



**SOUTHERN STATES UTILITIES, INC.  
DELTONA UTILITIES, INC.**

BEFORE THE  
**FLORIDA PUBLIC SERVICE COMMISSION**

DOCKET NO. 920199-WS

**APPLICATION FOR A GENERAL RATE INCREASE**

**ORIGINAL  
FILE COPY**

**FILED**

DEC 12 1996

JON S. WHEELER  
Clerk District Court of Appeal  
First District

**VOLUME IV  
BOOK 8 OF 9**

**ADDITIONAL ENGINEERING INFORMATION**

Containing

**CONSUMPTIVE USE PERMITS  
CONSTRUCTION & OPERATING PERMITS  
SANITARY SURVEYS & INSPECTION REPORTS - WATER  
INSPECTION REPORTS - WASTEWATER**

FOR THE TEST YEAR ENDED  
**DECEMBER 31, 1991**

DOCUMENT NUMBER-DATE

04749 MAY 11 1992

F-PSC-RECORDS/REPORTING

**Case Nos. 1D98-0713 and 1D98-0727**

Florida Water Services Corporation vs. Florida Public Service Commission ("PSC");  
Sugarmill Woods Civic Association, Inc. vs. Southern States Utilities, Inc. and the  
PSC

vs. Joseph J. DeRouin, et al.

**PSC Docket No. 920199-WS**

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**Amelia Island - 1518**

**Nassau County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-089-0006NM DATE ISSUED JUNE 11, 1985

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO PROVIDE  
PUBLIC SUPPLY FOR 12,000 PEOPLE IN 7 YEARS.

LOCATION:

Section 14, Township 2 North, Range 28 East  
Nassau County

ISSUED TO:

Amelia Island Waterworks, Inc.  
P. O. Box 907  
Fernandina Beach, FL 32034

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.


PERMIT IS CONDITIONED UPON


See Conditions on Attached "Exhibit A", dated JUNE 11, 1985

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management

Governing Board

By   
R. Duke Hodson

By   
HENRY DEAN

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-089-0006NM3

AMELIA ISLAND WATERWORKS, INC.

DATED JUNE 11, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

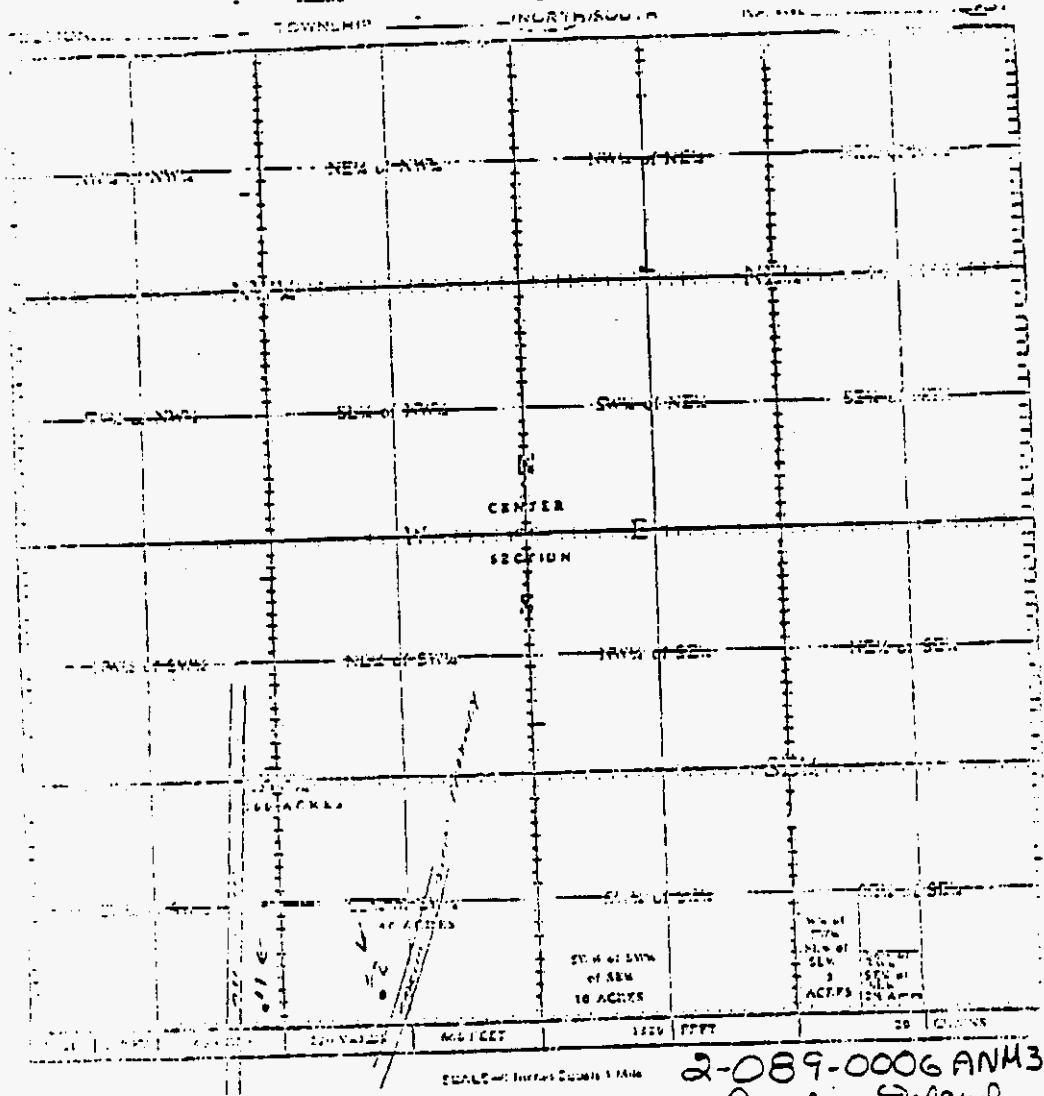
- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new project demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Whenever feasible, the permittee must use native vegetation that requires little supplemental irrigation for landscaping within the service area of the project.
  12. Permittee must enter into a contract with existing and new customers requiring them to install water conserving devices on shower heads, faucets and water closets. For existing users the water conserving devices must be installed within one year of issuance of permit. New users must have these devices installed at the time of construction in accordance with Subsection 553.14, F.S. New connections will not be allowed unless these devices are installed.
  13. This permit will expire 7 years from the date of issuance.
  14. Maximum annual withdrawals must not exceed 222.0 mgal in 1985, 257.8 mgal in 1986, 298.0 mgal in 1987, 338.3 mgal in 1989, 378.5 mgal in 1989, 418.7 mgal in 1990, 458.9 mgal in 1991, 497.9 mgal in 1992.
  15. Maximum daily withdrawals must not exceed .931 mgal in 1985, 1.06 mgal in 1986, 1.22 mgal in 1987, 1.39 mgal in 1988, 1.55 mgal in 1989, 1.72 mgal in 1990, 1.88 mgal in 1991, 2.03 mgal in 1992.
  16. A water sample must be taken from well numbers 1 & 2 in May and October for the duration of the permit. The samples must be collected after the well has been allowed to discharge at design capacity for at least 20 minutes before the sample is collected. The samples must be analyzed for chlorides (Cl<sup>-</sup>), sodium (Na), potassium (K), calcium (Ca), manganese (Mg), sulfate (SO<sub>4</sub>), total alkalinity (HCO<sub>3</sub> + CO<sub>3</sub>) and pH. In addition to the analyses, the report submitted to the District must include the date of sampling, well number, the length of time the well discharged before the sample was taken, the name of the person collecting the sample and the name of the company or person doing the actual analysis. These reports must be submitted to the District within 30 days of sampling.

2-089-0006NM3

17. Source classification is confined or semi-confined aquifer.
18. Use classification is 96% household, 7% commercial/industrial and 7% water utility.



... in property boundaries, 1893 in blocks with perfect center...  
 township and range. If property is in more than one section,  
 use one sheet for each section.



... of the Government is hereby indicated by Lines and Chains.  
 This title is 1,760 feet 110 units of 16 feet each

... of the Government is hereby indicated by Lines and Chains.  
 This title is 1,760 feet 110 units of 16 feet each

Continued

16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	32	33	34	35	36
37	38	39	40	41	42	43
44	45	46	47	48	49	50

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
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**Apache Shores - 990**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**

*Double check*

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
GENERAL CONSUMPTIVE USE PERMIT

PERMIT GRANTED TO:  
  
Southern States Utilities Inc.  
  
750 W. Colonial Drive  
  
Orlando, FL 32804  
  
(Legal Name and Address)

PERMIT NO.: 207877  
DATE PERMIT GRANTED: December 31, 1984  
DATE PERMIT APPLICATION FILED: December 4, 1984  
PERMIT EXPIRES ON: December 31, 1994  
SOURCE CLASSIFICATION: Groundwater  
USE CLASSIFICATION: Public Supply

Section 13, T18S, R19E

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. That all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth herein will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if applicant fails to comply with all of the conditions set forth herein, then this Permit shall automatically become null and void.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable beneficial use as defined in Section 373.019(5), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such locations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. Based upon the application and supporting documents, SWFWMD finds that the applicant's consumptive use of water of -0- gallons per day was in existence before January 1, 1975 at the average annual withdrawal rate of -0- gallons per day.
5. Nothing in this Permit should be construed to limit the authority of Southwest Florida Water Management District to declare water shortages and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage pursuant to Section 373.246, Florida Statutes.
6. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 34,000 gallons of water per day with a maximum combined withdrawal rate not to exceed 69,000 during a single day. Withdrawals are authorized as shown in the table below.

7.	WITHDRAWAL POINT		GALLONS PER DAY		GALLONS PER DAY
	LATITUDE	LONGITUDE	AVERAGE	MAXIMUM	MAXIMUM
1.	28 55 15	82 21 54	13,600	Standby	27,600
2.	28 55 20	82 22 36	13,600		27,800
3.	28 55 15	82 21 52	13,600		27,600

8. The use of said water is restricted to the use classification set forth above. Any change in the use of said water will require a modification of this Permit.
9. In the event an emergency water shortage should be declared, the District may alter, modify or declare to be inactive, all or parts of this Permit. An authorized District Representative may, at any reasonable time, enter the property to inspect the facilities and may require that this Permit be shown.
10. The District reserves the right, at all reasonable times, to collect water samples from any withdrawal point listed in the Permit, or may, at the option of the District, provide mailable containers to the Permittee to forward samples from any withdrawal point within a reasonable prescribed period of time.
11. The District may, at a future date, establish a minimum water level in the aquifer or aquifers hydrologically associated with these withdrawals, which may require Permittee to limit withdrawal from these groundwater sources at times when water levels fall below these minimums.
12. Water conservation shall be practiced by the Permittee to increase the efficiency of transport, application, and use, to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation criteria for the Permittee's water use classification, this Permit will be subject to such criteria upon notice and after a reasonable period for compliance.



Authorized Signature, SWFWMD

Applicant hereby certifies that applicant is the owner of the property covered by this application, that the information contained in this application is true and accurate and, if applicant is a corporation or a partnership, that the undersigned has the legal authority to execute this application and affidavit on behalf of said corporation or partnership.



Signature of Applicant

Sworn to and subscribed before me this

28 day of Feb  
19 05

\_\_\_\_\_  
Notary Public

My Commission Expires:

**Apple Valley - 332**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

*Apple Valley*

PERMIT NO. 2-117-01241 DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 3,478 PEOPLE.

LOCATION: Section 11, Township 21 South, Range 29 East  
Seminole County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32304

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

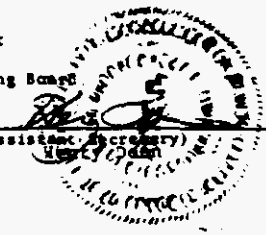
The Conditions on Attached "Exhibit A", Dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director)  
R. Duke Johnson

Governing Board

BY: [Signature]  
(Assistant Secretary)  
Henry [Signature]



"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-117-0124N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply or adjacent water uses resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-117-01248

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
11. Construction must be in compliance with Subsection 553.14, F.S.
12. This permit will expire 7 years from the date of issuance.
13. Maximum annual withdrawals must not exceed 191.0 million gallons.
14. Maximum daily withdrawals must not exceed 1.043 million gallons.
15. Source classification is confined or semi-confined aquifer.
16. Use classification is 88% household ; 10% water utility and 2% commercial/industrial .



**Bay Lake Estates - 784**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**

OSCEOLA CO.



# South Florida Water Management District

Post Office Box V 3301 Gun Club Road  
West Palm Beach, Florida 33402  
Telephone (305) 686-8800  
Florida WATS Line 1-800-432-2045

John R. Williams, Executive Director  
Thomas C. Cross, District Executive Director

QVAD 1  
17849  
POSTED

REPLY HEREIN:

GP 98a-2308 (App. 90-902a-b)

September 9, 1986

Bay Associates, Inc.  
600 East Richmond Street  
Orlando, FL 32806

General Permit  
Osceola

Dear Sirs:

**SUBJECT: Water Use General Permits 86-2308**  
Projects Bay Lakes Estates  
Type of Uses Public Water Supply  
County: Osceola; Sec. 13, Twp. 24S, Rge. 31E.  
Permitter: Bay Associates, Inc.

This letter is to acknowledge receipt of your intent to use water pursuant to Rule 40E-20.042, Florida Administrative Code. Based on the information provided, District rules have been adhered to and a General Water Use Permit is in effect for this project.

This permit is for use of 31200 gallons per day on the average or 60700 gallons per day on a maximum day. Groundwater withdrawals will be by one 6-inch x 305-foot Floridan aquifer well cased to 271 feet and pumped at 400 GPM. There is also one 6-inch well on the property, which will be abandoned. Prior to exceeding these quantities, a modification to this permit will be necessary.

It will be necessary for you to obtain a well construction permit prior to drilling the well. The attached sheet contains the address of the appropriate agency.

Unless otherwise notified or revoked, for each withdrawal authorized herein, the duration of the General Permit shall be for twenty years, determined as follows:

1. For uses in existence on the effective date of this rule, the 20 year period begins on the effective date of this rule (January 27, 1977).
2. For uses not in existence on the effective date of this rule, the 20 year period begins with the date of filing the Notice of Intent to Use Water.

1999

William E. Williams  
Executive Director

John R. Williams  
District Executive Director

Secretary of State  
Tallahassee, Florida

John R. Williams  
District Executive Director

William E. Williams  
Executive Director

John R. Williams  
District Executive Director


Thomas C. Cross  
District Executive Director

William E. Williams  
Executive Director

John R. Williams  
District Executive Director

The General Permit is subject to the Limiting Conditions on Exhibit 1.

Sincerely,

  
VILNA MORIKOVA  
Director, Water Use Division  
Resource Control Department

VHM:stt  
Enclosure

cc: Department of Environmental Regulation  
Mr. J. Neil Gallagher  
Mr. Gene Young  
Mrs. Barbara Bassett  
bcc: Mr. Alan Levens  
Dr. Leslie Wedderburn  
Ms. Beth Ryan  
Hydrogeology  
Inspection

**ANNEX 1**

**LIMITING CONDITIONS**

1. THE PERMITTEE SHALL OBTAIN ALL NECESSARY FEDERAL, STATE AND LOCAL AND SPECIAL DISTRICT AUTHORIZATIONS PRIOR TO THE USE OR WITHDRAWAL OF WATER.
2. IN THE EVENT OF A DECLARED WATER SHORTAGE, WATER WITHDRAWAL REDUCTIONS WILL BE ORDERED BY THE DISTRICT IN ACCORDANCE WITH THE WATER SHORTAGE PLAN, CHAPTER 40E-21, FLORIDA ADMINISTRATIVE CODE.
3. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING LEGAL USES CAUSED BY WITHDRAWALS. WHEN ADVERSE IMPACTS OCCUR, OR ARE IMMINENT, DISTRICT RESERVES THE RIGHT TO CURTAIL WITHDRAWAL RATES. ADVERSE IMPACTS ARE: A) REDUCTION IN WELL WATER LEVELS THAT IMPAIRS THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER (AN ADJACENT WELL MAY BE DOMESTIC WELL, LAWN IRRIGATION WELL, PUBLIC WATER SUPPLY WELL, ETC.), B) SIGNIFICANT REDUCTION IN LEVELS IN AN ADJACENT WATER BODY SUCH AS A LAKE, POND, WETLAND OR A CANAL SYSTEM, C) SALINE WATER INTRUSION OR INDUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE, RESULTING IN A SIGNIFICANT REDUCTION IN WATER QUALITY, AND D) CHANGE IN WATER QUALITY THAT CAUSES IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
4. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING OFF-SITE LAND USE AS A CONSEQUENCE OF WITHDRAWALS PERMITTED HEREIN. IF INCREASED WITHDRAWALS CAUSE AN ADVERSE IMPACT ON EXISTING LAND USE THE DISTRICT RESERVES THE RIGHT TO CURTAIL FUTURE WITHDRAWAL RATES. ADVERSE IMPACTS ARE: A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT WATER BODY (SUCH AS A LAKE, POND, WETLAND OR A CANAL SYSTEM), B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY REDUCTION IN WATER LEVELS, C) DAMAGE TO CROPS AND OTHER VEGETATION, CAUSING FINANCIAL HARM TO THE LANDOWNER, AND D) DAMAGE TO HABITAT OF RARE, ENDANGERED OR THREATENED SPECIES.
5. PERMITTEE SHALL NOT REFUSE IMMEDIATE ENTRY OR ACCESS TO ANY AUTHORIZED REPRESENTATIVE OF THE DISTRICT WHO REQUESTS ENTRY FOR PURPOSES OF INSPECTION AND PRESENTS APPROPRIATE CREDENTIALS.
6. IF ANY CONDITION OF THE PERMIT IS VIOLATED, THE PERMIT SHALL BE SUBJECT TO REVIEW AND POSSIBLE MODIFICATION, ENFORCEMENT ACTION, OR REVOCATION.
7. APPLICATION FOR A PERMIT MODIFICATION MAY BE MADE AT ANY TIME.
8. THE PERMIT DOES NOT CONVEY ANY PROPERTY RIGHT TO THE PERMITTEE, NOR ANY RIGHTS AND PRIVILEGES OTHER THAN THOSE SPECIFIED IN THE PERMIT AND CHAPTER 40E-2, F.A.C.
9. A DRILLERS LOG SHALL BE FURNISHED TO THE DISTRICT WITHIN 30 DAYS OF COMPLETION OF THE NEW WELL. THE LOG SHALL SHOW TOTAL DEPTH AND CASING DEPTH.

SOUTH FLORIDA WATER MANAGEMENT DISTRICT  
P O BOX 17

WEST PALM BEACH, FL 33402

NOTICE OF INTENT TO USE WATER (CHAPTER 49-20 F.A.C.)

APPLICANT'S NAME Mrs. Barbara Barrett, Director *App 69026-D*

PROPERTY OWNER'S NAME Bay Associates, Inc.

MAILING ADDRESS 600 East Richmond Street

CITY Ocala STATE Florida ZIP 32806 PHONE 305, 421-7959

PROJECT NAME Bay Lakes Estates

PROJECT LOCATION CITY St. Cloud, Florida COUNTY Oceola

SECTION (S) 11 TOWNSHIP(S) 265 RANGE(S) 31E

ADDRESS OF PROJECT Bayshore Drive, Bay Lake Estates

CITY St. Cloud STATE Florida ZIP \_\_\_\_\_

USE IS: ( ) EXISTING ( ) PROPOSED ( ) A PERMIT TO BE MODIFIED

IF EXISTING, HOW LONG HAS IT EXISTED? Original well has been operating since 1972

IF PROPOSED, HAS A SURFACE WATER MANAGEMENT PERMIT BEEN APPLIED FOR? N/A

ACREAGE IS: ( ) OWNED ( ) LEASED NUMBER OF ACRES ± (A/C)

PURPOSE Residential Subdivision  
(PASTURE, GROVE, MOTEL, SWIMMING POOL, SUPPLY, ETC.)

TYPE OF WATER USE Public Water Supply  
(IRRIGATION, PUBLIC WATER SUPPLY, ETC.)

IF IRRIGATION, ACRES IRRIGATED? N/A ACRES \_\_\_\_\_

GIVE ESTIMATED AVERAGE AMOUNT OF WATER TO BE USED 2 - 2000 31,200 GPD

GIVE ESTIMATED MAXIMUM AMOUNT OF WATER TO BE USED 2 - 2000 60,000 GPD

IF A PUBLIC WATER SUPPLY, WHAT IS THE purchase

TREATMENT PLANT CAPACITY N/A

ESTIMATED POPULATION SERVED 166.4 (3.2 persons/unit)

NUMBER OF UNITS SERVED 52

SOURCE DATA

( ) SHALLOW WELLS (X) FLORIDIAN AQUIFER WELLS

(X) PUMPED

( ) FLOWING

RECEIVED

SEP 02 1986

( ) LAKE (SPECIFY NAME) \_\_\_\_\_

RESOURCES CONTROL DEPARTMENT

( ) CANAL/STREAM (SPECIFY NAME) \_\_\_\_\_

( ) OTHER (SPECIFY) \_\_\_\_\_

There is a 6" well on property which will be plugged  
WELL DATA (IF APPLICABLE)

WELL NO.	DIAMETER (INCHES)	DEPTH (FT.)	CASING DEPTH	PUMP TYPE	PUMP INTAKE DEPTH	PUMP CAPACITY (GPM)
1	8"	505'	271'	Submersible	60'	400

SURFACE WATER INTAKE PUMP DATA

Peerless Line S1221

PUMP TYPE Inch 10 - 1,750 PUMP CAPACITY 400 GPM

- NOTES:
1. INCLUDE AN ACCURATE MAP SHOWING PROPERTY BOUNDARIES, MAP SCALE, WELL LOCATIONS, AND DISTANCE, IN FEET, FROM KNOWN LANDMARKS.
  2. INCLUDE A WELL DRILLER'S LOG FOR EACH NEW WELL. (FOR A PROPOSED USE THIS SHOULD BE SUBMITTED WITHIN THIRTY DAYS AFTER COMPLETION OF THE WELL. THIS LOG MUST SHOW THE CASED DEPTH.

