	Yes		
	Septic Tank	N/A		
SET	Reuse Water	>200'		
BACKS	WW Plumbing	>200'		
	Other Sanitary Hazard	None		
	Туре	Submersible		
	Manufacturer Name	Unknown		
PUMP	Model Number	Unknown		
	Rated Capacity (gpm)	150		
	Motor Horsepower	10		
Well casing	, 12" above grade?	Yes		
Well Casing	g Sanitary Seal	Yes		
Raw Water	Sampling Tap	Yes		
Above Gro	und Check Valve	Yes		
Security		Yes		
Well Vent I	Protection	N/A		
		1		

COMMENTS

PWS ID #	3421520
Date	7/28/2020

Type: 🗌 Gas 🛛 Hypo	
Make Pulsa Feeder	Capacity <u>30 gpd</u>
Chlorine Feed Rate 60% s	stroke
Avg. Amount of Cl ₂ gas used	N/A
Chlorine Residuals: Plant	2.2 Remote 1.9
Remote tap location <u>1343</u>	57 SE 32 nd Court
DPD Test Kit: On-site	With operator
🗌 None	Not Used Daily
Injection Points Prior to hydrogenetic Prior Pri	dropneumatics tank
Booster Pump Info N/A	-
Comments	

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

AERATION (Gases, Fe, & Mn Removal)

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

STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated

(B) Bladder (H) Hydropneumatic / flow-through				
Tank Type/Number	H1			
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			

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

HIGH SERVICE PUMPS

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

Comments _____

PWS ID #	3421520
Date	7/28/2020

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: <u>ftp://ftp.dep.state.fl.us/pub/outgoing/Water/</u>

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.

- 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.
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 - 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.]

PWS ID #	3421520
Date	7/28/2020

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Ellia Riggiero

Inspector Signature

Ellia Ruggiero

Printed Name

Environmental Specialist Title

7/28/2020

Date

David Smitule

Reviewer Signature

David Smicherko

Printed Name

Environmental Manager

Title

8/18/2020

Date



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 Belleview, FL 34420 <u>sunshineutl@aol.com</u>

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 noncompliance 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 <u>Ellia.Ruggiero@floridadep.gov</u>.

Sincerely,

David Smitula

David Smicherko, Manager Central District Florida Department of Environmental Protection

cc: Ellia Ruggiero <u>Ellia.Ruggiero@floridadep.gov</u> David Smicherko <u>David.Smicherko@floridadep.gov</u>