NAME (PRINT OR TYPE) Bay Associates, Inc.

APPLICANT'S SIGNATURE Barbara L. Barrett, Director

DATE 7/30/86

10. A SPECIFIC CAPACITY TEST SHALL BE PERFORMED ON THE WATER WELL AND THE DATA PROVIDED TO THE DISTRICT WITHIN SIX MONTHS OF WELL COMPLETION.
11. IF THE PERMITTED USE IS LOCATED WITHIN ONE MILE OF A BRACKISH OR SALT WATER BODY THEN WITHIN 3 DAYS AFTER THE WELL HAS BEEN PLACED IN SERVICE, A SAMPLE OF WATER SHALL BE TAKEN AND SUBMITTED TO AN INDEPENDENT LABORATORY FOR CHEMICAL ANALYSIS FOR CHLORIDE ION CONCENTRATION. THE RESULTS OF THE ANALYSIS SHALL BE PROVIDED TO THE DISTRICT WITHIN SIX MONTHS OF WELL COMPLETION.
12. ALL WELLS TO BE ABANDONED SHALL BE ABANDONED IN ACCORDANCE WITH RULE 40E-3, F.A.C., WITHIN SIXTY DAYS OF PERMIT AUTHORIZATION.



# South Florida Water Management District

John B. Whitworth, Executive Director  
William C. Grant, Deputy Executive Director

Post Office Box V 3301 Gun Club Road  
West Palm Beach, Florida 33402  
Telephone (305) 686-8800  
Florida WATS Line 1-800-432-2045

IN REPLY REFER TO:

May 28, 1986

## WATER WELL CONSTRUCTION PERMIT // SF05016-Y

CONTRACTOR

Locke Well & Pump Company  
1685 Old Winter Garden Rd.  
Orlando, FL 32805

PERMITTEE

Ray Associates, Inc.  
600 East Richmond Street  
Orlando, FL 32806

PROJECT: Bay Lake Estates  
TYPE OF USE: Public Water Supply  
COUNTY: Osceola  
SEC: 13 TWP: 26S RGE: 31E

WELL CONSTRUCTION SPECIFICATIONS

CASING DIAMETER: 8.00" (inner) 12.00" (outer)  
CASING DEPTH: 250.00" (inner) 20.00" (outer)  
SCREENED INTERVAL: N/A  
OPEN HOLE INTERVAL: 250.00" - 450.00"  
TOTAL DEPTH OF WELL: 450.00"  
GROUT REQUIREMENT (INNER):  
BOTTOM FIVE AND TOP TWENTY FEET OF CASING SHALL BE GROUTED.  
GROUT REQUIREMENT (OUTER):  
BOTTOM FIVE AND TOP TWENTY FEET OF CASING SHALL BE GROUTED.

EXPIRATION DATE: November 20, 1986

See additional conditions of permit on attached page.

We appreciate your assistance and cooperation in better managing the water resources of the District. If you have any questions on this matter, please call.

Sincerely,

Cindy Boyler  
Water Use Division

ATTACHMENT: ADDITIONAL CONDITIONS OF PERMIT

cc: Mr. J. Neil Gallagher  
Mr. Neil Dougherty

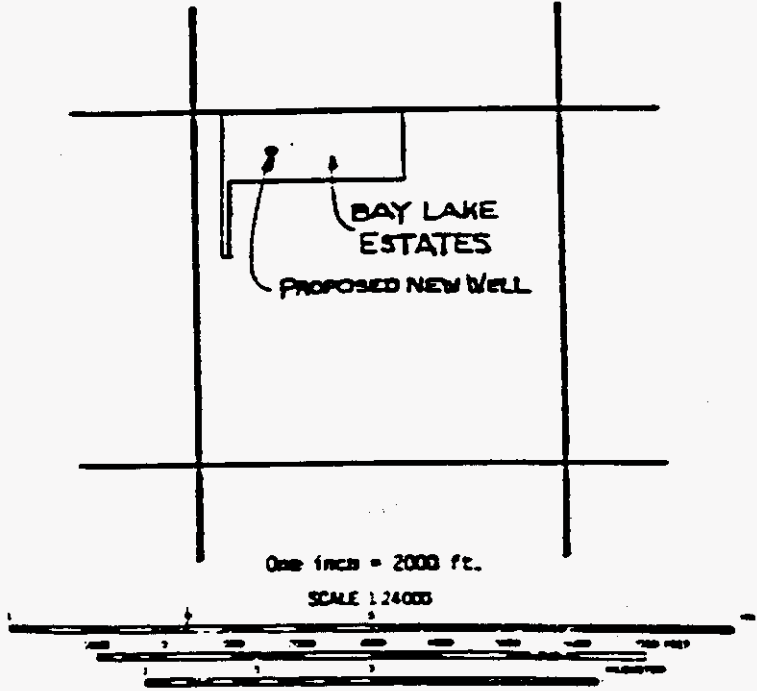
Stephen H. White Chairman - Board	William E. Salsinger Asst. Chairman - Board	John P. Franzen North Palm Beach	Edward E. Powers West Palm Beach	William H. Brown Palm Beach	Charles M. Carver, Jr. St. Cloud
J. Neil Gallagher St. Cloud	Lester P. Hunt West Palm Beach	Richard S. Smith St. Cloud	John P. Franzen North Palm Beach	Edward E. Powers West Palm Beach	William H. Brown Palm Beach

Applicant BAY ASSOCIATES, INC.

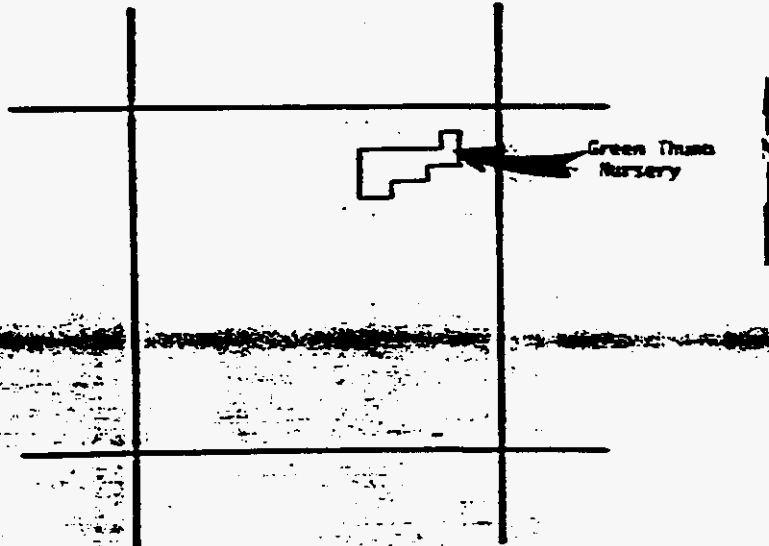
Section Map

Locate your property as well as possible on the section below. (A section is one square mile). Indicate the Section, Township and Range of your property. Information on the Section in which you are located is available from county general timelines maps, Geological topographic maps, Notice of Taxes, Dolich County Street Atlases, the Florida Department of Transportation and other sources.

Section 13 Township 26S Range 31E  
(Top) (PG)



Example  
Section 23 Township 44 Range 43  
(Top) (RG)





**ADDITIONAL CONDITIONS OF PERMIT**

**COMPLETION REPORT REQUIRED**

A Water Well Completion Report (Form 0124) must be filed with the District within 30 days of completion of work.

**GROUT CARD REQUIRED**

A grouting card (Form 0196) must be supplied to the District prior to beginning construction.

**BACTERIOLOGICAL CLEARANCE REQUIRED**

The well must be cleaned, disinfected and bacteriologically cleared in accordance with Chapter 17-22, F.A.C. The bacteriological clearance data shall be submitted to the County Health Unit or appropriate office of the Department of Environmental Regulation and release for use must be obtained therefrom prior to placing the well in service.

**VARIANCE FROM REQUIREMENTS**

ISSUED AS AN EMERGENCY PERMIT ON 5/1/86. WATER USE APPLICATION STILL PENDING.  
ISSUANCE OF THIS PERMIT DOES NOT GUARANTEE ISSUANCE OF WATER USE PERMIT. OWNER  
CONSULTS THIS WELL AT HIS OWN RISK.

**Beacon Hills - 886**

**Duval County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

BEACON  
HILLS

PERMIT NO. 1-031-00277 DATE ISSUED April 9, 1984

A PERMIT AUTHORIZING:

Use of groundwater from the Floridan aquifer to supply a projected population of 3,333 people in seven years.

LOCATION:

Section 49, Township 15S, Range 25E  
Duval County

ISSUED TO:  
(owner)

Southern States Utilities  
750 W. Colonial Drive  
Orlando, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated April 9, 1984.

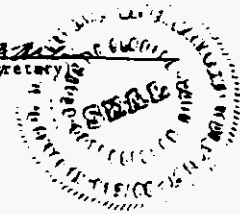
AUTHORIZED BY: St. Johns River Water Management District

Division of Permitting

BY: [Signature]  
(Director)  
Robert F. Tavis

Governing Board

BY: [Signature]  
(Assistant Secretary)  
T. D. Vargas



#886

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-031-0027N

SOUTHERN STATES UTILITIES

DATED APRIL 9, 1984

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. If water source is from wells, permittee must develop, implement, and submit to the District a Wellfield Operating Program within six (6) months of permit issuance. This program must explain which wells are primary, secondary, standby (reserve), the order of preference in turning on wells, criteria for shutting down and restarting wells, and any other aspects of wellfield management and operation.
  11. Treated effluent must be used as irrigation water when it becomes practical and economically feasible.
  12. Whenever feasible, the permittee must use native vegetation that requires little supplemental irrigation for landscaping within the service area of the project.
  13. Construction must be in compliance with Subsection 553.14, F.S.
  14. The applicant will conduct a feasibility study for locating and utilizing wastewater for urban landscape irrigation. This study is to be submitted within six months of the issuance of this permit.
  15. This permit will expire 7 years from the date of issuance.
  16. Maximum annual withdrawals must not exceed 104 mgal in 1984; 141.3 mgal in 1985; 178.6 mgal in 1986; 215.9 mgal in 1987; 253.1 mgal in 1988; 290.4 mgal in 1989; 327.7 mgal in 1990; 365 mgal in 1991.
  17. Maximum daily withdrawals must not exceed .562 mgal in 1984; .743 mgal in 1985; .924 mgal in 1986; 1.105 mgal in 1987; 1.286 mgal in 1988; 1.468 mgal in 1989; 1.649 mgal in 1990; 1.83 mgal in 1991.
  18. Source classification is confined or semi-confined aquifer.
  19. Use classification is 95% household and 5% water utility.

**Beecher's Point - 472**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## BEECHER'S POINT

According to Water Management District Rule 40 C - 2.041 (1) (d) *Permits Required*, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Beecher's Point has a 4" diameter well.

**Burnt Store - 2202**

**Charlotte/Lee County (SSU)**

**Water**

**- 1992 FPSC Filing -**



**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
GENERAL WATER USE PERMIT**

**PERMIT GRANTED TO:**  
Southern States Utility Services  
1000 Color Place  
Apopka, FL 32703

**(Legal Name and Address)**

**PERMIT NO.:** 203522.02  
**DATE PERMIT GRANTED:** August 3, 1990  
**DATE PERMIT APPLICATION FILED:** January 8, 1990  
**PERMIT EXPIRES ON:** August 3, 2000  
**SOURCE CLASSIFICATION:** Groundwater  
**USE CLASSIFICATION:** Public Supply  
**COUNTY:** Charlotte

*BURNT  
STONE*

**TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:**

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 400; or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

This Permit authorizes the applicant named above to make a combined average annual withdrawal of 275,000 gallons of water per day, a combined peak monthly withdrawal of 358,000 gallons of water per day, and a maximum combined withdrawal rate not to exceed N/A gallons per day. Withdrawals are authorized as shown in the table below.

USER I.D.	DIST. I.D.	WITHDRAWAL POINT			AVERAGE	GALLONS PER DAY	
		SEC-TWN-RGE	LATITUDE	LONGITUDE		PEAK MONTHLY	MAXIMUM
8	5	30,42S,23E	26 47 09	82 02 23	91,600	119,000	N/A
8A	6	31,42S,23E	26 46 38	82 02 20	91,800	120,000	N/A
4	8	32,42S,23E	26 46 25	82 02 08	91,600	119,000	N/A

Permittee: Southern States Utility Services  
Permit No.: 203522.02

4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
11. The District may establish special regulations for Water-Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
  - a. A reduction in water levels which impairs the ability of a well to produce water;
  - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
  - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.

Permittee: Southern States Utility Services  
Permit No.: 203522.02

13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
  - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
  - b. Sinkholes or subsidence caused by reduction in water levels;
  - c. Damage to crops and other vegetation causing financial harm to the owner; and
  - d. Damage to the habitat of endangered or threatened species.
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
16. The permittee shall notify the District within 30 days of the sale or conveyance of the permitted water use system or the land on which the system is located.

SPECIAL CONDITIONS:

17. Water conservation shall be practiced by the Permittee to increase the efficiency of transport, application, and use, to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation criteria for the Permittee's water use classification, this permit will be subject to such criteria upon notice and after a reasonable period for compliance.
18. Permittee shall caliper or video log District Withdrawal Nos. 1-8 (Owner I.D. Nos. 3, 7, 2, 6, 8, 8A, 1 and 4 respectively) within two years from the issue date of this permit. Results of the logging shall be submitted to the District within 30 days of the logging event. The log shall at a minimum indicate the casing depth, diameter, and total depth of the aforementioned wells.
19. Water quality samples shall be collected and analyzed as indicated in table below. Reports of the analyses shall be submitted to the District (on District forms) on or before the tenth (10th) day of the following month. The parameters and frequency of sampling and analysis may be modified by District staff as necessary to ensure the protection of the resource.

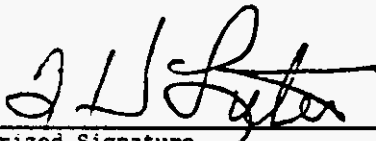
<u>District W/D No(s).</u>	<u>Parameters</u>	<u>Sampling Frequency</u>
5,6,8	chlorides, sulfates total dissolved solids	January, April July, October

Permittee: Southern States Utility Services  
Permit No.: 203522.02

Analysis shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by APHA-AWWA-WPCF or Methods for Chemical Analyses of Water and Wastes by the USEPA.

20. The Permittee shall submit a report describing the sampling and analytical methodologies employed. The report shall address all parameters for which analyses are performed. The report shall be included with the first data submitted after the date this permit is granted, and upon any change in sampling and /or analytical methodology.
21. The following points, District Withdrawal No. 5,6 and 8 (Owners ID.Nos. 8,8A and 4 respectively) shall be equipped with totalizing flow meters or other flow measuring devices as approved in writing by the Director, Venice Permitting Department. Such devices shall have and maintain an accuracy within five percent of the actual flow. Those designated withdrawal points not equipped with such devices on the date the Water Use Permit is granted shall be so equipped within 120 days of the permit date or upon completion of construction of the withdrawal facility, unless an extension is approved in writing by District staff.
22. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of each month.
23. District Withdrawal Numbers 1-4 and 7 (Owners ID. Nos. 3,7,2,4, and 1 respectively) shall be capped or valved in a water-tight manner when not used to supply water in accordance with Rule 17-532.500, F.A.C.
24. In compliance with the preceding Permit conditions, the Permittee shall send all data submissions to the District at this address:

Southwest Florida Water Management District  
Attn: Permits Data Group  
2379 Broad Street  
Brooksville, Florida 34609-6899

  
\_\_\_\_\_  
Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

**Carlton Village - 555**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**

Post Office Box 1429  
Palatka, Florida 32978-1429

PERMIT NO. 2-059-0454N DATE ISSUED MARCH 12, 1985  
CARLTON VILLAGE

A PERMIT AUTHORIZING:

**USE OF GROUNDWATER THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED  
POPULATION OF 215 PEOPLE IN 7 YEARS.**

LOCATION:

**Section 11, Township 18 South, Range 24 East  
Lake County**

ISSUED TO:

**SOUTHERN STATES UTILITIES INC.  
750 W. COLONIAL DRIVE  
ORLANDO, FL 32804**

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes:

PERMIT IS CONDITIONED UPON:

See conditions on Attached "Exhibit A", dated MARCH 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management      Governing Board

By: \_\_\_\_\_  
(Director)  
R. Duke Woodson

By: \_\_\_\_\_  
(Assistant Secretary)  
Betsy Jean



"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 1-069-0454N

SOUTHERN STATES UTILITIES INC.

DATED MARCH 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-069-0454N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transferees are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding on the transferees.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 13.1 mgal.
  14. Maximum daily withdrawals must not exceed .072 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 88% household; 2% commercial/industrial and 10% water utility.



**Chuluota - 335**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-117-0132N4P DATE ISSUED FEBRUARY 12, 1991

CONSUMPTIVE USE

CHULUOTA

A PERMIT AUTHORIZING:

USE OF GROUND WATER FROM THE FLOPIDAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 2,955 PEOPLE IN 7 YEARS.

LOCATION:

SECTION 21, TOWNSHIP 21 SOUTH, RANGE 32 EAST  
SEMINOLE COUNTY  
CHULUOTA WTP

SOUTHERN STATES UTILITIES  
1000 COLOR PLACE

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373 or 403, Florida Statutes and 40C-1, Florida Administrative Codes.

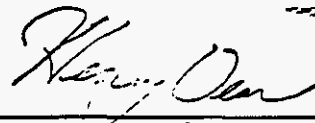
PERMIT IS CONDITIONED UPON:

SEE CONDITIONS ON ATTACHED "EXHIBIT A", DATED FEBRUARY 12, 1991

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management      Governing Board

By:   
(Director)  
J. L. LEESE

By:   
(Assistant Secretary)  
HENRY DEAN

#335

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-117-0132NRR

SOUTHERN STATES UTILITIES

DATED FEBRUARY 12, 1991

- OPER*
1. DISTRICT AUTHORIZED STAFF, UPON PROPER IDENTIFICATION, WILL HAVE PERMISSION TO ENTER, INSPECT AND OBSERVE PERMITTED AND RELATED FACILITIES IN ORDER TO DETERMINE COMPLIANCE WITH THE APPROVED PLANS, SPECIFICATIONS AND CONDITIONS OF THIS PERMIT.
- OPER / ENGR*
2. NOTHING IN THIS PERMIT SHOULD BE CONSTRUED TO LIMIT THE AUTHORITY OF THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT TO DECLARE A WATER SHORTAGE AND ISSUE ORDERS PURSUANT TO SECTION 373.175, FLORIDA STATUTES, OR TO FORMULATE A PLAN FOR IMPLEMENTATION DURING PERIODS OF WATER SHORTAGE, PURSUANT TO SECTION 373.246, FLORIDA STATUTES. IN THE EVENT OF A WATER SHORTAGE, AS DECLARED BY THE DISTRICT GOVERNING BOARD, THE PERMITTEE MUST ADHERE TO REDUCTIONS IN WATER WITHDRAWALS AS SPECIFIED BY THE DISTRICT.
- ENGR*
3. PRIOR TO THE CONSTRUCTION, MODIFICATION, OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT PURSUANT TO CHAPTER 40C-3, FLORIDA ADMINISTRATIVE CODE. CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL WILL REQUIRE MODIFICATION OF THE CONSUMPTIVE USE PERMIT WHEN SUCH CONSTRUCTION, MODIFICATION OR ABANDONMENT IS OTHER THAN THAT SPECIFIED AND DESCRIBED ON THE CONSUMPTIVE USE PERMIT APPLICATION FORM.
- OPER*
4. LEAKING OR INOPERATIVE WELL CASINGS, VALVES, OR CONTROLS MUST BE REPAIRED OR REPLACED AS REQUIRED TO PUT THE SYSTEM BACK IN AN OPERATIVE CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS WILL BE CAUSE FOR DEEMING THE WELL ABANDONED IN ACCORDANCE WITH CHAPTER 17.21.02(5), FLORIDA ADMINISTRATIVE CODE AND CHAPTER 373.309, FLORIDA STATUTES.
- ENGR*
5. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON LEGAL USES OF WATER EXISTING AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF THE WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON LEGAL USES OF WATER WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BUT NOT LIMITED TO:
- (A) REDUCTION OF WELL WATER LEVELS RESULTING IN A REDUCTION OF 10% IN THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER;
  - (B) REDUCTION OF WATER LEVELS IN AN ADJACENT SURFACE WATER BODY RESULTING IN A SIGNIFICANT IMPAIRMENT OF THE USE OF WATER IN THAT WATER BODY.
  - (C) SALINE WATER INTRUSION OR INTRODUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE RESULTING IN A SIGNIFICANT REDUCTION OF WATER QUALITY; AND
  - (D) CHANGE IN WATER QUALITY IN EITHER IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
- ENGR*
6. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON ADJACENT LAND USES WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OF WATER ALLOCATIONS IF WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON ADJACENT LAND USE WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BY BUT NOT LIMITED TO:

(A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT SURFACE WATER BODY;

(B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY A REDUCTION IN WATER LEVELS; AND

(C) DAMAGE TO CROPS AND OTHER TYPES OF VEGETATION.

*ENGR*

7. THE DISTRICT MUST BE NOTIFIED, IN WRITING, WITHIN 90 DAYS OF THE TRANSFER OF THIS PERMIT. ALL TRANSFERS ARE SUBJECT TO THE PROVISIONS OF SECTION 40C-2.351, FLORIDA ADMINISTRATIVE CODE, WHICH STATES THAT ALL TERMS AND CONDITIONS OF THE PERMIT SHALL BE BINDING OF THE TRANSFEREE.

*OPER*

8. A DISTRICT-ISSUED IDENTIFICATION TAG SHALL BE PROMINENTLY DISPLAYED AT EACH WITHDRAWAL SITE BY PERMANENTLY AFFIXING SUCH TAG TO THE PUMP, HEADGATE, VALVE OR OTHER WITHDRAWAL FACILITY AS PROVIDED BY SECTION 40C-2.401, FLORIDA ADMINISTRATIVE CODE. PERMITTEE SHALL NOTIFY THE DISTRICT IN THE EVENT THAT A REPLACEMENT TAG IS NEEDED.

*ENGR*

9. IF THE PERMITTEE DOES NOT SERVE A NEW PROJECTED DEMAND LOCATED WITHIN THE SERVICE AREA UPON WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION WILL BE SUBJECT TO MODIFICATION.

*OPER*

11. ON THE TENTH DAY FOLLOWING THE MONTH OF RECORD, PERMITTEE MUST SUBMIT TO THE DISTRICT COPIES OF THE PER MONTHLY WATER TREATMENT PLANT REPORTS ON A MONTHLY BASIS FOLLOWING THE MONTH OF RECORD. THE PERMIT NUMBER MUST BE ATTACHED TO ALL REPORTS.

*OPER/ENGR*

12. TREATED EFFLUENT MUST BE USED AS IRRIGATION WATER WHEN IT BECOMES PRACTICAL, ECONOMICALLY FEASIBLE, AND PERMISSIBLE UNDER APPLICABLE STATE AND FEDERAL STATUTES OR REGULATIONS PROMULGATED THEREUNDER.

*OPER*

13. WHENEVER FEASIBLE, THE PERMITTEE MUST USE NATIVE VEGETATION THAT REQUIRES LITTLE SUPPLEMENTAL IRRIGATION FOR LANDSCAPING WITHIN THE SERVICE AREA OF THE PROJECT.

*ENGR*

14. THIS PERMIT WILL EXPIRE 7 YEARS FROM THE DATE OF ISSUANCE.

15. MAXIMUM ANNUAL WITHDRAWALS MUST NOT EXCEED:

*OPER/ENGR*

MILLION GALLONS	YEAR
101.2	1991
105.6	1992
109.9	1993
114.3	1994
118.6	1995
123.0	1996
127.5	1997
131.7	1998

16. MAXIMUM DAILY WITHDRAWALS MUST NOT EXCEED:

*OPER/ENGR*

MILLION GALLONS	YEAR
0.76	1991
0.79	1992
0.82	1993
0.85	1994
0.89	1995
0.92	1996
0.95	1997
0.98	1998

17. SOURCE CLASSIFICATION IS 100% CONFINED OR SEMI-CONFINED AQUIFER.
18. USE CLASSIFICATION IS 89% HOUSEHOLD TYPE, 10% WATER UTILITY TYPE,  
AND 1% COMMERCIAL/INDUSTRIAL TYPE USES.



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Rafael A. Terrero, Chief Engineer

Seminole County-PW  
Southern States Utilities - Chuluota  
Lake Mills Shores (196 ERCs)  
File Number: WDS9-182722

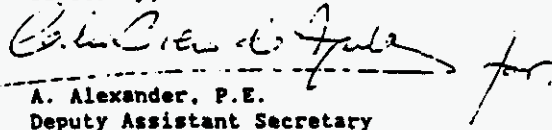
Dear Mr. Terrero:

This letter acknowledges receipt of your Notice of Intent to Use General Permit for the subject project.

The Notice was received by our office on June 26, 1990. Pursuant to Rule 17-4.530(1), Florida Administrative Code (FAC), you may not begin construction until thirty (30) days from that date. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use General Permit and that any deviation therefrom will subject the permittee to enforcement action and possible penalties.

To obtain clearance of the facilities for service, the engineer of record must, according to Rule 17-555.540(a) and (b), (FAC), submit one (1) set of record drawings, letter certifying completion of the project according to the approved plans, a copy of this letter and bacteriological test results taken on two (2) consecutive days from, or near, the eleven (11) points of connection to existing system. Water sample forms must indicate specific recommended sample locations and file number above.

Sincerely,

  
A. Alexander, P.E.  
Deputy Assistant Secretary

7/10/90

Date

997-  
AA: CRA: JMMc: omp

A.P.  
7-16-90

FILP



Florida Department of Environmental Regulation

Central District • 3379 Maguire Boulevard, Suite 212 • Orlando, Florida 32806-5767 •

Ray Martinez, Governor

Earl Tomich, Secretary

John Stapp, Assistant Secretary

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

Seminole County-FW  
Southern States Utilities - Chuluota  
Proposed 6" Water Main Improvements (0 ERCS)  
File Number: W259-178461

Dear Mr. Terrero:

This letter acknowledges receipt of your Notice of Intent to Use General Permit for the subject project.

The Notice was received by our office on April 4, 1990. Pursuant to Rule 17-4.53D(1), Florida Administrative Code (FAC), you may not begin construction until thirty (30) days from that date. Please be advised that the activities must conform to the description contained in your Notice of Intent to Use General Permit and that any deviation therefrom will subject the permittee to enforcement action and possible penalties.

To obtain clearance of the facilities for service, the engineer of record must, according to Rule 17-555.540(e) and (b), (FAC), submit one (1) set of record drawings, letter certifying completion of the project according to the approved plans, a copy of this letter and bacteriological test results taken on two (2) consecutive days from, or near, the three (3) points of connection to the existing mains and the plugged point on County Road 439 south of Lo: 11. Water sample forms must indicate specific recommended sample location and file number above.

Sincerely,

A. Alexander, P.E.  
Deputy Assistant Secretary

5/2/90

Date

HA  
JA:002 CWH

**Citrus Park - 1117**

**Marion County (SSU)**

**Water**

**- 1992 FPSC Filing -**



ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

CITRUS  
PARK

PERMIT NO. 2-003-0302UV DATE ISSUED NOVEMBER 13, 1989

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLOPIDIAN AQUIFER TO SERVE AN ESTIPATED POPULATION OF 943 PEOPLE.

LOCATION:

SECTION 33, TOWNSHIP 15 SOUTH, RANGE 22 EAST  
PARICH COUNTY

ISSUED TO:

SOUTHERN STATES UTILITIES INC.  
1000 COLOR PL.  
APOPR, FL 32703

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

SEE CONDITIONS ON ATTACHED "EXHIBIT A", DATED NOVEMBER 13, 1989

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management    Governing Board

By: [Signature]  
(Director)  
JAMES ELLEDGE

By: [Signature]  
(Assistant Secretary)  
HENRY DEAN



#1117

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-083-0302UV

SOUTHERN STATES UTILITIES INC.

DATED NOVEMBER 13, 1989

1. DISTRICT AUTHORIZED STAFF, UPON PROPER IDENTIFICATION, WILL HAVE PERMISSION TO ENTER, INSPECT AND OBSERVE PERMITTED AND RELATED FACILITIES IN ORDER TO DETERMINE COMPLIANCE WITH THE APPROVED PLANS, SPECIFICATIONS AND CONDITIONS OF THIS PERMIT.
2. NOTHING IN THIS PERMIT SHOULD BE CONSTRUED TO LIMIT THE AUTHORITY OF THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT TO DECLARE A WATER SHORTAGE AND ISSUE ORDERS PURSUANT TO SECTION 373.175, FLORIDA STATUTES, OR TO FORMULATE A PLAN FOR IMPLEMENTATION DURING PERIODS OF WATER SHORTAGE, PURSUANT TO SECTION 373.246, FLORIDA STATUTES. IN THE EVENT OF A WATER SHORTAGE, AS DECLARED BY THE DISTRICT GOVERNING BOARD, THE PERMITTEE MUST ADHERE TO REDUCTIONS IN WATER WITHDRAWALS AS SPECIFIED BY THE DISTRICT.
3. PRIOR TO THE CONSTRUCTION, MODIFICATION, OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT PURSUANT TO CHAPTER 40C-3, FLORIDA ADMINISTRATIVE CODE. CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL WILL REQUIRE MODIFICATION OF THE CONSUMPTIVE USE PERMIT WHEN SUCH CONSTRUCTION, MODIFICATION OR ABANDONMENT IS OTHER THAN THAT SPECIFIED AND DESCRIBED ON THE CONSUMPTIVE USE PERMIT APPLICATION FORM.
4. LEAKING OR INOPERATIVE WELL CASINGS, VALVES, OR CONTROLS MUST BE REPAIRED OR REPLACED AS REQUIRED TO PUT THE SYSTEM BACK IN AN OPERATIVE CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS WILL BE CAUSE FOR DEEMING THE WELL ABANDONED IN ACCORDANCE WITH CHAPTER 17.21.02(5), FLORIDA ADMINISTRATIVE CODE AND CHAPTER 373.309, FLORIDA STATUTES.
5. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON LEGAL USES OF WATER EXISTING AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF THE WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON LEGAL USES OF WATER WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BUT NOT LIMITED TO:
  - (A) REDUCTION OF WELL WATER LEVELS RESULTING IN A REDUCTION OF 10% IN THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER;
  - (B) REDUCTION OF WATER LEVELS IN AN ADJACENT SURFACE WATER BODY RESULTING IN A SIGNIFICANT IMPAIRMENT OF THE USE OF WATER IN THAT WATER BODY.
  - (C) SALINE WATER INTRUSION OR INTRODUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE RESULTING IN A SIGNIFICANT REDUCTION OF WATER QUALITY; AND
  - (D) CHANGE IN WATER QUALITY IN EITHER IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
6. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON ADJACENT LAND USES WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OF WATER ALLOCATIONS IF WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON ADJACENT LAND USE WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BY BUT NOT LIMITED TO:

**Citrus Springs Utilities - 9001**

**Citrus County (UFU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garriv, Deputy Assistant Secretary

October 7, 1988

Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs, Unit 9  
PATS# 155250  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on Sept. 26, 1988. The notice was subsequently reviewed under PATS No.: 155250 on Oct. 7, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

JoAnn H. Herron  
Permitting Engineer

JHH/lgb

cc: Citrus CPHU

*cc: F. N. ...  
Bob Williams  
Richard Garriv*

RECEIVED OCT 13 1988

0049



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garnry, Deputy Assistant Secretary

October 26, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Units 7 & 8  
PATS# 156197  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 20, 1988. The notice was subsequently reviewed under PATS No.: 156197 on October 25, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

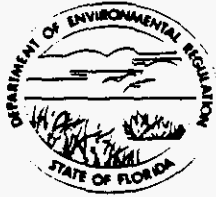
Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0050



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813

Bob Martínez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant  
Richard Garrity, Deputy ASST

September 27, 1988

Mr. Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs, Unit 6  
Phase I, II and III  
PATS# 155132

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 22, 1988. The notice was subsequently reviewed under PATS No.: 155132 on September 27, 1988.

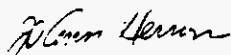
Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

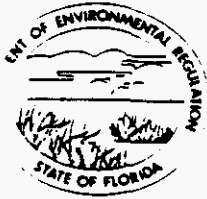
  
JoAnn Herron  
Permitting Engineer

JH/lgb

cc: Citrus CPHU

RECEIVED SEP 29 1988

0051



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

October 31, 1988

Mr. Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S. W. Third Avenue  
Miami, Florida 33129

Citrus County  
Citrus Springs D.S.  
Serving Unit 5  
PATS No.: 156188  
PWS-ID No.: 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 20, 1988. The notice was subsequently reviewed under PATS No.: 156188 on October 31, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/js

cc: Citrus C.P.H.U.

RECEIVED NOV - 3 1988



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garrity, Deputy Assistant Secretary

September 27, 1988

Mr. Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs, Unit 4  
PATS# 154346  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 9, 1988. The notice was subsequently reviewed under PATS No.: 154346 on September 27, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

*JoAnn Herron*  
JoAnn Herron  
Permitting Engineer

*cc: Bob Williams  
F. ...  
J. ...*

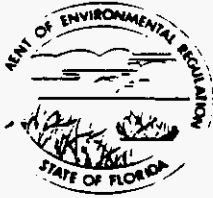
JH/lgb

cc: Citrus CPHU

RECEIVED SEP 29 1988

0053





## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garniv, Deputy Assistant Secretary

September 27, 1988

Mr. Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs, Unit 3  
Phases III and IV and Portion  
of Unit 3  
PATS# 154496  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 8, 1988. The notice was subsequently reviewed under PATS No.: 154496 on September 27, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

*JoAnn Herron*  
JoAnn Herron  
Permitting Engineer

*See file with all  
plans &  
J. Herron*

JH/lgb

RECEIVED SEP 30 1988

cc: Citrus CPHU



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-34 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

October 27, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Unit 2  
PATS# 156190  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 20, 1988. The notice was subsequently reviewed under PATS No.: 156190 on October 26, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

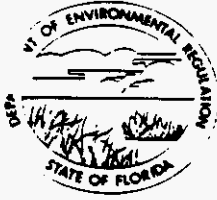
Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0055



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-734 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Richard Garniv, Deputy Assistant Secretary

October 26, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Units 13  
PATS# 156192  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 20, 1988. The notice was subsequently reviewed under PATS No.: 156192 on October 25, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0056



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

October 27, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Unit 12  
PATS# 156191  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 20, 1988. The notice was subsequently reviewed under PATS No.: 156191 on October 25, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0057



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Richard Garniv, Deputy Assistant Secretary

October 26, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Units 11  
PATS# 156196  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 20, 1988. The notice was subsequently reviewed under PATS No.: 156196 on October 25, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

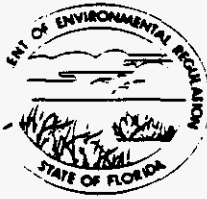
Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0058



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

September 27, 1988

Mr. Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs, Unit 1  
Portions of 2 and 3  
PATS# 154344  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 9, 1988. The notice was subsequently reviewed under PATS No.: 154344 on September 27, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

*JoAnn Herron*  
JoAnn Herron  
Permitting Engineer

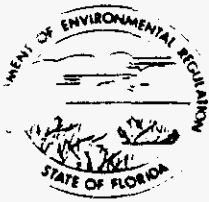
*C.C. Bob Milian  
F. Rowak  
J. Almeida*

JH/lgb

cc: Citrus CPHU

RECEIVED SEP 29 1988

0059



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garnix, Deputy Assistant Secretary

October 7, 1988

Mr. Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs, Unit 10  
PATS# 155249  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on Sept. 26, 1988. The notice was subsequently reviewed under PATS No.: 155249 on Oct. 7, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

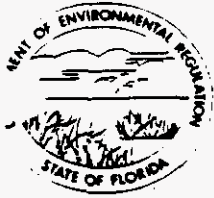
JoAnn H. Herron  
Permitting Engineer

JHH/lgb

cc: Citrus CPHU

RECEIVED OCT 13 1988

*cc: F. N. ...  
R. ...  
V. ...*



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garrity, Deputy Assistant Secretary

September 27, 1988

Mr. Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs, Unit 20  
PATS# 155135  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 22, 1988. The notice was subsequently reviewed under PATS No.: 155135 on September 27, 1988.

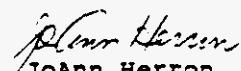
Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

  
JoAnn Herron  
Permitting Engineer

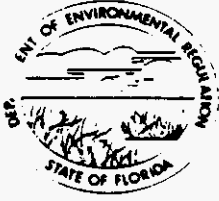
JH/lgb

cc: Citrus CPHU

RECEIVED SEP 30 1988

0061





## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-34 • 813-623-5561

Bob Martinez, Governor

Dale Trachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garniv, Deputy Assistant Secretary

October 27, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Unit 19  
PATS# 156229  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 21, 1988. The notice was subsequently reviewed under PATS No.: 156229 on October 26, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0062



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

October 27, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Unit 18  
PATS# 156228  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 21, 1988. The notice was subsequently reviewed under PATS No.: 156228 on October 26, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0063



*Joseph  
Bryant  
F. Williams*

## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Richard Garnry, Deputy Assistant Secretary

October 24, 1988

Mr. Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S. W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS, Unit 17  
PATS# 156008  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 17, 1988. The notice was subsequently reviewed under PATS NO.: 156008 on October 19, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not be beginning construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/js

cc: Citrus CPHU

RECEIVED OCT 27 1988

0064



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garntv, Deputy Assistant Secretary

October 26, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Units 16  
PATS# 156194  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 20, 1988. The notice was subsequently reviewed under PATS No.: 156194 on October 25, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0065



*Florida Department of Environmental Regulation*

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-23-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garrity, Deputy Assistant Secretary

*10/24/88  
Bob Martinez*

October 24, 1988

Mr. Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S. W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs Utilities WTP, Unit 15  
PATS# 156010  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 17, 1988. The notice was subsequently reviewed under PATS No.: 156010 on October 19, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not be doing construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

*RE/evans*

Roger Evans  
Permitting Engineer

RE/js

cc: Citrus CPDU

RECEIVED OCT 27 1988

0066



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

October 26, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Units 14  
PATS# 156195  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 20, 1988. The notice was subsequently reviewed under PATS NO.: 156195 on October 25, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

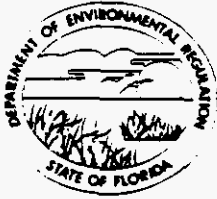
Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0067



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant  
Richard Garniv, Deputy ASIS

September 27, 1988

Mr. Arsenio Milian, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs, Unit 27  
PATS# 154553  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 9, 1988. The notice was subsequently reviewed under PATS No.: 154553 on September 27, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

JoAnn Herron  
Permitting Engineer

JH/lgb

cc: Citrus CPHU

RECEIVED SEP 29 1988



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Thwachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garniv, Deputy Assistant Secretary

October 31, 1988

Mr. Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S. W. Third Avenue  
Miami, Florida 33129

Citrus County  
Citrus Springs D.S.  
Serving Unit 26  
PATS No.: 156215  
PWS-ID No.: 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 21, 1988. The notice was subsequently reviewed under PATS No.: 156215 on October 27, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

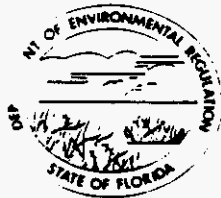
*cc Frank Williams  
Bob Williams  
Meredith*

RE/js

cc: Citrus C.P.H.U.

RECEIVED NOV - 3 1988





## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garrity, Deputy Assistant Secretary

October 27, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Unit 25  
PATS# 156222  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 21, 1988. The notice was subsequently reviewed under PATS No.: 156222 on October 26, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0070



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Dr. Richard Gentry, Deputy Assistant Secretary

July 13, 1989

Mr. Arsenio Milian  
Citrus Springs Utilities  
A Division of United Florida  
Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Extension of Citrus Springs  
DS to serve Unit 24 S/D  
PATS# 166935  
PWS-ID# 6090312

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on July 3, 1989. The notice was subsequently reviewed under PATS No.: 166935 on July 12, 1989.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with the following:

- (1) A 'Request for Letter of Release to Place Water Supply System into Service' form [DER Form 17-555.910(9)].
- (2) Copies of satisfactory bacteriological test results taken on two consecutive days.
- (3) Pressure test for the water system to be cleared.
- (4) A letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed engineering 'record drawings'.

Following this we may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

RECEIVED JUL 17 1989

*Handwritten initials and signature:*  
C. J.  
Twachtman  
2nd.

0071

Mr. Arsenio Milian  
Page Two

If there are any questions, please contact me at (813) 623-5561.

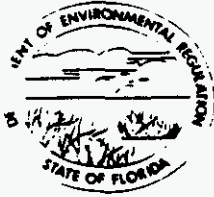
Sincerely,



Roger Evans  
Permitting Engineer  
Water Facilities

RE/lgb

cc: Citrus CPHU



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

October 27, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Unit 23  
PATS# 156225  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 21, 1988. The notice was subsequently reviewed under PATS No.: 156225 on October 26, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0073



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garniv, Deputy Assistant Secretary

October 27, 1988

Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Citrus County  
Citrus Springs DS Serving  
Unit 22  
PATS# 156237  
PWS-ID# 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 21, 1988. The notice was subsequently reviewed under PATS No.: 156237 on October 26, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/lgb

cc: Citrus CPHU

RECEIVED OCT 31 1988

0074



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garniv, Deputy Assistant Secretary

October 31, 1988

Mr. Rafael A. Terrero, P.E.  
Citrus Springs Utilities  
3250 S. W. Third Avenue  
Miami, Florida 33129

Citrus County  
Citrus Springs D.S.  
Serving Unit 21  
PATS No.: 156444  
PWS-ID No.: 6090312

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on October 20, 1988. The notice was subsequently reviewed under PATS No.: 156444 on October 31, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not being construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

Roger Evans  
Permitting Engineer

RE/js

cc: Citrus C.P.H.U.

RECEIVED NOV - 3 1988

0075

- (A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT SURFACE WATER BODY?
  - (B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY A REDUCTION IN WATER LEVELS; AND
  - (C) DAMAGE TO CROPS AND OTHER TYPES OF VEGETATION.
7. THE DISTRICT MUST BE NOTIFIED, IN WRITING, WITHIN 90 DAYS OF THE TRANSFER OF THIS PERMIT. ALL TRANSFERS ARE SUBJECT TO THE PROVISIONS OF SECTION 40C-2.351, FLORIDA ADMINISTRATIVE CODE, WHICH STATES THAT ALL TERMS AND CONDITIONS OF THE PERMIT SHALL BE BINDING OF THE TRANSFEREE.
  8. A DISTRICT-ISSUED IDENTIFICATION TAG SHALL BE PROMINENTLY DISPLAYED AT EACH WITHDRAWAL SITE BY PERMANENTLY AFFIXING SUCH TAG TO THE PUMP, HEADGATE, VALVE OR OTHER WITHDRAWAL FACILITY AS PROVIDED BY SECTION 40C-2.401, FLORIDA ADMINISTRATIVE CODE. PERMITTEE SHALL NOTIFY THE DISTRICT IN THE EVENT THAT A REPLACEMENT TAG IS NEEDED.
  9. IF THE PERMITTEE DOES NOT SERVE A NEW PROJECTED DEMAND LOCATED WITHIN THE SERVICE AREA UPON WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION WILL BE SUBJECT TO MODIFICATION.
  10. ON THE TENTH DAY FOLLOWING THE MONTH OF RECORD, PERMITTEE MUST SUBMIT TO THE DISTRICT COPIES OF THE DER MONTHLY WATER TREATMENT PLANT REPORTS ON A MONTHLY BASIS FOLLOWING THE MONTH OF RECORD. THE PERMIT NUMBER MUST BE ATTACHED TO ALL REPORTS.
  11. TREATED EFFLUENT MUST BE USED AS IRRIGATION WATER WHEN IT BECOMES PRACTICAL, ECONOMICALLY FEASIBLE, AND PERMISSIBLE UNDER APPLICABLE STATE AND FEDERAL STATUTES OR REGULATIONS PROMULGATED THEREUNDER.
  12. WHENEVER FEASIBLE, THE PERMITTEE MUST USE NATIVE VEGETATION THAT REQUIRES LITTLE SUPPLEMENTAL IRRIGATION FOR LANDSCAPING WITHIN THE SERVICE AREA OF THE PROJECT.
  13. CONSTRUCTION MUST BE IN COMPLIANCE WITH SUBSECTION 553.14, F.S.
  14. THIS PERMIT WILL EXPIRE 7 YEARS FROM THE DATE OF ISSUANCE.
  15. MAXIMUM ANNUAL WITHDRAWALS MUST NOT EXCEED 36.4 MILLION GALLONS.
  16. MAXIMUM DAILY WITHDRAWALS MUST NOT EXCEED 0.156 MILLION GALLONS.
  17. SOURCE CLASSIFICATION IS CONFINED OR SEMI-CONFINED AQUIFER.
  18. USE CLASSIFICATION IS 80% HOUSEHOLD, 10% COMMERCIAL/ INDUSTRIAL AND 10% WATER UTILITY.

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
INDIVIDUAL WATER USE PERMIT**

<b>PERMIT GRANTED TO:</b>	<b>PERMIT NO.:</b>
Southern States Utilities, Inc.	202842.04
(Citrus Springs/Pine Ridge Utilities)	<b>DATE PERMIT GRANTED:</b> April 23, 1991
1000 Colck Place	<b>DATE PERMIT APPLICATION FILED:</b> October 2, 1990
Apopka, FL 32703	<b>PERMIT EXPIRES ON:</b> April 23, 1997
	<b>SOURCE CLASSIFICATION:</b> Groundwater
	<b>USE CLASSIFICATION:</b> Public Supply
	<b>COUNTY:</b> Citrus

(Legal Name and Address)

**TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:**

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 400, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

This Permit authorizes the applicant named above to take a combined average annual withdrawal of 1,078,000 gallons of water per day, a combined peak monthly withdrawal of 1,500,000 gallons of water per day, and a maximum combined withdrawal rate not to exceed N/A gallons per day. Withdrawals are authorized as shown in the table below.

USER I.D.	DIST. I.D.	WITHDRAWAL POINT				AVERAGE	GALLONS PER DAY	
		LATITUDE	LONGITUDE	SEC-TWR-RCE	PEAK MONTHLY		MAXIMUM	
CS2	1	29 00 45	82 27 24	11-17S-18E	154,000	200,000	N/A	
CS3	2	28 59 25	82 27 42	23-17S-18E	233,000	360,000	N/A	
CS7	3	29 00 33	82 27 20	11-17S-18E	291,000	410,000	N/A	
PR2	4	28 56 11	82 31 08	06-18S-18E	183,000	220,000	N/A	
PR3	5	28 56 08	82 29 06	09-18S-18E	47,000	120,000	N/A	
PR4	13	28 56 05	82 29 07	09-18S-18E	170,000	425,000	N/A	



Permittee: South Florida States Utilities, Inc.  
(Citrus Springs/Pine Ridge Utilities)  
Permit No.: 202842.04

4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
11. The District may establish special regulations for Water-Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
  - a. A reduction in water levels which impairs the ability of a well to produce water;
  - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
  - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.

07/25/91

08:59

904 796 7211 4350

SWFWMD BKVL

Permittee: Southern States Utilities, Inc.  
(Citrus Springs/Pine Ridge Utilities)  
Permit No.: 202842.04

13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
  - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
  - b. Sinkholes or subsidence caused by reduction in water levels;
  - c. Damage to crops and other vegetation causing financial harm to the owner; and
  - d. Damage to the habitat of endangered or threatened species.
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
16. The permittee shall notify the District within 30 days of the sale or conveyance of the permitted water use system or the land on which the system is located.

SPECIAL CONDITIONS:

17. The Permittee shall carry out the provisions of its District approved Water Conservation Plan in a timely manner. The Permittee shall submit progress reports concerning implementation of the plan in April 1994 and April 1996.
18. The Permittee shall (establish and/or) maintain data gathering procedures which allow amounts of water to be accounted into various categories. These categories may be by either meter size or use, such as residential, commercial, industrial, unaccounted, and other. The procedures must produce data suitable for developing reliable estimates of current water use and projections of future water demand.
19. The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department for District Identification Nos. 1, 2, 3, 4, 5 and 13. Such devices shall have and maintain an accuracy within five percent of the actual flow.
20. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.

Permittee: South States Utilities, Inc.  
(Citrus Springs/Pine Ridge Utilities)  
Permit No.: 202842.04

Reports shall be addressed to:

Southwest Florida Water Management District  
ATTN: Permits Data Section  
2379 Broad Street  
Brooksville, Florida 34609-6899

- 21. Water quality samples shall be collected and analyzed as indicated in the table below. Reports of the analyses shall be submitted to the District (on District forms) on or before the tenth (10th) day of the following month. The parameters and frequency of sampling and analysis may be modified by District staff as necessary to ensure the protection of the resource.

District I.D. No.(s)	Parameters	Sampling Frequency
1 and 13	Chloride, Sulfate, and Total Dissolved Solids	Quarterly (Feb, May, Aug, Nov)

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater or APHA-AWWA-WPCF or Methods for Chemical Analysis of Water and Wastes by the USEPA. Reports shall be sent to the address given above.

- 22. The Permittee shall submit a report describing the sampling and analytical methodologies employed. The report shall address sampling procedures, chain of custody of samples, and methods of analysis for all parameters for which analyses are performed. The report shall be included with the first data submitted after the date this permit is granted, and upon any change in sampling and/or analytical methodology.

Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

**Crystal River Highlands - 984**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## **CRYSTAL RIVER HIGHLANDS**

According to Water Management District Rule 40 C - 2.041 (1) (d) Permits Required, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Crystal River Highlands has a 4" diameter well.

# **Daetwyler Shores - 105**

**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**DAETWYLER SHORES**

A consumptive use permit is not included because there is no water plant. Water is purchased from Orlando Utilities Commission.

**Deltona Utilities - 18001**

**Volusia County (DUI)**

**Water**

**- 1992 FPSC Filing -**



**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
Post Office Box 1429  
Palatka, Florida 32978-1429

PERMIT NO. 2-127-0093UMM DATE ISSUED MAY 8, 1990

CONSUMPTIVE USE

A PERMIT AUTHORIZING:

USE OF GROUND WATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 98,755 PEOPLE IN 10 YEARS.

LOCATION:

SECTION 24 & 29, TOWNSHIP 18 SOUTH, RANGE 31 EAST  
VOLUSIA COUNTY

ISSUED TO:

DELTONA UTILITIES  
3250 SW THIRD AVENUE  
MIAMI, FL 33122

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. Structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

SEE CONDITIONS ON ATTACHED "EXHIBIT A", DATED MAY 9, 1990

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management      Governing Board



*Jeff Elledge*  
\_\_\_\_\_  
(Director)  
JEFF ELLEDGE

By:

*Henry Deak*  
\_\_\_\_\_  
(Assistant Secretary)  
HENRY DEAK

PERMIT 17

CONDITIONS FOR ISSUANCE OF PERMIT NO. 17-107-0093,174

DELTA UTILITIES

DATED MAY 12, 1960

1. DISTRICT AUTHORIZED STAFF, UPON PROPER IDENTIFICATION, WILL HAVE PERMISSION TO ENTER, INSPECT AND OBSERVE PERMITTED AND RELATED FACILITIES IN ORDER TO DETERMINE COMPLIANCE WITH THE APPROVED PLANS, SPECIFICATIONS AND CONDITIONS OF THIS PERMIT.
2. NOTHING IN THIS PERMIT SHOULD BE CONSTRUED TO LIMIT THE AUTHORITY OF THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT TO DECLARE A WATER SHORTAGE AND ISSUE ORDERS PURSUANT TO SECTION 371.125, FLORIDA STATUTES, OR TO FORMULATE A PLAN FOR IMPLEMENTATION DURING PERIODS OF WATER SHORTAGE, PURSUANT TO SECTION 371.240, FLORIDA STATUTES. IN THE EVENT OF A WATER SHORTAGE, AS DECLARED BY THE DISTRICT GOVERNING BOARD, THE PERMITTEE MUST ADHERE TO REDUCTIONS IN WATER WITHDRAWALS AS SPECIFIED BY THE DISTRICT.
3. PRIOR TO THE CONSTRUCTION, MODIFICATION, OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT PURSUANT TO CHAPTER 400C, FLORIDA ADMINISTRATIVE CODE. CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL WILL REQUIRE MODIFICATION OF THE CONSUMPTIVE USE PERMIT WHEN SUCH CONSTRUCTION, MODIFICATION OR ABANDONMENT IS OTHER THAN THAT SPECIFIED AND DESCRIBED ON THE CONSUMPTIVE USE PERMIT APPLICATION FORM.
4. LEAKING OR INOPERATIVE WELL CASINGS, VALVES, OR CONTROLS MUST BE REPAIRED OR REPLACED AS REQUIRED TO PUT THE SYSTEM BACK IN AN OPERATIVE CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS WILL BE CAUSE FOR DEEMING THE WELL ABANDONED IN ACCORDANCE WITH CHAPTER 400C, FLORIDA ADMINISTRATIVE CODE AND CHAPTER 373.009, FLORIDA STATUTES.
5. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON LEGAL USES OF WATER EXISTING AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON ADJACENT LAND USE WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BUT NOT LIMITED TO:
  - (A) REDUCTION OF WELL WATER LEVELS RESULTING IN A REDUCTION OF 10% IN THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER;
  - (B) REDUCTION OF WATER LEVELS IN AN ADJACENT SURFACE WATER BODY RESULTING IN A SIGNIFICANT IMPAIRMENT OF THE USE OF WATER IN THAT WATER BODY;
  - (C) SALINE WATER INTRUSION OR INTRODUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE RESULTING IN A SIGNIFICANT REDUCTION OF WATER QUALITY; AND
  - (D) CHANGE IN WATER QUALITY IN EITHER IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
6. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON ADJACENT LAND USES WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON ADJACENT LAND USE WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BY BUT NOT LIMITED TO:

- (4) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT SURFACE WATER BODY.
- (5) LAND COLLAPSE OR SUBSIDENCE CAUSED BY A REDUCTION IN WATER LEVELS; AND
- (6) DAMAGE TO CROPS AND OTHER TYPES OF VEGETATION.
7. THE DISTRICT MUST BE NOTIFIED, IN WRITING, WITHIN 90 DAYS OF THE TRANSFER OF THIS PERMIT. ALL TRANSFERS ARE SUBJECT TO THE PROVISIONS OF SECTION 400-2.191, FLORIDA ADMINISTRATIVE CODE, WHICH STATES THAT ALL TERMS AND CONDITIONS OF THE PERMIT SHALL BE BINDING OF THE TRANSFEREE.
8. A DISTRICT-ISSUED IDENTIFICATION TAG SHALL BE PROMINENTLY DISPLAYED AT EACH WITHDRAWAL SITE BY PERMANENTLY AFFIXING SUCH TAG TO THE PUMP, HEADGATE, VALVE OR OTHER WITHDRAWAL FACILITY AS PROVIDED BY SECTION 400-2.401, FLORIDA ADMINISTRATIVE CODE. PERMITTEE SHALL NOTIFY THE DISTRICT IN THE EVENT THAT A REPLACEMENT TAG IS NEEDED.
9. IF THE PERMITTEE DOES NOT SERVE A NEW PROJECTED DEMAND LOCATED WITHIN THE SERVICE AREA UPON WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION WILL BE SUBJECT TO MODIFICATION.
10. ON THE TENTH DAY FOLLOWING THE MONTH OF RECORD, PERMITTEE MUST SUBMIT TO THE DISTRICT COPIES OF THE PER MONTHLY WATER TREATMENT PLANT REPORTS ON A MONTHLY BASIS FOLLOWING THE MONTH OF RECORD. THE PERMIT NUMBER MUST BE ATTACHED TO ALL REPORTS.
11. TREATED EFFLUENT MUST BE USED AS IRRIGATION WATER WHEN IT BECOMES PRACTICAL, ECONOMICALLY FEASIBLE, AND PERMISSIBLE UNDER APPLICABLE STATE AND FEDERAL STATUTES OR REGULATIONS PROMULGATED THEREUNDER.
12. IF CHEMICALS ARE INJECTED INTO THE IRRIGATION SYSTEM THE WELL MUST BE EQUIPPED WITH BACKFLOW PREVENTION DEVICES INSTALLED IN ACCORDANCE WITH FLORIDA IRRIGATION SOCIETY (FIS) STANDARDS.
13. WHEREVER FEASIBLE, THE PERMITTEE MUST USE EXISTING IRRIGATION FACILITIES WITH LITTLE SUPPLEMENTAL IRRIGATION BEING REQUIRED IN THE SERVICE AREA OF THE PROJECT.
14. CONSTRUCTION MUST BE IN COMPLIANCE WITH SUBSECTION 322.14, F.S.
15. THIS PERMIT WILL EXPIRE 50 YEARS FROM THE DATE OF ISSUANCE.
16. MAXIMUM ANNUAL WITHDRAWALS MUST NOT EXCEED 3.55 BGAL IN 1990, 3.53 BGAL IN 1991, 4.71 BGAL IN 1992, 4.39 BGAL IN 1993, 4.66 BGAL IN 1994, 4.94 BGAL IN 1995, AND 5.21 BGAL IN 1996, 5.49 BGAL IN 1997, 5.77 BGAL IN 1998, 6.04 BGAL IN 1999 AND 6.32 BGAL IN 2000.
17. MAXIMUM DAILY WITHDRAWALS MUST NOT EXCEED 19.4 MGAL IN 1990, 21.7 MGAL IN 1991, 22.7 MGAL IN 1992, 24.2 MGAL IN 1993, 25.7 MGAL IN 1994, 27.3 MGAL IN 1995, 28.7 MGAL IN 1996, 30.3 MGAL IN 1997, 31.8 MGAL IN 1998, 33.4 MGAL IN 1999 AND 34.9 MGAL IN 2000.

18. UPON COMPLETION OF EACH NEW WELL AND PRIOR TO ITS CONNECTION WITH THE TRANSMISSION SYSTEM, AN ACQUIFER PUMP TEST (APT) MUST BE PERFORMED.

A. THE ACQUIFER PERFORMANCE TEST MUST CONSIST OF A CONSTANT RATE DISCHARGE TEST ON THE PROPOSED TEST/PRODUCTION WELL.

B. PUMPING RATE WILL BE DESIGNED PUMP CAPACITY.

C. THE LENGTH OF TESTING WILL BE 48 HOURS.

D. A WATER LEVEL MONITOR WELL MUST BE CONSTRUCTED WITHIN 75 FEET OF THE TEST PRODUCTION WELL OR AN EXISTING WELL WITHIN 500' CAN BE USED AS A MONITOR WELL. THIS WELL WILL BE EQUIPPED WITH A WATER LEVEL RECORDER TO MONITOR DAILY FLUCTUATIONS IN WATER LEVEL. WATER LEVELS WILL BE RECORDED FOR ONE WEEK PRIOR TO THE TEST AND AT LEAST THREE DAYS AFTER TESTING CONCLUDES. WATER LEVELS WILL BE RECORDED ONE WEEK PRIOR TO THE TEST AND AT LEAST THREE DAYS AFTER TESTING CONCLUDES. WATER LEVELS WILL BE TAKEN OR CONTINUOUSLY MONITORED AS REQUIRED IN APPENDIX H2 GUIDELINES FOR DEVELOPMENT OF A STANDARD ACQUIFER TEST PROGRAM, APPLICANT'S HANDBOOK. THE MONITOR WELL WILL BE COMPLETED TO THE SAME INTERVAL AS THE TEST/PRODUCTION WELL.

E. A WATER SAMPLE FROM THE TEST/PRODUCTION WELL MUST BE TAKEN AT THE FOLLOWING INTERVALS FROM THE START OF PUMPING:

5 MINUTES (BASED ON THE TIME TO EXCAVATE AT LEAST ONE VOLUME OF WATER FROM THE WELL).

24 HOURS

48 HOURS

72 HOURS

ALL SAMPLES MUST BE ANALYZED BY AN ACCREDITED LABORATORY FOR THE FOLLOWING PARAMETERS:

IRON	FIELD AND LABORATORY PH
SULFATE	TOTAL HARDNESS
CALCIUM	T.D.S.
MAGNESIUM	FIELD TEMPERATURE
SODIUM	SPECIFIC CONDUCTANCE
POTASSIUM	FIELD AND LABORATORY PH

CARBONATE - FIELD AND LAB  
SI-CARBONATE - TOTAL ALKALINITY IF PH IS 6.9 OR LOWER.

ALL MAJOR ION ANALYSES MUST BE CHECKED FOR ANION-CATION BALANCE AND MUST BALANCE WITHIN 5% PRIOR TO SUBMISSION.

IT IS RECOMMENDED THAT DUPLICATES BE TAKEN TO ALLOW FOR LABORATORY PROBLEMS OR LOSS.

IN ADDITION, THE APPLICANT MUST SUBMIT A DETAILED DESCRIPTION, INCLUDING SPECIFICATIONS OF THE PROPOSED TESTING FOR DISTRICT APPROVAL PRIOR TO ANY TESTING. A WELL CONSTRUCTION PERMIT WILL BE ISSUED TO ALLOW THE TEST/PRODUCTION WELL TO BE DRILLED AFTER THE DETAILED DESCRIPTION AND SPECIFICATIONS OF THE TEST ARE SUBMITTED AND APPROVED BY DISTRICT STAFF.

THE APPLICANT MUST NOTIFY THE DISTRICT 48 HOURS IN ADVANCE OF ANY TESTING SO A DISTRICT REPRESENTATIVE MAY BE ON SITE DURING TESTING.

AFTER TESTING, THE APPLICANT MUST SUBMIT A REPORT TO THE DISTRICT DESCRIBING THE TESTING PROGRAM AND FINDINGS OF THE EVALUATION. THIS REPORT MUST CONTAIN THE FOLLOWING:

1. A DESCRIPTION OF THE TESTING HIGHLIGHTING ANY

2. COPIES OF ALL FIELD DATA IN A LEGIBLE, WELL ORGANIZED FORMAT.
3. CALCULATED AQUIFER PARAMETERS LISTED BELOW:  
 TRANSMISSIVITY  
 SPECIFIC CAPACITY  
 LEAKANCE COEFFICIENT  
 STORAGE COEFFICIENT.
4. A DESCRIPTION OF METHODS UTILIZED TO DETERMINE ABOVE, INCLUDING CALCULATIONS.
5. ANALYSIS OF DRAINAGE EXPECTED FROM PRODUCTION USE OF THE WELLFIELD IN GENERAL AND INDIVIDUAL WELLS. A ZONE OF INFLUENCE MUST BE INCLUDED SPECIFYING ANY POTENTIAL ADJACENT LANDOWNER IMPACTS. A DISTRICT APPROVED THREE DIMENSIONAL NUMERICAL FLOW MODEL MUST BE PERFORMED TO EVALUATE EXISTING CONDITIONS AND POTENTIAL IMPACTS TO PROPOSED USE. INPUT DATA OF THE MODEL MUST BE SUBMITTED IN MODFLOW (U.S.G.S. FLOW MODEL) INPUT FORMAT.
19. ALL EXISTING WELLS MUST BE SAMPLED AND MAJOR ION ANALYSES PERFORMED ON THE SAMPLES IN MAY AND OCTOBER OF EACH YEAR. RESULTS MUST BE SUBMITTED TO THE DISTRICT BY MAY 31 AND OCTOBER 31 OF EACH YEAR.
- THESE SAMPLES MUST BE ANALYZED BY AN ACCREDITED LABORATORY FOR THE FOLLOWING PARAMETERS: CHLORIDES, SULFATE, CALCIUM, MAGNESIUM, SODIUM, POTASSIUM, TOTAL IRON, TOTAL HARDNESS, TDS, FIELD TEMPERATURE, SPECIFIC CONDUCTANCE, PH, CARBONATE, BICARBONATE OR TOTAL ALKALINITY IF PH IS 6.9 OR LOWER.
20. WITHIN A YEAR OF ISSUANCE OF THIS PERMIT, DELTONA UTILITIES MUST SUPPLY TREATED EFFLUENT FROM THEIR WASTE-WATER TREATMENT PLANT TO DELTONA HILLS GOLF AND COUNTRY CLUB, GLEN ABERY GOLF COURSE, ROSEBATE LAKESIDE CONDOMINIUMS AND A FLORIDA POWER AND LIGHT FACILITY. THE QUALITY OF THE EFFLUENT MUST MEET ALL DER WATER QUALITY REQUIREMENTS FOR SPRAY APPLICATION.
21. A WELL WHICH HAS WATER QUALITY THAT EXCEEDS 200 MG/L CHLORIDE AT ANY TIME MUST BE PLUGGED AND ABANDONED. WEEKLY WATER SAMPLES SHOULD BE TAKEN. IF THE WATER QUALITY EXCEEDS 200 G/L FOR FOUR CONSECUTIVE SAMPLES, THE WELL MUST BE PLACED ON STANDBY STATUS (RESERVE WELL USE ONLY DURING MAINTENANCE/REPAIR OF PRIMARY OR SECONDARY WELLS). IF WEEKLY WATER SAMPLING FOLLOWING FLOW REDUCTION INDICATES WATER QUALITY LESS THAN 200 MG/L FOR FOUR CONSECUTIVE WEEKLY SAMPLES, PUMPING AT THE REDUCED RATE CAN CONTINUE.
- IF ANY WELL'S WATER QUALITY SAMPLING INDICATES CHLORIDE CONCENTRATIONS ABOVE 250 MG/L, THE WELL MUST BE PLUGGED AND ABANDONED ACCORDING TO CHAPTER 40C-3, F.A.C.
22. ANY EXISTING WELLS THAT HAVE NOT BEEN IN SERVICE FOR A TWO YEAR PERIOD MUST BE PLUGGED AND ABANDONED ACCORDING TO CHAPTER 40C-3, F.A.C.
23. SOURCE CLASSIFICATION IS CONFINED OR SEMI-CONFINED AQUIFER.
24. USE CLASSIFICATION IS 90% HOUSEHOLD AND 10% WATER UTILITY.

**Dol Ray Manor - 336**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

*Doc Ray*

PERMIT NO. 2-117-01237 DATE ISSUED FEBRUARY 12, 1995

**A PERMIT AUTHORIZING:**

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 355 PEOPLE.

LOCATION: Section 14, Township 31 South, Range 29 East  
Seminole County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

**PERMIT IS CONDITIONED UPON:**

See Conditions on Attached "Exhibit A". Dated FEBRUARY 12, 1995

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director)  
A. Duke Woodson

Governing Board

BY: [Signature]  
(Assistant Secretary)  
Don Dean



*Bill Ray*

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-117-0103N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will give permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:



2-117-0122"

- (A) Significant reduction in water levels in an adjacent surface water body;
- (B) Land collapse or subsidence caused by a reduction in water levels; and
- (C) Damage to crops and other types of vegetation.

7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding on the transferee.

- 3. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
- 9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
- 10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
- 11. Construction must be in compliance with Subsection 553.14, F.S.
- 12. This permit will expire 7 years from the date of issuance.
- 13. Maximum annual withdrawals must not exceed 12.7 mgal.
- 14. Maximum daily withdrawals must not exceed .103 mgal.
- 15. Source classification is confined or semi-confined aquifer.
- 15. Use classification is 88% household; 10% water utility and 2% commercial/industrial.

**Druid Hills - 334**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-117-0135N DATE ISSUED FEBRUARY 12, 1975

*DEWID HILLS ETC.*

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDIAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 1,236 PEOPLE.

LOCATION: Section 23, Township 21 South, Range 29 East  
Seminole County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

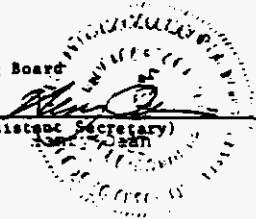
See Conditions on Attached "Exhibit A". Dated FEBRUARY 12, 1975

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: \_\_\_\_\_  
(Director)  
R. Luke Gordon

Governing Board

BY: \_\_\_\_\_  
(Assistant Secretary)  
John O. Osh



#334

"ANNEX B"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-107-11031

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

DATED FEBRUARY 12, 1988

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.31.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to restrict permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction or loss of the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Inflow water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in further impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to restrict permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified but not limited to:

2-117-91051

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, P.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 67.7 mgal.
  14. Maximum daily withdrawals must not exceed .372 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 200 household; 100 water utility and 100 commercial/industrial.



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Brown, Secretary

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat

Seminole County-PW  
Southern States Utilities - Bretton Woods/Druid Hills  
Banyan Drive Water Main Replacement (0 ERCs/0 MGD)  
File Number: WD59-194088


Dear Mr. Sweat:

This letter acknowledges receipt of your Notice of Intent to Use General Permit for the subject project.

The Notice was received by our office on March 21, 1991. Pursuant to Rule 17-4.530(1), Florida Administrative Code (FAC), you may not begin construction until thirty (30) days from that date. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use General Permit and that any deviation therefrom will subject the permittee to enforcement action and possible penalties.

To obtain clearance of the facilities for service, the engineer-of-record must, according to Rule 17-555.540(a) and (b), (FAC), submit one (1) set of record drawings, a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] (attached to the engineer), a copy of this letter and bacteriological test results (with chlorine residuals indicated) taken on two (2) consecutive days from, or near, the two (2) points of connection to the existing mains and from lot #25. Water sample forms must indicate specific recommended sample locations and file number above.

Sincerely,

  
A. Alexander, P.E.  
Deputy Assistant Secretary

3-27-91  
Date

AA:om:pp

Recycled Paper

0099

**East Lake Harris Estates - 557**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

*East  
Lake Harris*

PERMIT NO. 2-059-0456N DATE ISSUED FEBRUARY 12, 1985

**A PERMIT AUTHORIZING:**

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE  
AN ESTIMATED POPULATION OF 539 PEOPLE IN 7 YEARS.

LOCATION: Section 29, Township 20 South, Range 25 East  
Lake County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

**PERMIT IS CONDITIONED UPON:**

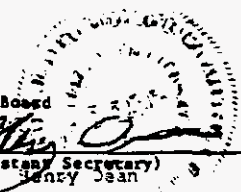
See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director)  
Duke Hodson

Governing Board

BY: [Signature]  
(Assistant Secretary)  
Henry Dean





not  
make sense

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-069-0456X

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.

2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusions or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-069-0456N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.331, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 9.84 mgal.
  14. Maximum monthly withdrawals must not exceed .054 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 88% household; 10% water utility and 2% commercial/industrial.

**Fern Park - 324**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

*Fern Park*

PERMIT NO. 2-117-0130N DATE ISSUED FEBRUARY 12, 1985

**A PERMIT AUTHORIZING:**

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 357 PEOPLE.

LOCATION: Section 18, Township 21 South, Range 30 East  
Seminole County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 N. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

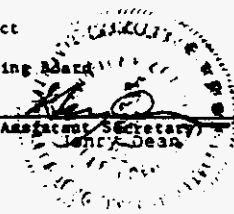
See Conditions on Attached "Exhibit A", Dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director)  
R. Duke Hodson

Governing Board

BY: [Signature]  
(Assistant Secretary)  
Henry Dean



*Fern Park*

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-117-0130N

SOUTHERN STATES UTILITY INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(3), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-117-01307

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 30 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 45,9 mgal.
  14. Maximum daily withdrawals must not exceed .259 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 98% household; 10% water utility; 2% commercial/industrial.

**Fern Terrace - 552**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

FEIRN TERRACE

PERMIT NO. 2-069-0451N DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 370 PEOPLE IN 7 YEARS.

LOCATION: Section 29, Township 19 South, Range 25 East  
Lake County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director)  
J. Duke Woodson

Governing Board

BY: [Signature]  
(Assistant Secretary)  
Henry Dean





## "EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-069-0461N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

EERN TERRACE

2-069-0461N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 20.4 million gallons.
  14. Maximum daily withdrawals must not exceed .133 million gallons.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 88% household; 10% water utility and 2% commercial/industrial.



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat  
Vice President

I. D. Number:  
Permit/Certification  
Number: WC35-192001  
Date of Issue: 2-22-91  
Expiration Date: 02/21/96  
County: Lake  
Project: Southern States  
Utilities - Fern Terrace  
Auxiliary Generator (0 ERCs/0 GPD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Installation of a 40 KW auxiliary generator at the Southern States Utilities' Fern Terrace water treatment plant located on Fern Circle east of Hillcrest Avenue, south of U.S. 441 east of Leesburg, Lake County, Florida. The existing water plant is rated at .126 MGD) maximum daily flow, and requires a minimum Class D operator on-site for three non-consecutive visits per week.

General Conditions are attached to be distributed to the permittee only.

**GENERAL CONDITIONS:**

1. **The terms, conditions, requirements, limitations and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.**
2. **This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.**
3. **As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.**
4. **This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.**
5. **This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.**
6. **The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.**
7. **The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:**
  - (a) **Have access to and copy any records that must be kept under conditions of the permit;**
  - (b) **Inspect the facility, equipment, practices, or operations regulated or required under this permit; and**
  - (c) **Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.**

**Reasonable time may depend on the nature of the concern being investigated.**
8. **If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:**
  - (a) **A description of and cause of noncompliance; and**
  - (b) **The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.**

**The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.**

**GENERAL CONDITIONS:**

9. *In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.*
10. *The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.*
11. *This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.*
12. *This permit or a copy thereof shall be kept at the work site of the permitted activity.*
13. *This permit also constitutes:*
  - ( ) *Determination of Best Available Control Technology (BACT)*
  - ( ) *Determination of Prevention of Significant Deterioration (PSD)*
  - ( ) *Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)*
  - ( ) *Compliance with New Source Performance Standards*
14. *The permittee shall comply with the following:*
  - (a) *Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.*
  - (b) *The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.*
  - (c) *Records of monitoring information shall include:*
    1. *the date, exact place, and time of sampling or measurements;*
    2. *the person responsible for performing the sampling or measurements;*
    3. *the dates analyses were performed;*
    4. *the person responsible for performing the analyses;*
    5. *the analytical techniques or methods used;*
    6. *the results of such analyses.*
15. *When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.*

PERMITTEE:  
Southern States Utilities

Attention: Charles L. Sweat  
Vice President

I. D. Number:  
Permit/Certification Number:  
WC35-192001  
Date of Issue:  
Expiration Date: 02/21/96

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.
2. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department and a copy of this permit.
3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.
4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.
5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

ENGR.

OPER/  
ENGR.

ENGR.

ISSUED 2-22-91

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

Charles M. Collins

for A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Fisherman's Haven - 673**

**Martin County (SSU)**

**Water**

**- 1992 FPSC Filing -**



South Florida  
Water Management District

Post Office Box V 3301 Gun Club Road  
West Palm Beach, Florida 33402  
Telephone (305) 686-8800  
Florida WATS Line 1-800-432-2045

015, 00-27  
Honey  
JOHN A. MARY, Executive Director

IN REPLY REFER TO: GP 80-56

*FISHERMAN'S HAVEN*

March 20, 1980

Tropical Acres  
364 Tropicala  
Jensen Beach, Florida 33457

Attention: Albert Byroad, Manager

*Water Use  
General Permit*

*Martin*

*(71712)  
(FISHERMAN'S  
HAVEN)*

Re: Water Use General Permit: 80-56

County: Martin Co. Sec. 27, Twp 37S, Rge 41E  
Applicant: Shirley Wetzal, Owner

Dear Mr. Byroad:

This letter is to acknowledge receipt of your intent to use water pursuant to Rule 16K-2.032, F.A.C.

Based on the information provided, District rules have been adhered to and a General Permit is in effect for this project.

However, if your use should exceed 100,000 gallons per day in the future, an individual water use permit will be required and the General Permit will then be null and void.

Yours very truly,

*Patrick J. Gleason*

Patrick J. Gleason, Ph.D.  
Director - Water Use Division  
Resource Control Department

PJG/ju

cc: Mr. Robert Padrick  
Dept. of Environmental Regulation  
Groundwater Division  
Vince Katilius - Inspection



**Fountains - 772**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**



South Florida

Water Management District

John R. Wodarska, Executive Director  
Marc C. Cress, Deputy Executive Director

Post Office Box V 3301 Gun Club Road  
West Palm Beach, Florida 33402  
Telephone (305) 686-8800  
Florida WATS Line 1-800-432-2045

IN REPLY REFER TO:

GP #86-365W (Appl. #10286-6)

December 18, 1986

Mr. Enrique Garcia  
1000 Color Place  
Apopka, FL 32703

Dear Sirs:

SUBJECT: Water Use General Permit: 86-365W  
Project: The Fountains on Pleasant Hill Road  
Type of Use: Public Water Supply  
County: Osceola; Sec. 18 & 19, Twp. 26S, Rge. 29E.  
Permittee: Mr. Enrique Garcia

This letter is to acknowledge receipt of your Intent to Use Water pursuant to Rule 40E-20.042, Florida Administrative Code. Based on the information provided, District rules have been adhered to and a General Water Use Permit is in effect for this project.

This permit is for use of 72200 gallons per day on the average or 92400 gallons per day on a maximum day. Groundwater withdrawals will be by two-8-inch x 500-foot Floridan aquifer wells, each cased to the Floridan aquifer (approximately 200 feet), and each pumped at 500 GPM. Prior to exceeding these quantities, a modification to this permit will be necessary.

It will be necessary for you to obtain a well construction permit prior to drilling the well. The attached sheet contains the address of the appropriate agency.

Unless otherwise modified or revoked, for each withdrawal authorized herein, the duration of the General Permit shall be for twenty years, determined as follows:

1. For uses in existence on the effective date of this rule, the 20 year period begins on the effective date of this rule (January 29, 1979).
2. For uses not in existence on the effective date of this rule, the 20 year period begins with the date of filing the Notice of Intent to Use Water.

William E. Sadowski  
Chairman - Miami

John F. Flanigan  
Vice Chairman - North Palm Beach

Stanley W. Hore  
Naples

J. Neil Gallagher  
St. Cloud

Nathaniel P. Reed  
Hobe Sound

Kathleen Shea Abrams  
Miami Shores

Timothy E. Powers  
Indian Town

Nancy M. Roen  
Plantation

Oscar M. Corbin, Jr.  
Ft. Myers

#772

Mr. Enrique Garcia  
December 18, 1986  
Page 2

The General Permit is subject to the Limiting Conditions on Exhibit 1.

Should you object to these Conditions, please refer to the attached "Notice of Rights" which addresses the procedures to be followed if you desire a public hearing or other review of the proposed agency action. Please contact this office if you have questions concerning this matter. If we do not hear from you prior to the date specified in the "Notice of Rights", we will assume that you concur with the District's recommendation.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a "Notice of Rights" has been mailed to the addressee not later than 5:00 p.m. this 18th day of December, 1986, in accordance with Section 120.60(3), Florida Statutes.

Sincerely,

  
VILMA HORINKOVA  
Director, Water Use Division  
Resource Control Department

VMM:xt  
Enclosure

cc: Department of Environmental Regulation  
Mr. J. Neil Gallagher  
Mr. James W. Wells, Johnston s Engineers

#### NOTICE OF RIGHTS

This Notice of Rights is intended to inform the recipient of the administrative and judicial review which may be available as mandated by section 120.00(3), Florida Statutes. Be advised that although this notice is intended to be comprehensive, the review procedures set forth herein have been the subject of judicial construction and interpretation which may affect the administrative or judicial review available. Recipients are therefore advised to become familiar with Chapters 120 and 373, Florida Statutes, and the judicial interpretation of the provisions of these chapters.

1. If a substantially affected person objects to the staff's recommendation, that person has the right to request an administrative hearing on the proposed agency action. The substantially affected person may request either a formal or an informal hearing, as set forth below. Failure to comply with the prescribed time periods shall constitute a waiver of the right to a hearing.

2. If the substantially affected person believes that a genuine issue of material fact is in dispute, that person may request a formal hearing pursuant to section 120.57(1), Florida Statutes, by filing a petition for hearing not later than January 2, 1987. The request for a 120.57(1) formal hearing must comply with the requirements of rule 40E-1.521 Florida Administrative Code, a copy of which is attached. Petitions are deemed filed upon receipt by the District. Failure to substantially comply with the provisions of rule 40E-1.521 Florida Administrative Code shall constitute a waiver of the right to a 120.57(1) hearing.

3. If a substantially affected person believes that no issues of material fact are in dispute, that person may request an informal hearing pursuant to section 120.57(2) Florida Statutes, by filing a petition for hearing not later than January 2, 1987. A request for informal hearing shall be considered as a waiver of the right to request a formal section 120.57(1) hearing. A request for a section 120.57(1) formal hearing not in substantial compliance with the provisions of rule 40E-1.521 Florida Administrative Code, may be considered by the District as a request for informal hearing.

4. Pursuant to section 373.114, Florida Statutes, a party to the proceeding below may seek review of a Final Order rendered on the permit application before the Land and Water Adjudicatory Commission, as provided therein. Review under this section is initiated by filing a request for review with the Land and Water Adjudicatory Commission and serving a copy on the Department of Environmental Regulation and any person named in the Order within 20 days after rendering of the District's Order. However, when the order to be reviewed has statewide or regional significance, as determined by the Land and Water Adjudicatory Commission within 60 days after receipt of a request for review, the commission may accept a request for review from any affected person within 30 days after the rendering of the order. Review under section 373.114, Florida Statutes, is limited solely to a determination of consistency with the provisions and purposes of Chapter 373, Florida Statutes. This review is appellate in nature and limited to the record below.

5. A party who is adversely affected by final agency action on the permit application is entitled to judicial review in the District Court of Appeal pursuant to section 120.68, Florida Statutes, as provided therein. Review under section 120.68, Florida Statutes in the District court of appeal is initiated by filing a petition in the appropriate District Court of Appeal in accordance with Florida rule of appellate Procedure 9.110. The Notice of Appeal must be filed within 30 days of the final agency action.

6. Section 373.617(2), Florida Statutes, provides:

Any person substantially affected by a final action of any agency with respect to a permit may seek review within 90 days of the rendering of such decision and request monetary damages and other relief in the circuit court in the judicial circuit in which the affected property is located; however, circuit court review shall be confined solely to determining whether final agency action is an unreasonable exercise of the state's police power constituting a taking without just compensation. Review of final agency action for the purpose of determining whether the action is in accordance with existing statutes or rules and based on component substantial evidence shall proceed in accordance with Chapter 120.

7. Please be advised that exhaustion of administrative remedies is generally a prerequisite to appeal to the District Court of Appeal or the seeking of Circuit Court review of final agency action by the District on the permit application. There are, however, exceptions to the exhaustion requirement. The applicant is advised to consult the case law as to the requirements of exhaustion exceptions.

EXHIBIT 1

LIMITING CONDITIONS

1. THE PERMITTEE SHALL OBTAIN ALL NECESSARY FEDERAL, STATE AND LOCAL AND SPECIAL DISTRICT AUTHORIZATIONS PRIOR TO THE USE OR WITHDRAWAL OF WATER.
2. IN THE EVENT OF A DECLARED WATER SHORTAGE, WATER WITHDRAWAL REDUCTIONS WILL BE ORDERED BY THE DISTRICT IN ACCORDANCE WITH THE WATER SHORTAGE PLAN, CHAPTER 40E-21, FLORIDA ADMINISTRATIVE CODE.
3. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING LEGAL USES CAUSED BY WITHDRAWALS. WHEN ADVERSE IMPACTS OCCUR, OR ARE IMMINENT, DISTRICT RESERVES THE RIGHT TO CURTAIL WITHDRAWAL RATES. ADVERSE IMPACTS ARE: A) REDUCTION IN WELL WATER LEVELS THAT IMPAIRS THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER (AN ADJACENT WELL MAY BE DOMESTIC WELL, LAWN IRRIGATION WELL, PUBLIC WATER SUPPLY WELL, ETC.), B) SIGNIFICANT REDUCTION IN LEVELS IN AN ADJACENT WATER BODY SUCH AS A LAKE, POND, WETLAND OR A CANAL SYSTEM, C) SALINE WATER INTRUSION OR INDUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE, RESULTING IN A SIGNIFICANT REDUCTION IN WATER QUALITY, AND D) CHANGE IN WATER QUALITY THAT CAUSES IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
4. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING OFF-SITE LAND USE AS A CONSEQUENCE OF WITHDRAWALS PERMITTED HEREIN. IF INCREASED WITHDRAWALS CAUSE AN ADVERSE IMPACT ON EXISTING LAND USE THE DISTRICT RESERVES THE RIGHT TO CURTAIL FUTURE WITHDRAWAL RATES. ADVERSE IMPACTS ARE: A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT WATER BODY (SUCH AS A LAKE, POND, WETLAND OR A CANAL SYSTEM), B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY REDUCTION IN WATER LEVELS, C) DAMAGE TO CROPS AND OTHER VEGETATION, CAUSING FINANCIAL HARM TO THE LANDOWNER, AND D) DAMAGE TO HABITAT OF RARE, ENDANGERED OR THREATENED SPECIES.
5. PERMITTEE SHALL NOT REFUSE IMMEDIATE ENTRY OR ACCESS TO ANY AUTHORIZED REPRESENTATIVE OF THE DISTRICT WHO REQUESTS ENTRY FOR PURPOSES OF INSPECTION AND PRESENTS APPROPRIATE CREDENTIALS.
6. IF ANY CONDITION OF THE PERMIT IS VIOLATED, THE PERMIT SHALL BE SUBJECT TO REVIEW AND POSSIBLE MODIFICATION, ENFORCEMENT ACTION, OR REVOCATION.
7. APPLICATION FOR A PERMIT MODIFICATION MAY BE MADE AT ANY TIME.
8. THE PERMIT DOES NOT CONVEY ANY PROPERTY RIGHT TO THE PERMITTEE, NOR ANY RIGHTS AND PRIVILEGES OTHER THAN THOSE SPECIFIED IN THE PERMIT AND CHAPTER 40E-2, F.A.C.
9. A DRILLERS LOG SHALL BE FURNISHED TO THE DISTRICT WITHIN 30 DAYS OF COMPLETION OF EACH NEW WELL. THE LOG SHALL SHOW TOTAL DEPTH AND CASING DEPTH.

10. A SPECIFIC CAPACITY TEST SHALL BE PERFORMED ON ONE WATER WELL AND THE DATA PROVIDED TO THE DISTRICT WITHIN SIX MONTHS OF WELL COMPLETION.
11. IF THE PERMITTED USE IS LOCATED WITHIN ONE MILE OF A BRACKISH OR SALT WATER BODY THEN WITHIN 5 DAYS AFTER EACH WELL HAS BEEN PLACED IN SERVICE, A SAMPLE OF WATER SHALL BE TAKEN AND SUBMITTED TO AN INDEPENDENT LABORATORY FOR CHEMICAL ANALYSIS FOR CHLORIDE ION CONCENTRATION. THE RESULTS OF THE ANALYSIS SHALL BE PROVIDED TO THE DISTRICT WITHIN SIX MONTHS OF WELL COMPLETION.
12. THE PROPOSED WELLS SHALL BE CASED DOWN TO THE TOP OF THE FLORIDAN AQUIFER (APPROXIMATELY 200 FEET).
13. PERMITTEE SHALL SUBMIT TO THE DISTRICT COPIES OF THE MONTHLY DER WATER TREATMENT PLANT REPORTS SHOWING WELLFIELD PUMPAGE. REPORTS SHALL BE SUBMITTED MONTHLY IN THE MONTH FOLLOWING EITHER THE FIRST MONTH OF PUMPAGE OR PERMIT ISSUANCE.

WELL CONSTRUCTION PERMIT REQUIREMENTS FOR PROPOSED WELLS

South Florida Water Management District  
P. O. Box 24680  
West Palm Beach, FL 33416-4680  
ATTN: Cindy Bevier



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Permittee:  
Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat, President

I. D. Number:  
Permit/Certification  
Number: WC49-2024 (reissued)  
Date of Issue:  
Expiration Date: 05/01/91  
County: Osceola  
Project: Fountains at Pleasant  
Hill

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construction of a community public water system to serve 93 residential and 1 commercial unit at The Fountains located on Pleasant Hill Road 3 miles south of U.S. Highway 17-92 in Osceola County, Florida.

General Conditions are attached to be distributed to the permittee only.



PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

**GENERAL CONDITIONS:**

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utilities  
Attention: Charles L. Sweat, President

I. D. Number:  
Permit/Certification Number:  
WC49-2024 (reissued)  
Date of Issue:  
Expiration Date: 05/01/91

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.
2. To obtain clearance of the facilities for service, the engineer of record shall submit a certification of completion letter to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from the finished water leaving the plant; from the ground storage tank; and from the distribution system at Lots 77, 93, 56, 26, 25, 5 and at Pleasant Hill Road.
3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.
4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.
5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.
6. Satisfactory color, iron and turbidity rechecks on Well #2 shall be submitted with the engineer's certification of completion.
7. Satisfactory test results for synthetic organic contaminants shall be submitted on the finished water leaving the plant with the engineer's certification of completion.
8. Satisfactory bacteriological well surveys on each well shall be submitted prior to placing these wells into service.

ISSUED 5-31-90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

*W. Alexander*

W. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Fox Run - 679**

**Martin County (SSU)**

**Water**

**- 1992 FPSC Filing -**



Form #0299  
Rev. 1-90

FOX RUN

**South Florida  
Water Management District  
WATER USE PERMIT NO. 43-00602-W  
(NON-ASSIGNABLE)**

DATE ISSUED: August 9, 1990 EXPIRATION DATE August 9, 2000

AUTHORIZING: THE USE OF GROUNDWATER FROM THE SURFICIAL AQUIFER FOR A PUBLIC WATER SUPPLY WITH AN ANNUAL ALLOCATION OF 18.25 MILLION GALLONS.

LOCATED IN: MARTIN COUNTY, SECTION 12 TWP. 38S RGE. 40E

ISSUED TO: Southern States Utilities Services  
(Southern States Utilities)  
1000 Color Place  
Apopka, Florida 32703

This Permit is issued pursuant to Application No. 900410-15 dated March 29, 19 90 for the Use of Water as specified above and subject to the Special Conditions set forth below. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

On written notice to the permittee, this permit may be temporarily modified, or restricted under a Declaration of Water Shortage or a Declaration of Emergency due to Water Shortage in accordance with provisions of Ch. 373, Fla. Statutes, and applicable rules and regulations of the South Florida Water Management District.

This Permit may be permanently or temporarily revoked, in whole or in part, for the violation of the conditions of the permit or for the violation of any provision of the Water Resources Act and regulations thereunder.

This Permit does not convey to permittee any property rights nor any privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation, or requirement affecting the rights of other bodies or agencies.

**SPECIAL CONDITIONS ARE AS FOLLOWS:**

SEE SHEET (S) 2, 3 and 4 of 4 - 23 LIMITING CONDITIONS.

FILED WITH THE CLERK OF THE SOUTH  
FLORIDA WATER MANAGEMENT DISTRICT  
ON 8-10-90  
BY [Signature]  
DEPUTY CLERK

SOUTH FLORIDA WATER MANAGEMENT  
DISTRICT, BY ITS GOVERNING BOARD  
  
By [Signature]  
Assistant Secretary

Sheet 1 of 4

#679

**LIMITING CONDITIONS**

- [REDACTED]
1. IN THE EVENT OF A DECLARED WATER SHORTAGE, WATER WITHDRAWAL REDUCTIONS WILL BE ORDERED BY THE DISTRICT IN ACCORDANCE WITH THE WATER SHORTAGE PLAN, CHAPTER 40E-21, FLORIDA ADMINISTRATIVE CODE. DURING A WATER SHORTAGE PUMPAGE REPORTS MAY BE NECESSARY ON A WEEKLY BASIS.
  2. SOURCE CLASSIFICATION IS:  
  
GROUNDWATER FROM THE SURFICIAL AQUIFER
  3. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING LEGAL USES CAUSED BY WITHDRAWALS. WHEN ADVERSE IMPACTS OCCUR, OR ARE IMMINENT, DISTRICT RESERVES THE RIGHT TO CURTAIL WITHDRAWAL RATES. ADVERSE IMPACTS ARE:
    - A) REDUCTION IN WELL WATER LEVELS THAT IMPAIRS THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER (AN ADJACENT WELL MAY BE DOMESTIC WELL, LAWN IRRIGATION WELL, PUBLIC WATER SUPPLY WELL, ETC.),
    - B) SIGNIFICANT REDUCTION IN LEVELS IN AN ADJACENT WATER BODY SUCH AS A LAKE, POND, WETLAND, OR A CANAL SYSTEM, C) SALINE WATER INTRUSION OR INDUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE, RESULTING IN A SIGNIFICANT REDUCTION IN WATER QUALITY, AND D) CHANGE IN WATER QUALITY THAT CAUSES IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
  4. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING OFF-SITE LAND USE AS A CONSEQUENCE OF WITHDRAWALS PERMITTED HEREIN. IF INCREASED WITHDRAWALS CAUSE AN ADVERSE IMPACT ON EXISTING LAND USE THE DISTRICT RESERVES THE RIGHT TO CURTAIL FUTURE WITHDRAWAL RATES. ADVERSE IMPACTS ARE:
    - A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT WATER BODY (SUCH AS A LAKE, POND, WETLAND, OR CANAL SYSTEM),
    - B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY REDUCTION IN WATER LEVELS,
    - C) DAMAGE TO CROPS AND OTHER VEGETATION, CAUSING FINANCIAL HARM TO THE LANDOWNER,
    - D) DAMAGE TO HABITAT OF RARE, ENDANGERED OR THREATENED SPECIES.

5. PERMITTEE SHALL NOT REFUSE IMMEDIATE ENTRY OR ACCESS TO ANY AUTHORIZED REPRESENTATIVE OF THE DISTRICT WHO REQUESTS ENTRY FOR PURPOSES OF INSPECTION AND PRESENTS APPROPRIATE CREDENTIALS.
6. IF ANY CONDITIONS OF THE PERMIT ARE VIOLATED, THE PERMIT SHALL BE SUBJECT TO REVIEW AND POSSIBLE MODIFICATION, ENFORCEMENT ACTION, OR REVOCATION.
7. APPLICATION FOR A PERMIT MODIFICATION MAY BE MADE AT ANY TIME.
8. WITHDRAWAL FACILITIES ARE:  
  
    EXISTING:  
    1 - 6" X 160' X 350 GPM WELL CASED TO 100'  
  
    PROPOSED:  
    1 - 6" X 160' X 250 GPM WELL CASED TO 100'
9. THIS PERMIT SHALL EXPIRE ON AUGUST 9, 2000.
10. THE TOTAL ANNUAL WITHDRAWALS SHALL NOT EXCEED 18.25 MG. MAXIMUM DAILY ALLOCATION SHALL NOT EXCEED 0.102 MGD.
11. USE CLASSIFICATION IS PUBLIC WATER SUPPLY USE.
12. THE PERMITTEE SHALL OBTAIN ALL NECESSARY FEDERAL, STATE, LOCAL AND SPECIAL DISTRICT AUTHORIZATIONS PRIOR TO THE USE OR WITHDRAWAL OF WATER.
13. THE PERMIT DOES NOT CONVEY ANY PROPERTY RIGHT TO THE PERMITTEE, NOR ANY RIGHTS AND PRIVILEGES OTHER THAN THOSE SPECIFIED IN THE PERMIT AND CHAPTER 40E-2 F.A.C.
14. THE PERMITTEE SHALL SUBMIT TO THE DISTRICT COPIES OF THE MONTHLY DER WATER TREATMENT PLANT REPORT. THE REPORT SHALL BE SUBMITTED MONTHLY IN THE MONTH FOLLOWING EITHER THE FIRST MONTH OF PUMPAGE OR PERMIT ISSUANCE.
15. IF THE PERMITTEE WILL NOT SERVE A NEW DEMAND WITHIN THE SERVICE AREA FOR WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION MAY THEN BE SUBJECT TO MODIFICATION.
16. PERMITTEE SHALL MAINTAIN AN OPERABLE AN ACCURATE FLOW METER ON THE INTAKE AND DISCHARGE SIDE OF THE WATER TREATMENT PLANT FOR THE PURPOSE OF MEASURING DAILY USE OF WATER.
17. PERMITTEE SHALL SECURE A WELL CONSTRUCTION PERMIT PRIOR TO CONSTRUCTION, REPAIR, OR ABANDONMENT OF ALL WELLS, AS DESCRIBED IN CHAPTER 40E-3, F.A.C.

18. IF AT ANY TIME THERE IS AN INDICATION THAT THE WELL CASING, VALVES, OR CONTROLS LEAK OR HAVE BECOME INOPERATIVE, REPAIRS OR REPLACEMENT SHALL BE MADE TO RESTORE THE SYSTEM TO AN OPERATING CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS SHALL BE CAUSE FOR FILLING AND ABANDONING THE WELL, IN ACCORDANCE WITH PROCEDURES OUTLINED IN CHAPTER 40E-3, F.A.C.
19. THE PERMITTEE SHALL NOTIFY THE DISTRICT OF ANY CHANGE IN SERVICE TERRITORY OR AREA WITHIN 30 DAYS OF CHANGE IN BOUNDARY.
20. ONE MONTH PRIOR TO ALL NEW WELL CONSTRUCTION, PERMITTEE SHALL SUBMIT TO THE DISTRICT AN EVALUATION OF THE IMPACT OF PUMPAGE FROM A PROPOSED WELL LOCATION ON ADJACENT EXISTING LEGAL USERS, POLLUTION SOURCES, ENVIRONMENTAL FEATURES, THE SALINE WATER INTERFACE, AND WATER BODIES IF THE PROPOSED WELL LOCATION IS EITHER DIFFERENT FROM A LOCATION SPECIFIED IN THE APPLICATION OR IF THE WELL LOCATION WAS UNSPECIFIED IN THE APPLICATION.
21. PERMITTEE SHALL PERFORM A SPECIFIC CAPACITY TEST ON THE PROPOSED WELL. THIS DATA SHALL BE SUBMITTED TO THE DISTRICT WITHIN ONE MONTH OF COMPLETION OF TESTING. PERMITTEE SHALL SUBMIT THE PUMPING RATE, DURATION OF TEST, AND THE DRAWDOWN AN THE END OF THE TEST. INFORMATION ON PERFORMING SPECIFIC CAPACITY TESTS IS AVAILABLE FROM THE DISTRICT.
22. WITHIN SIX MONTHS OF PERMIT ISSUANCE, PERMITTEE SHALL IMPLEMENT A SALINE INTRUSION MONITORING PROGRAM (SALT). A PRELIMINARY PROPOSAL SHALL BE SUBMITTED TO STAFF FOR APPROVAL WITHIN THREE MONTHS OF PERMIT ISSUANCE. THE PURPOSE OF THIS PROGRAM SHALL BE TO CONSTRUCT A POTENTIOMETRIC HEAD AND CHLORIDE MONITORING NETWORK. IN DEVELOPING THE PROGRAM THE PERMITTEE SHALL CONSIDER WELL LOCALITIES, DEPTH AND METHOD OF WELL CONSTRUCTION, TYPES OF SCREEN, METHOD OF CHLORIDE ANALYSIS AND FREQUENCY OF DATA COLLECTION.
23. PERMITTEE SHALL DETERMINE "UNACCOUNTED FOR" DISTRIBUTION LOSSES. LOSSES SHALL BE DETERMINED FOR THE ENTIRE DISTRIBUTION SYSTEM ON A MONTHLY BASIS. PERMITTEE SHALL DEFINE THE MANNER IN WHICH "ACCOUNTED FOR" LOSSES ARE CALCULATED. DATA COLLECTION SHALL BEGIN WITHIN SIX MONTHS OF PERMIT ISSUANCE. LOSS REPORTING SHALL BE SUBMITTED TO THE DISTRICT ON A YEARLY BASIS.





## Florida Department of Environmental Regulation

Southeast District • 1900 S. Congress Ave., Suite A • West Palm Beach, Florida 33406 • 407-964-9668

Telephone No. 407/433-2650

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary  
Scott Benyon, Deputy Assistant Secretary

25 1991

PERMITTEE:  
Charles L. Sweat  
Vice President of Operations  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

I.D. NUMBER: 4431700  
PERMIT/CERTIFICATION NUMBER: WC 43-188475  
DATE OF ISSUE: FEB 25 1991  
EXPIRATION DATE: FEB 25 1996  
COUNTY: Martin  
LATITUDE/LONGITUDE: 27°11'09"N/80°17'10"W  
SECTION/TOWNSHIP/RANGE: 12/38S/40E  
PROJECT: Fox Run Utilities  
Eight New Pressure Filters

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-550, 17-555 and 17-560. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

CONSTRUCT: The addition of eight new pressure filters each with an area of filtration of 15.9 S.f. There are currently 3 existing filters with 7.07 s.f. each and 2 existing filters with 9.62 s.f. each. All filters will utilize sand and carbon for media. With all filters running the required 500 gpm fire flow requirement can be met. With the largest unit assumed out of service the filters can produce 455 gpm at a rate of 3 gpm/s.f.

The approved rated design capacity will not change under this permit. (See Permit WC 43-17632B).

IN ACCORDANCE WITH: Application on DER Form 17-22.999(1) dated October 11, 1990; additional information in the engineer's letter dated October 26, 1990 and January 4, 1991; specifications for construction received by the Department on October 29, 1990; sheets 1 through 5 of 5 of engineering drawings dated October, 1990.

LOCATED AT: The Fox Run Subdivision, Palm City, Martin County, Florida.

SUBJECT TO: General Conditions 1-15 and Specific Conditions 1-11.

25 1991

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.

3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.

4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.

6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

- (a) Have access to and copy any records that must be kept under conditions of the permit;
- (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

- (a) A description of and cause of noncompliance; and
- (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

FEB. 25 1991

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

11. This permit is transferable only upon Department approval in accordance with Rule 17-A.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following:

- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
- (c) Records of monitoring information shall include:
  - 1. the date, exact place, and time of sampling or measurements;
  - 2. the person responsible for performing the sampling or measurements;
  - 3. the dates analyses were performed;
  - 4. the person responsible for performing the analyses;
  - 5. the analytical techniques or methods used;
  - 6. the results of such analyses.

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Charles L. Sweat  
Vice President of Operations  
Southern States Utilities, Inc.

I.D. NUMBER: 4431700  
PERMIT/CERTIFICATION NUMBER: WC 43-188475  
DATE OF ISSUE: FEB. 25 1991  
EXPIRATION DATE: FEB. 25 1998

**SPECIFIC CONDITIONS:**

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*oper*

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1. The applicant is responsible for retaining a Florida registered professional engineer as the engineer of record in the application for supervision of the construction of this project and upon completion, the engineer shall inspect for complete conformity to the plans and specifications as approved. Certification to such inspection on DER Form 17-555.910(9) shall be provided to the Department.

2. This facility shall be cleaned, disinfected and bacteriologically cleared in accordance with Chapter 17-555 Florida Administrative Code. The bacteriological clearance data and the engineer's inspection certification shall be submitted to the Department and a release for use shall be obtained prior to placing the facilities in service.

3. The applicant shall submit to the Department two set(s) of record drawings of the completed project with the certification of completion. Drawings are to be at the same scale and in the same sequence as those submitted and approved for permit. Deviations from the original permitted drawings are to be highlighted and/or noted for the Department's review.

4. A chemical analysis of the finished water for iron shall be submitted to the Department prior to release for use.

5. In the event that the levels found are greater than the maximum contaminant levels set by Chapter 17-550 Florida Administrative Code, corrective measures must be taken to bring it into compliance prior to release for use.

6. Each filter shall be equipped with loss-of-head gages and smooth-nosed sample taps on the influent and effluent side of each filter. This shall be certified prior to release for use.

7. The rate of filtration for each filter shall be maintained at 3 gpm/s.f. or less. The method for controlling the rate of flow onto each filter shall be verified prior to release for use.

8. This construction permit is issued with the understanding that pipe material and appurtenances used in this installation will be in accordance with the latest applicable AWWA & NSF Standards for public water supplies.

9. All chemicals added to the system shall be listed on the U.S. Environmental Protection Agency's "Report on Acceptable Drinking Water Additives". The maximum dosage shall not exceed those as recommended by EPA in their report.

10. All concrete coatings/admixtures, liners, grouts, hoses, tubings, and protective paints and coatings shall be listed by the U.S. Environmental Protection Agency as acceptable for contact with potable water.

11. This permit does not indicate a waiver or approval of any permits required by this agency for other aspects of the project.

Issued this 25<sup>th</sup> day of February, ~~1990~~ <sup>1991</sup>

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

  
J. Scott Banyon  
Deputy Assistant Secretary



# Florida Department of Environmental Regulation

Southeast District • 1900 S. Congress Ave., Suite A • West Palm Beach, Florida 33406 • 407-964-9668

Bob Martinez, Governor

Dele Twachtmann, Secretary

John Shearer, Assistant Secretary  
Scott Berman, Deputy Assistant Secretary

PERMITTEE:  
Mr. Charles L. Sweat, V. P. Operations  
Southern States Utilities, Inc.  
100 Color Place  
Apopka, Florida 32703

I.D. NUMBER: 4431700  
PERMIT/CERTIFICATION NUMBER: WC 43-180019  
DATE OF ISSUE: SEP 21 1990  
EXPIRATION DATE: SEP 21 1995  
COUNTY: Martin  
LATITUDE/LONGITUDE: 27°11'09"N/80°17'10"W  
SECTION/TOWNSHIP/RANGE: 12/38S/40E  
PROJECT: Fox Run Water Treatment Plant  
Sodium Hydroxide Addition

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-550, 17-555 & 17-560. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

**CONSTRUCT:** A sodium hydroxide chemical feed facility to aid in the control of iron. This modification will not change the plant's approved rated design capacity.

The proposed installation includes a chemical feed pump with a maximum feed rate of 2.5 gph and a chemical solution tank. The pump will be activated by the well pumps. The prechlorination prior to the filters will be discontinued and sodium hydroxide will be injected at that point.

The proposed installation is for a six week test program only. Continued operation is contingent on appropriate data being provided to the Department.

**IN ACCORDANCE WITH:** Application on DER Form 17-555.910(1) dated April 30, 1990 with attachments; sheet 3 of engineering drawings received by the Department on May 7, 1990; and additional information received in the engineer's letter dated July 2, 1990.

**LOCATED AT:** The Fox Run Subdivision near the intersection of Murphy Road and Southwest 25th Lane, Martin County, Florida.

**SUBJECT TO:** General Conditions 1-15 and Specific Conditions 1-15.

Page 1 of 5

DER Form 17-1.201(5)  
Effective November 30, 1982



0138

GENERAL CONDITIONS:

The terms, conditions, requirements, limitations and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to Sections 403.41, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.

3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.

4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.

6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

- (a) Have access to and copy any records that must be kept under conditions of the permit;
- (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

- (a) A description of and cause of noncompliance; and
- (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, tests, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
- ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    - 1. the date, exact place, and time of sampling or measurements;
    - 2. the person responsible for performing the sampling or measurements;
    - 3. the dates analyses were performed;
    - 4. the person responsible for performing the analyses;
    - 5. the analytical techniques or methods used;
    - 6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Charles L. Sweat, V.P. Operations  
Southern States Utilities, Inc.

I.D. NUMBER: 4431700  
PERMIT/CERTIFICATION NUMBERS: WC 43-180019  
DATE OF ISSUE: SEP 21 1990  
EXPIRATION DATE: SEP 21 1995

**SPECIFIC CONDITIONS:**

1. The applicant is responsible for retaining a Florida registered professional engineer as the engineer of record in the application for supervision of the construction of this project and upon completion, the engineer shall inspect for complete conformity to the plans and specifications as approved. Certification to such inspection on DER Form 17-555.910(9) shall be provided to the Department.
2. This facility shall be cleaned, disinfected and bacteriologically cleared in accordance with Chapter 17-555 Florida Administrative Code. The bacteriological clearance data and the engineer's inspection certification shall be submitted to the Department and a release for use shall be obtained prior to placing the facilities in service.
3. The applicant shall submit to the Department two sets of record drawings of the completed project with the certification of completion. Drawings are to be at the same scale and in the same sequence as those submitted and approved for permit. Deviations from the original permitted drawings are to be highlighted and/or noted for the Department's review.
4. A chemical analysis of the finished water for sodium, turbidity and iron shall be submitted to the Department prior to release of the facility for service, and in the event that the level found is greater than the maximum contaminant level (MCL) of 10 mg/l, corrective measures must be taken to bring it into compliance. Following release by the Department a chemical analysis of the finished water shall be done for iron by a certified lab on a monthly basis for three (3) consecutive months. The results shall be provided to the Department within fifteen (15) days of receipt. If any results are found to exceed the MCL, corrective actions shall be taken.
5. This construction permit is issued with the understanding that pipe material and appurtenances used in this installation will be in accordance with the latest applicable AWWA & NSF Standards for public water supplies.
6. All chemicals added to the system shall be listed on the U.S. Environmental Protection Agency's "Report on Acceptable Drinking Water Additives". The maximum dosage shall not exceed those as recommended by EPA in their report.
7. All concrete coatings/admixtures, liners, grouts, hoses, tubings, and protective paints and coatings shall be listed by the U.S. Environmental Protection Agency as acceptable for contact with potable water.
8. Upon proper certification of the proposed installation the Department will approve the facility for use in a test program only. If the test proves to aid in the treatment of iron and the applicant wishes to continue the use of the chemical beyond the initial six week test period, conditions 9 through 13 must be met.
9. The applicant must make a written request to the Department for injection of sodium hydroxide into the system for a period beyond the initial six week test period. The request must include substantiating data collected through the in-plant testing.
10. A second equivalent chemical feed pump must be installed.
11. A permanent chemical solution tank(s) must be provided including a liquid level gauge(s).



PERMITTEE:  
Charles L. Sweat, V.P. Operations  
Southern States Utilities, Inc.

I.D. NUMBER: 4431700  
PERMIT/CERTIFICATION NUMBERS: WC 43-180019  
DATE OF ISSUE: SEP 21 1990  
EXPIRATION DATE: SEP 21 1995

**SPECIFIC CONDITIONS:**

12. A deluge shower/eyewash station must be provided in an appropriate location.
13. The applicant must receive written approval from the Department to operate the sodium hydroxide injection beyond the 6 weeks test period.

Issued this 20th day of September, 1990

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

  
\_\_\_\_\_  
J. Scott Benyon  
Deputy Assistant Secretary

Page 5 of 5

DER Form 17-1.201(5)  
Effective November 30, 1982

0142



## Florida Department of Environmental Regulation

Southeast District • 1900 S. Congress Ave., Suite A • West Palm Beach, Florida 33406

Lawton Chiles, Governor

Telephone No. 407/433-2652

Carol M. Browner, Secretary

FEB. 25 1991

**PERMITEE:**  
Charles L. Sweet  
Vice President of Operations  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

**I.D. NUMBER:** 4431700  
**PERMIT/CERTIFICATION NUMBER:** WC 43-176328  
**DATE OF ISSUE:** FEB. 25 1991  
**EXPIRATION DATE:** FEB. 25 1998  
**COUNTY:** Martin  
**LATITUDE/LONGITUDE:** 27°11'09"N/80°17'10"W  
**SECTION/TOWNSHIP/RANGE:** 12/38S/40E  
**PROJECT:** Fox Run Utilities  
WTP Expansion

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-550, 17-555 and 17-560. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

**CONSTRUCT:** Modifications to the existing water treatment plant to include a new well, filters, storage tank, high service pump and auxiliary power for an approved plant design rating of 120,000 gpd (maximum daily flow).

The raw water will be supplied by an existing 6-inch well #1, 160 feet deep, equipped with a submersible pump rated for 350 gpm and a new 8-inch well #2, approximately 160 feet deep, equipped with a submersible pump rated for 500 gpm @ 170' TDH.

The water treatment system consists of an existing dual gas chlorination system with auto-switchover and has a chlorinator feed range of 0-24#/day; a 500 gallon retention tank; three existing sand and carbon media pressure filters with an area of filtration of 7.07 s.f. each, two existing filters each with an area of 9.62 s.f., eight new filters permitted under WC 43-188475 each with an area of filtration of 15.9 s.f. (with all filters in operation the required 500 gpm fire flow can be met and with the largest filter assumed out of service standard operation is approved at 455 gpm); an existing 20,000 gallon retention/storage tank which limits the plant's rated design capacity based on a 30 minute contact time; a new 45,000 gallon retention/storage tank piped parallel to the existing tank; two existing high service pumps each rated for 250 gpm @ 150' TDH; one new high service pump rated for 600 gpm @ 150' TDH; and an existing 4400 gallon hydropneumatic tank.

Chlorine can be applied prior to the 500 gallon retention tank or to the discharge side of the 250 gpm High Service pump or to the influent line of the hydropneumatic tank.

Filter backwash will be discharged to existing onsite percolation beds located a minimum of 100 feet from all potable supply wells.

Auxiliary power will be provided by a new 125 KW generator with auto-switchover, which will provide standby power to the new 40 HP well pump, the new 40 HP High Service pump, the chlorine booster pump and a future booster pump for chemical addition (permit WC 43-180019). This will enable the system to produce at least one-half of maximum daily system demand during a power outage. A double walled fuel storage unit provides for 3 days of fuel storage. A curbed concrete pad is also provided beneath the unit.

**IN ACCORDANCE WITH:** Application on DER Form 17-22.910(1) dated October 11, 1990; additional information provided in the engineer's letters dated June 29, August 9 and 27, October 26, November 26, 1990, and January 4, 1991 with attachments; specifications for construction and sheets 1 through 5 of 5 of engineering drawings received by the Department on October 29, 1990.

**LOCATED AT:** The Fox Run Subdivision, Palm City, Martin County, Florida.

**SUBJECT TO:** General Conditions 1 - 15 and Specific Conditions 1 - 24.

Page 1 of 5

DER Form 17-1.201(5)  
Effective November 30, 1982



0143

FEB. 25 1991

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.

3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.

4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.

6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

- (a) Have access to and copy any records that must be kept under conditions of the permit;
- (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

- (a) A description of and cause of noncompliance; and
- (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

FEB. 25 1991

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following:

- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
- (c) Records of monitoring information shall include:
  - 1. the date, exact place, and time of sampling or measurements;
  - 2. the person responsible for performing the sampling or measurements;
  - 3. the dates analyses were performed;
  - 4. the person responsible for performing the analyses;
  - 5. the analytical techniques or methods used;
  - 6. the results of such analyses.

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

FEB. 25 1991

PERMITTEE:  
Charles L. Sweat  
Vice President of Operations  
Southern States Utilities, Inc.

I.D. NUMBER: 4431700  
PERMIT/CERTIFICATION NUMBER: WC 43-176328  
DATE OF ISSUE: FEB. 25 1991  
EXPIRATION DATE: FEB. 25 1996

**SPECIFIC CONDITIONS:**

1. The applicant is responsible for retaining a Florida registered professional engineer as the engineer of record in the application for supervision of the construction of this project and upon completion, the engineer shall inspect for complete conformity to the plans and specifications as approved. Certification to such inspection on DER Form 17-555.910(9) shall be provided to the Department.
2. This facility shall be cleaned, disinfected and bacteriologically cleared in accordance with Chapter 17-555 Florida Administrative Code. The bacteriological clearance data and the engineer's inspection certification shall be submitted to the Department and a release for use shall be obtained prior to placing the facilities in service.
3. The applicant shall submit to the Department two set(s) of record drawings of the completed project with the certification of completion. Drawings are to be at the same scale and in the same sequence as those submitted and approved for permit. Deviations from the original permitted drawings are to be highlighted and/or noted for the Department review.
4. The applicant shall obtain the services of a certified well driller who shall make application for and obtain a well drilling permit from the South Florida Water Management District prior to construction in accordance with Department rules and regulations.
5. The well(s) shall be cleaned, disinfected and bacteriologically cleared in accordance with Chapter 17-555, F.A.C. The bacteriological clearance data, a copy of the well construction permit, the well driller's completion report(s), and a detailed drawing of the well construction shall be submitted to the Department and a release for use shall be obtained therefrom prior to placing the well(s) in service.
6. Bacteriological samples taken for the well(s) shall be taken no closer than six (6) hours apart and no more than two (2) samples shall be taken per day.
7. A DPD-Method test kit for testing residual chlorine shall be provided onsite prior to placing the facilities in service.
8. For each well, a chemical analysis of the raw water for contaminants listed in the Primary and Secondary standards, and the unregulated contaminants of Chapter 17-550 Florida Administrative Code shall be submitted to the Department prior to release for use.
9. A chemical analysis of the finished water for those parameters in specific condition 8 that exceed maximum contaminant levels, shall be submitted to the Department prior to release for use.
10. In the event that the levels found in the finished water are greater than the maximum contaminant levels set by Chapter 17-550 Florida Administrative Code, corrective measures must be taken to bring it into compliance prior to release for use.
11. All samples for finished water chemical analyses shall be taken from appropriate locations as designated in Chapter 17-550, Florida Administrative Code. Lab reports shall clearly indicate this.
12. A fully self-contained breathing apparatus shall be kept onsite. This shall be verified prior to release for use.
13. The owner shall employ certified operators in accordance with the most current provisions of F.A.C. Rule 17-602.370. This facility is currently Category III, Class C System requiring a Class C, or higher operator on-site 5 visits/week and 1 weekend visit, minimum. The operator shall be on call during periods the plant is unattended.
14. This construction permit is issued with the understanding that pipe material and appurtenances used in this installation will be in accordance with the latest applicable AWWA & NSF Standards for public water supplies.

FEB. 25 1991

PERMITTEE:  
Charles L. Sweat  
Vice President of Operations  
Southern States Utilities, Inc.

I.D. NUMBER: 4431700  
PERMIT/CERTIFICATION NUMBER: WC 43-176328  
DATE OF ISSUE: FEB. 25 1991  
EXPIRATION DATE: FEB. 25 1998

SPECIFIC CONDITIONS: Continued

15. All chemicals added to the system shall be listed on the U.S. Environmental Protection Agency's "Report on Acceptable Drinking Water Additives". The maximum dosage shall not exceed those as recommended by EPA in their report.

16. All concrete coatings/admixtures, liners, grouts, hoses, tubings, and protective paints and coatings shall be listed by the U.S. Environmental Protection Agency as acceptable for contact with potable water.

17. An operation and maintenance log and the operator's log shall be maintained in a location accessible to 24-hour inspection and protected from weather damage.

18. Sample taps shall be smooth-nosed and downfacing, located a minimum of 12 inches above ground surface.

19. The well discharge pipe for each well shall be equipped with a check valve downstream of the raw water sample tap prior to any chemical injection. A gate valve shall also be located on the well discharge pipe such that the raw water meter and well can be isolated for maintenance. Each well shall also have a 6' x 6' concrete pad. This shall be verified prior to release of the facility for use.

20. The rate of filtration for each filter shall not exceed 3 gpm/s.f. Some means shall be provided to control the rate of flow onto each filter. This shall be certified by the engineer-of-record prior to release for use.

21. Each existing and proposed pump shall be provided with a pressure gauge on its discharge line prior to release for use.

22. The generator and fuel storage unit shall be located on a concrete slab with a continuous concrete curb around its perimeter. The curb shall be a minimum of 4 inches high. This shall be verified prior to release for use.

23. A loss-of-chlorination capability alarm and adequate ventilation shall be provided on the chlorination system prior to release for use.

24. All piping leaks shall be repaired and the sight glasses on the tanks shall be properly attached prior to release for use.

Issued this 25<sup>th</sup> day of February, <sup>1991</sup>~~1990~~

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

  
J. Scott Benyon  
Deputy Assistant Secretary

**Friendly Center - 556**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## **FRIENDLY CENTER**

According to Water Management District Rule 40 C - 2.041 (1) (d) Permits Required, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Friendly Center has a 4" diameter well.



**Golden Terrace - 992**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**

GOLDEN TERRA  
RECEIVED MARCH 27 1989

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
GENERAL CONSUMPTIVE USE PERMIT

PERMIT GRANTED TO:  
Southern States Utilities  
Charles Sweat, President  
1000 Color Place  
Apopka, Florida 32703  
(Legal Name and Address)

PERMIT NO.: 202124.03  
DATE PERMIT GRANTED: March 23, 1989  
DATE PERMIT APPLICATION FILED: January 17, 1989  
PERMIT EXPIRES ON: March 23, 1999  
SOURCE CLASSIFICATION: Groundwater  
USE CLASSIFICATION: Public Supply  
COUNTY: Citrus

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. The Permittee attests that all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth in this Permit will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the applicant fails to comply with all of the conditions set forth herein, then this Permit may be revoked following notice and hearing.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable and beneficial use as defined in Section 373.019(5), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such locations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 17,000 gallons of water per day with a maximum combined withdrawal rate not to exceed 38,000 gallons during a single day. Withdrawals are authorized as shown in the table below.

5. USER	DISTRICT		WITHDRAWAL POINT			GALLONS PER DAY	
	I.D.	I.D.	SEC-TWNSHP-RGE	LATITUDE	LONGITUDE	AVERAGE	MAXIMUM
1	1		S11,T19S,R19E	28 50 45	82 22 15	17,000	standby 38,000
2	2		S11,T19S,R19E	28 50 41	82 22 16	17,000	38,000

Permittee: Southern States Utilities  
Permit No.: 202124.03

6. The use of water is restricted to the use classification set forth above. Any changes in the type of use, the quantity used, or the method of use, will require a modification of this Permit.
7. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-2.511, F.A.C., the District may alter, modify or declare inactive, all or parts of this Permit.
8. The District reserves the right, at any reasonable times, to collect water samples from any withdrawal point listed in the Permit. The District may require the Permittee to submit samples in mailable containers provided by the District.
9. An authorized District Representative may, at any reasonable time, enter the property, inspect the facility, and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property. The Permittee must keep a copy of this permit and have it available for District staff to examine during such an inspection.
10. If the District, after consultation with the Permittee, determines that significant water quantity or quality changes, or adverse environmental impacts are occurring, the Board, upon notice and hearing, may reconsider the quantities permitted or other conditions of the permit.
11. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
12. The District may, at a future date, establish minimum water levels in aquifers and lakes, and minimum rates of flow in streams, which may require the Permittee to limit withdrawal from these sources at times when water levels or flows fall below the established minimums.
13. Water conservation shall be practiced by the Permittee to increase the efficiency of transport, application, and use, to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation criteria for the Permittee's water use classification, this Permit will be subject to such criteria upon notice and after a reasonable period for compliance.
14. The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Resource Regulation Department for District Withdrawal Nos. 1 and 2 jointly. Such devices shall have and maintain an accuracy within five percent of the actual flow.
15. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.

Reports shall be addressed to: Southwest Florida Water Management District  
ATTN: Permits Data Group  
2379 Broad Street  
Brooksville, Florida 34609-6899

Applicant: Southern States Utilities  
Permit No.: 202124.03



\_\_\_\_\_  
Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Applicant hereby certifies that applicant owns, leases, or controls the property contained in the application for this permit, that the information contained in the application is true and accurate and, if applicant is a corporation or a partnership, that the undersigned has the legal authority to execute this permit and affidavit on behalf of said corporation or partnership.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

**Gospel Island Estates - 986**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## **GOSPEL ISLAND**

According to Water Management District Rule 40 C - 2.041 (1) (d) Permits Required, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Gospel Island has a 3" diameter well.

# **Grand Terrace - 575**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

Post Office Box 1429  
Palatka, Florida 32078-1429

*Grand Terrace*

PERMIT NO. 2-069-0193N

DATE ISSUED AUGUST 11, 1987

**CONSUMPTIVE USE**

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLA. AQUIFER TO SERVE AN ESTIMATED  
POP. OF 165 PEOPLE IN 7 YEARS FOR THE USE OF GROUNDWATER FOR  
FIRE PROTECTION, IF NEEDED

LOCATION:

SECTION 32, TOWNSHIP 18 SOUTH, RANGE 26 EAST  
LAKE COUNTY

ISSUED TO:

SOUTHERN STATES UTILITIES INC.  
1000 COLOR PLACE

APOPKA, FL 32703

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON

SEE CONDITIONS ON ATTACHED "EXHIBIT A", DATED AUGUST 11, 1987

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management      Governing Board

By:

*Jeff Elledge*  
(Director)

JEFF ELLEDGE

By:

*Henry Dean*  
(Assistant Secretary)

HENRY DEAN





"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-059-0193M

SOUTHERN STATES UTILITIES INC.

DATED AUGUST 11, 1987

*Grand Terrace*

1. PRIOR TO LOT OR UNIT SALES, OR CONSTRUCTION, WHICHEVER OCCURS FIRST, THE DISTRICT MUST RECEIVE THE PERMITTEE'S PROPOSAL OF AN ENTITY TO BE RESPONSIBLE FOR OPERATION AND MAINTENANCE OF THE PERMITTED SYSTEM. WITH THE DESIGNATION OF THE PROPOSED ENTITY, THE DISTRICT MUST ALSO RECEIVE A DRAFT DOCUMENT ENUMERATING ENFORCEABLE AFFIRMATIVE OBLIGATIONS ON THE ENTITY TO PROPERLY OPERATE AND MAINTAIN THE SYSTEM FOR ITS EXPECTED LIFE. THE DRAFT DOCUMENT MAY CONSIST OF A SHOWING OF COMPLIANCE WITH THE REQUIREMENTS OF A PUBLIC BODY THAT WILL RESULT IN THAT BODY'S ACCEPTANCE OF THE SYSTEM FOR MAINTENANCE, ARTICLES OF INCORPORATION FOR A CONDOMINIUM OR HOMEOWNER'S ASSOCIATION, PLAT OR DEED RESTRICTIONS APPORTIONING MAINTENANCE RESPONSIBILITY, OR IN THE EVENT THE PROPERTY IS BEING DEVELOPED FOR A CORPORATE PERMITTEE'S CORPORATE USE WITHOUT CONTINGENT SALES OF LOTS OR UNITS, A LETTER SIGNED BY THE CORPORATE OFFICER AUTHORIZED TO BIND THE CORPORATION STATING THE CORPORATION'S ACCEPTANCE OF PERMANENT MAINTENANCE RESPONSIBILITY. PRIOR TO THE DISTRICT'S ACCEPTANCE OF A COMPLETED SYSTEM, THE SUBMITTED DOCUMENT MUST BE APPROVED BY THE DISTRICT AND RECORDED. IF THE LATTER IS APPROPRIATE, FAILURE TO SUBMIT THE DESIGNATED ENTITY AND THE APPROPRIATE DOCUMENT WILL RESULT IN THE PERMITTEE REMAINING PERSONALLY LIABLE FOR CARRYING OUT MAINTENANCE AND OPERATION OF THE PERMITTED SYSTEM.
2. ALL CONSTRUCTION, OPERATION AND MAINTENANCE SHALL BE AS SET FORTH BY THE PLANS, SPECIFICATIONS AND PERFORMANCE CRITERIA AS APPROVED BY THIS PERMIT.
3. DISTRICT AUTHORIZED STAFF, UPON PROPER IDENTIFICATION, WILL HAVE PERMISSION TO ENTER, INSPECT AND OBSERVE THE SYSTEM TO INSURE CONFORMITY WITH THE PLANS AND SPECIFICATIONS APPROVED BY THE PERMIT.
4. TURBIDITY BARRIERS MUST BE INSTALLED AT ALL LOCATIONS WHERE THE POSSIBILITY OF TRANSFERRING SUSPENDED SOLIDS INTO THE RECEIVING WATERBODY EXISTS DUE TO THE PROPOSED WORK. TURBIDITY BARRIERS MUST REMAIN IN PLACE AT ALL LOCATIONS UNTIL CONSTRUCTION IS COMPLETED AND SOILS ARE STABILIZED AND VEGETATION HAS BEEN ESTABLISHED. THEREAFTER THE PERMITTEE WILL BE RESPONSIBLE FOR THE REMOVAL OF THE BARRIERS.
5. THE OPERATION PHASE OF THE PERMIT SHALL NOT BECOME EFFECTIVE UNTIL A FLORIDA REGISTERED PROFESSIONAL ENGINEER CERTIFIES THAT ALL FACILITIES HAVE BEEN CONSTRUCTED IN ACCORDANCE WITH THE DESIGN APPROVED BY THE DISTRICT. WITHIN 30 DAYS AFTER COMPLETION OF CONSTRUCTION OF THE SURFACE WATER MANAGEMENT SYSTEM, THE PERMITTEE SHALL SUBMIT THE CERTIFICATION OR ONE SET OF PLANS WHICH REFLECT THE SURFACE WATER MANAGEMENT SYSTEM AS ACTUALLY CONSTRUCTED AND NOTIFY THE DISTRICT THAT THE FACILITIES ARE READY FOR INSPECTION AND APPROVAL. UPON APPROVAL OF THE COMPLETED SURFACE WATER MANAGEMENT SYSTEM, THE PERMITTEE SHALL REQUEST TRANSFER OF THE PERMIT TO THE RESPONSIBLE ENTITY APPROVED BY THE DISTRICT.

IF ANY OTHER REGULATORY AGENCY SHOULD REQUIRE REVISIONS OR MODIFICATION TO THE PERMITTED PROJECT, THE DISTRICT IS TO BE NOTIFIED OF THE REVISIONS SO THAT A DETERMINATION CAN BE MADE WHETHER A PERMIT MODIFICATION IS REQUIRED.

7. WITHIN THIRTY (30) DAYS AFTER SALE OR CONVEYANCE OF THE PERMITTED SURFACE WATER MANAGEMENT SYSTEM OR THE <sup>LAND ON</sup> WHICH THE SYSTEM IS LOCATED, THE OWNER IN WHOSE NAME THE PERMIT WAS GRANTED SHALL NOTIFY THE DISTRICT OF SUCH CHANGE OF OWNERSHIP. TRANSFER OF THIS PERMIT SHALL BE IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 373, FLORIDA STATUTES, AND CHAPTERS 60C-6, 40C-40, AND 40C-41, FLORIDA ADMINISTRATIVE CODE. ALL TERMS AND CONDITIONS OF THIS PERMIT SHALL BE BINDING UPON THE TRANSFEREE.
8. ALL CONSTRUCTION MUST BE IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS AND PERFORMANCE CRITERIA AS ACCEPTED AND AUTHORIZED BY THIS PERMIT.

9. PURSUANT TO SECTION 3.5.2(A) OF THE MSSW APPLICANT'S HANDBOOK THIS PERMIT DOES NOT AUTHORIZE ANY CONSTRUCTION, OPERATION, OR ALTERATION OF THE PROPOSED SYSTEM.

10. PERMITTEE MUST OBTAIN A GENERAL OR INDIVIDUAL PERMIT FROM THE DISTRICT PRIOR TO BEGINNING CONSTRUCTION OF SUBSEQUENT PHASES OR ANY OTHER WORK NOT SPECIFICALLY AUTHORIZED BY THIS PERMIT.

11. PERMITTEE MUST PROVIDE THE DISTRICT WITH COPIES OF FDER CHAPTER 11-12 PERMITS OR EXEMPTIONS PRIOR TO COMMENCING CONSTRUCTION.

12. THIS PERMIT WILL EXPIRE 7 YEARS FROM THE DATE OF ISSUANCE.

13. MAXIMUM ANNUAL WITHDRAWALS MUST NOT EXCEED 1.31 MILLION GALLONS IN 1988; 2.62 MGALS IN 1989; 3.93 MGALS IN 1990; 5.25 MGALS IN 1991; 6.55 MGALS IN 1992; 7.87 MGALS IN 1993; AND 9.18 MGALS IN 1994.

14. MAXIMUM DAILY WITHDRAWALS MUST NOT EXCEED .007 MGALS IN 1988; .015 MGALS IN 1989; .021 MGALS IN 1990; .028 MGALS IN 1991; .035 MGALS IN 1992; .042 MGALS IN 1993; AND .05 MGALS IN 1994.

15. MAXIMUM DAILY WITHDRAWALS FOR FIRE PROTECTION MUST NOT EXCEED .94 MGALS.

16. BEFORE USE, THE WELL MUST MEET PUBLIC SUPPLY STANDARDS AS SET FORTH IN 40C-3; F.A.C.

17. SOURCE CLASSIFICATION IS CONFINED OR SEMI-CONFINED AQUIFER.

**Harmony Homes - 326**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

*Harmony Homes*

PERMIT NO. 2-117-01274 DATE ISSUED FEBRUARY 12, 19

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDIAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 313 PEOPLE.

LOCATION: Section 07, Township 01 South, Range 30 East  
Seminole County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DR.  
ORLANDO, FL 32304

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions as Attached Exhibit 11. DATE FEBRUARY 12, 19

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: \_\_\_\_\_  
(Director) R. Dale Hodson

Governing Board

BY: \_\_\_\_\_  
(Assistant Secretary)



*Handwritten note:*  
advising  
denied

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 1-117-1137N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1935

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(3), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-117-0127N

- (A) Significant reduction in water levels in adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 17.1 million gallons.
  14. Maximum daily withdrawals must not exceed .024 million gallons.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 89% household; 10% water utility and 1% commercial/industrial.

**Hermits Cove - 438**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 1-107-0035N DATE ISSUED FEBRUARY 10, 1985

*HERMIT'S COVE*

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SUPPLY A  
PROJECTED POPULATION OF 753 PEOPLE.

LOCATION: Section 33, Township 10 South, Range 26 East  
Putnam County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

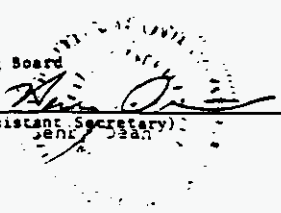
See Conditions on Attached "Exhibit A", Dated FEBRUARY 10, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director) Mike Woodson

Governing Board

BY: [Signature]  
(Assistant Secretary) [Signature]



#438



0-107-00000

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittees must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. This permit will expire 7 years from the date of issuance.
  12. Maximum annual withdrawals must not exceed 41.2 mgal. 112,876 GPD
  13. Maximum daily withdrawals must not exceed 225,000 gallons.
  14. Source classification is confined or semi-confined aquifer.
  15. Use classification is 38% household; 10% water utility; 2% commercial/industrial.

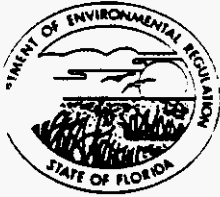
"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 1-107-00358

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 19C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for sealing the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water.
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water body resulting in a significant reduction of water quality.
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified but not limited to:



## Florida Department of Environmental Regulation

Northeast District • Suite 200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577 • 904-448-4300

Bob Martinez, Governor

Dale Trachtmann, Secretary

John Shearer, Assistant Secretary  
Ernest Frey, Deputy Assistant Secretary

### PERMITTEE:

Mr. Rafael Terrero, Chief Engineer  
SSU Services, Inc.  
1000 Color Place  
Apopka, Florida 32703

### I.D. Number:

Permit/Cert Number: WC54-188494  
Date of Issue: December 21, 1990  
Expiration Date: December 21, 1991  
County: Putnam  
Lat/Long: 29° 34' 39"N/81° 40' 25"W  
Section/Township/Range: S33/T10S/R26E  
Project: Hermits Cove/St. Johns Highland  
Water Treatment Plants  
Interconnect and Improvements

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-555 (formerly 17-22). The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

To install a 6 inch diameter interconnecting PVC water main connecting Hermit's Cove water treatment plant distribution system and St. Johns Highland water treatment plant distribution system; to install a 30 KW emergency generator to run all electrical equipment at the Hermits Cove water treatment plant; to replace the existing aerator at the St. Johns Highland water treatment plant with a new 90 GPM fiberglass cascade tray aerator; and to replace the existing high service pumps at the St. Johns Highland water treatment plant with 2 new high service pumps rated at 160 GPM each.

PERMITTEE:  
Mr. Rafael Terrero, Chief Engineer  
SSU Services, Inc.

I.D. Number:  
Permit/Cert Number: WC54-188494  
Date of Issue: December 21, 1990  
Expiration Date: December 21, 1991

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

PERMITTEE:

Mr. Rafael Terrero, Chief Engineer  
SSU Services, Inc.

I.D. Number:

Permit/Cert Number: WC54-188494

Date of Issue: December 21, 1990

Expiration Date: December 21, 1991

- a. Having access to and copying any records that must be kept under the conditions or the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the Department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the Department, may be used by the Department as evidence in any enforcement case arising under the Florida Statutes or Department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

PERMITTEE:

Mr. Rafael Terrero, Chief Engineer  
SSU Services, Inc.

I.D. Number:

Permit/Cert Number: WC54-188494  
Date of Issue: December 21, 1990  
Expiration Date: December 21, 1991

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards  
(Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under Department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by Department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the Department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:

r. Rafael Terrero, Chief Engineer  
SSU Services, Inc.

I.D. Number:

Permit/Cert Number: WC54-188494  
Date of Issue: December 21, 1990  
Expiration Date: December 21, 1991

SPECIFIC CONDITIONS:

- OPER. 1. This approval is given with the understanding that upon the installation of such works its operations shall be placed under the care of a competent person, whose qualifications are approved by the Department and the operation shall be carried out according to best accepted practice and in accordance with the requirements of the rules and regulations of the Department. This includes not only the provision of continuing essential funds for operation and maintenance of chemical supplies for plant operation; but also the funds for maintenance of equipment and supplying the needs of a suitable water plant laboratory which is required for proper operation of this water treatment facility.
- ENGINEER/OPER. 2. Water supply facilities including mains shall be installed, cleaned, disinfected and bacteriologically cleared for service; in accordance with the latest applicable AWWA Standards and Department rules and regulations.
- ENGINEER/ONST. 3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20 ft. of either cast iron pipe or concrete encased vitrified clay pipe, centered on the point of crossing. When a water main parallels a sewer main, a separation of at least 10 ft. should be maintained where practical.
- 4. Certification as to construction of this project in accordance with the approved plans by a Florida Registered Professional Engineer together with satisfactory bacteriological analyses shall be provided and a letter of clearance obtained from this Agency before placing these facilities in service.
- ENGINEER/ONST. 5. All PVC pipe shall bear the National Sanitation Foundation (NSF) seal of approval for potable water pipe.
- ENGINEER/OPER. 6. If the combined water demand of both St. Johns Highland and Hermits Cove service area exceeds the St. Johns Highland water treatment plant capacity, upgrades will be required.
- ENGINEER. 7. The interconnect is to be valved off for normal operation and opened only for emergency service.
- ENGINEER. 8. A loss of chlorination alarm shall be installed at both the Hermits Cove and St. Johns Highland water treatment plants.
- ENGINEER. 9. A ladder shall be installed at the St. Johns Highland water treatment plant to provide access to the aerator.

Issued this 21st day of December 1990

FILING AND ACKNOWLEDGEMENT  
FILED on this date pursuant to S120.52 Florida  
Statutes, with the designated Department Clerk,  
receipt of which is hereby acknowledged.

Rafael Terrero 01/02/91  
Clerk Date

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

Ernest E. Frey  
Ernest E. Frey, P.E.  
Deputy Assistant Secretary

**Hobby Hills - 558**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**



ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-069-0464N Hobby Hills DATE ISSUED FEBRUARY 12, 1995

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 330 PEOPLE IN 7 YEARS.

LOCATION: Section 23, Township 13 South, Range 24 East  
Lake County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1995

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director) Dave Goodson

Governing Board

BY: [Signature]  
(Assistant Secretary)  
Henry Jean

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER L-369-0464N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals or water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply ~~and adjacent water use~~ resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-005-046-2

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 400-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 400-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 12.0 million gallons.
  14. Maximum daily withdrawals must not exceed .066 million gallons.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 88% household; 10% water utility and 2% commercial/industrial.

**Holiday Haven - 573**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**HOLIDAY HAVEN**

A consumptive use permit is not included because there is no water plant. Water is purchased from Astor Astor Water Association.

# **Holiday Heights - 121**

**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**

Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-095-04200V DATE ISSUED JAN. 10, 1989  
**HOLIDAY HEIGHTS**

**A PERMIT AUTHORIZING:**

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AND ESTIMATED POPULATION OF **179** PEOPLE IN 7 YEARS.

**LOCATION:**

Section **28**, Township **21** South, Range **29** East  
Orange County

**ISSUED TO:**

**SOUTHERN STATES UTILITIES**  
ATTN: CHARLES W. BENT  
1000 COLOR PL.  
APOPKA, FL 32701

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

**PERMIT IS CONDITIONED UPON:**

See Chapter 373, Florida Statutes, Section 373.04, regarding conditions of permit.

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management      Governing Board

By: \_\_\_\_\_

(Director)

By: \_\_\_\_\_

(Assistant Secretary)

Henry Dean



EXHIBIT A

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 12-1000-00000

SOUTHERN FLORIDA DISTRICT

DATED JANUARY 1, 1958

1. District Authorized Staff, upon proper notification, shall have the right to enter the premises at any time to inspect and determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to enable the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District governing District, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a water well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-5, Florida Administrative Code. Construction, modification or abandonment of a well which require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.11.02(2), Florida Administrative Code and Chapter 373.005, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels to a depth in excess of 100' in the vicinity of an adjacent well producing water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment to the use of water in that water body;
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality in either impoundment or loss or use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified but not limited to:



**Imperial Mobile Terrace - 570**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**

Post Office Box 1429  
Palatka, Florida 32078-1429

*Imperial  
Lake*

PERMIT NO. 2-069-0962UV

DATE ISSUED JANUARY 10, 1989

**A PERMIT AUTHORIZING:**

USE OF GROUNDWATER FROM THE FLORIDIAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 816 PEOPLE IN 7 YEARS.

**LOCATION:**

Section 25, Township 19 South, Range 25 East  
Lake County

**ISSUED TO:**  
(owner)

SOUTHERN STATES UTILITIES  
ATTN: CHARLES L. SWEAT  
1000 COLOR PLACE  
APOPKA, FL 32703

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, of liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

**PERMIT IS CONDITIONED UPON:**

See conditions on Attached "Exhibit A", dated JANUARY 10, 1989

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management      Governing Board



*General  
erase  
have*

SOUTHERN STATES UTIL.

DATED JANUARY 10, 1965

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.240, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 400-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) ~~Change in water quality, or other impairment or loss of use of a well or water body.~~
6. Permittee must mitigate any adverse impact caused by withdrawals permitted hereon on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified but not limited to:

- (A) Significant reduction in water levels in an adjacent surface water body;
- (B) Land collapse or subsidence caused by a reduction in water levels; and
- (C) Damage to crops and other types of vegetation.

7. The District must be notified, in writing, within 30 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding if the transferee.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, ~~newgate, valve or other withdrawal facility~~ as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
11. Whenever feasible, the permittee must use native vegetation that requires little supplemental irrigation for landscaping within the service area of the project.
12. Construction must be in compliance with Subsection 553.14, F.S.
13. This permit will expire 7 years from the date of issuance.
14. Maximum annual withdrawals must not exceed 20.0 mgals for the duration of the permit.
15. Maximum daily withdrawals must not exceed .090 mgals for the duration of the permit.
16. Source Classification is 15 Confined or semi-confined aquifer.
17. Use Classification is 100% household.



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Alex Alexander, Deputy Assistant Secretary

**Permittee:**

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat  
Vice President/Operations

**I. D. Number:**

Permit/Certification  
Number: WC35-188760  
Date of Issue:  
Expiration Date: 12/15/91  
County: Lake  
Project: Imperial Terrace  
Auxiliary Generator

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Installation of a 35 KW auxiliary generator with automatic startup capability at the Imperial Terrace water plant located at Magnolia Avenue and Riverview Drive in the Imperial Terrace Trailer Park, which is located southeast of where Highway 441 crosses the Dead River west of Tavares, Lake County, Florida.

General Conditions are attached to be distributed to the permittee only.

**GENERAL CONDITIONS:**

1. **The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.**
2. **This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.**
3. **As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.**
4. **This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.**
5. **This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.**
6. **The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.**
7. **The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:**
  - (a) **Have access to and copy any records that must be kept under conditions of the permit;**
  - (b) **Inspect the facility, equipment, practices, or operations regulated or required under this permit; and**
  - (c) **Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.**

**Reasonable time may depend on the nature of the concern being investigated.**
8. **If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:**
  - (a) **A description of and cause of noncompliance; and**
  - (b) **The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.**

**The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.**

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utilities  
  
Attention: Charles L. Sweat  
Vice President/Operations

I. D. Number:  
Permit/Certification Number:  
WC35-188760  
Date of Issue:  
Expiration Date: 12/15/91

**SPECIFIC CONDITIONS:**

1. General condition number 13 does not apply.
- ENGR. 2. To obtain clearance of the facilities for service, the engineer of record shall submit a certification of completion letter to the department and a copy of this permit.
- ENGR/CONSTR. 3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.
- ENGR. 4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.
- ENGR. 5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

ISSUED 12-1-91

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION



A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



**Intercession City - 780**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**



# South Florida Water Management District

John R. Melov, Executive Director

Post Office Box V 3301 Gun Club Road  
West Palm Beach, Florida 33402  
Telephone (305) 686-8800  
Florida WATS Line 1-800-432-2045

IN REPLY REFER TO: GP #82-388W

September 21, 1982

C.W. Sheffield, P.E.  
Charles Sweat, V. Pres.  
Southern States Utilities  
750 W. Colonial Drive  
Orlando, FL 32804

Re: Water Use General Permit: 82-388W  
Project: Residential 34  
County: Osceola; Secs. ~~3-8-4~~, Twp. 25S, Rge. 28E.  
Permittee: C. W. Sheffield

*Intercession City*

Dear Mr. Sheffield:

This letter is to acknowledge receipt of your Intent to Use Water pursuant to Rule 40E-20.042, Florida Administrative Code. Based on the information provided, District rules have been adhered to and a General Water Use Permit is in effect for this project.

However, if your use should exceed 100,000 gallons per day in the future, an individual Water Use Permit will be required and the General Permit will then be void.

The General Permit is subject to the following conditions:

- a. A driller's log shall be furnished to the District within 30 days of completion of each new water well. The log shall show casing depth. If the water wells are abandoned, they shall be abandoned in accordance with Chapter 17-21, F.A.C., unless prior arrangements have been made with the District to convert the wells to another use. The permittee shall notify the District within 30 days of the abandonment of any water well.
- b. Permittee shall comply with all other applicable state and local regulations.
- c. Where required by law or rule, water wells shall be drilled by a well driller duly licensed by the State of Florida, and all water wells shall be constructed in accordance with Chapter 17-21, F.A.C.
- d. Unless otherwise revoked or modified, for each withdrawal authorized herein, the duration of the General Permit shall be twenty years, determined as follows:
  - 1. For uses in existence on the effective date of this rule, the 20 year period begins on effective date of this rule (1-29-79).
  - 2. For uses not in existence on the effective date of this rule, the 20 year period begins with the date of filing of the Notice of Intent to Withdraw Water.

Sincerely,

*Patrick J. Gleason*

Patrick J. Gleason, Ph.D., Director  
Water Use Division, Resource Control Department

PJG/s

cc: Dept. of Environmental Regulation, Inspection, Groundwater Division

Stanley W. Hole Naples	J. Neil Gallagher St. Cloud	Robert L. Clark, Jr. Chairman - Fort Lauderdale	Nathaniel P. Reed Hobe Sound	Robert W. Pedcox Vice Chairman - Fort Pierce	John L. Hundley Pahokee	Aubrey L. Burnham Oklawaha	Charles L. Crumpton Miami Shores	Jeanne Bellamy Coral Gables
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#78

**Interlachen Lake Estates - 470**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

*Intitacker*

PERMIT NO. 2-107-0087N DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAM AQUIFER TO SERVE AN ESTIMATED POPULATION OF 681 PEOPLE IN 7 YEARS.

LOCATION: Section 07, Township 10 South, Range 25 East  
Putnam County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director) R. Duke Woodson

Governing Board of SFWMD  
BY: [Signature]  
(Assistant Secretary)



*taken*

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-107-0087N

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - ~~(C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and~~
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-107-0087N

- (A) Significant reduction in water levels in an adjacent surface water body;
- (B) Land collapse or subsidence caused by a reduction in water levels; and
- (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
11. Construction must be in compliance with Subsection 533.14, F.S.
12. This permit will expire 7 years from the date of issuance.
13. Maximum annual withdrawals must not exceed 37,2 million gallons.
14. Maximum daily withdrawals must not exceed 0.204 million gallons.
15. Source classification is confined or semi-confined aquifer.
16. Use classification is 88% household; 10% water utility and 2% commercial/industrial.

# **Jungle Den - 1802**

**Volusia County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## JUNGLE DEN

A consumptive use permit is not included because there is no water plant. Water is purchased from Astor Astor Water Association.



**Keystone Heights - 1094**

**Clay County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 3-019-00100C DATE ISSUED DECEMBER 11, 1984

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO PROVIDE PUBLIC  
SUPPLY FOR KEYSTONE WATER COMPANY.

LOCATION:

Section 19, Township 08 South, Range 23 East  
Clay County

ISSUED TO:

(owner)

MR. ARTHUR W. GROSS  
KEYSTONE WATER COMPANY  
P. O. BOX 705  
KEYSTONE HEIGHTS., FL 32656

KEYSTONE HEIGHTS

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated December 11, 1984

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management

DIVISION OF PERMITTING

BY: R. Duke Woodson  
(Director)

R. Duke Woodson

Governing Board

BY: Henry Dean  
(Assistant Secretary)

Henry Dean

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-010-0010UG

KEYSTONE WATER COMPANY

DATED DECEMBER 11, 1964

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss or use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding on the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. Construction must be in compliance with Subsection 553.14, F.S.
  10. This permit will expire 7 years from the date of issuance.
  11. Maximum annual withdrawals must not exceed 207.7 mgal.
  12. Maximum daily withdrawals must not exceed 1.16 mgal.
  13. Source classification is confined or semi-confined aquifer.
  14. Use classification is 25% water utility; 67% household; 7% commercial/industrial; 1% nursery.
  15. All necessary state and/or local permits needed by the applicant as a public supplier must be obtained before this permit becomes effective.

**Kingswood - 1701**

**Brevard County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**KINGSWOOD**

A consumptive use permit is not included because there is no water plant. Water is purchased from Brevard County Utility.

**Lake Ajay Estates - 773**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**



Form #0299  
Rev 1/90

**South Florida  
Water Management District  
WATER USE PERMIT NO. RE-ISSUE  
49-00415-W**  
(NON-ASSIGNABLE)

DATE ISSUED: March 14, 1991 EXPIRATION DATE April 11, 2001

AUTHORIZING: THE CONTINUATION OF AN EXISTING USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER FOR A PUBLIC WATER SUPPLY WITH AN ANNUAL ALLOCATION OF 23.31 MILLION GALLONS.

LOCATED IN: OSCEOLA COUNTY, SECTION 4 TWP. 25S RGE. 31E

ISSUED TO: Southern State Utilities, Inc.  
(Lake Ajay Village)  
1000 Color Place  
Apopka, Florida 32703

This Permit is issued pursuant to Application No. 901228-21 dated November 28, 19 90 for the Use of Water as specified above and subject to the Special Conditions set forth below. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

Upon written notice to the permittee, this permit may be temporarily modified, or restricted under a Declaration of Water Shortage or a Declaration of Emergency due to Water Shortage in accordance with provisions of Ch. 373, Fla. Statutes, and applicable rules and regulations of the South Florida Water Management District.

This Permit may be permanently or temporarily revoked, in whole or in part, for the violation of the conditions of the permit or for the violation of any provision of the Water Resources Act and regulations thereunder.

This Permit does not convey to permittee any property rights nor any privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation, or requirement affecting the rights of other bodies or agencies.

**SPECIAL CONDITIONS ARE AS FOLLOWS:**

SEE SHEET (S) 2 and 3 of 3 - 18 LIMITING CONDITIONS.

FILED WITH THE CLERK OF THE SOUTH  
FLORIDA WATER MANAGEMENT DISTRICT  
ON 3-19-91  
BY [Signature]  
DEPUTY CLERK

SOUTH FLORIDA WATER MANAGEMENT  
DISTRICT, BY ITS GOVERNING BOARD  
By [Signature]  
Assistant Secretary



**LIMITING CONDITIONS**

OPER/  
ENR

1. IN THE EVENT OF A DECLARED WATER SHORTAGE, WATER WITHDRAWAL REDUCTIONS WILL BE ORDERED BY THE DISTRICT IN ACCORDANCE WITH THE WATER SHORTAGE PLAN, CHAPTER 40E-21, FLORIDA ADMINISTRATIVE CODE.

2. SOURCE CLASSIFICATION IS:

GROUND-WATER FROM THE FLORIDAN AQUIFER

OPER/  
ENR

3. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING LEGAL USES CAUSED BY WITHDRAWALS. WHEN ADVERSE IMPACTS OCCUR, OR ARE IMMINENT, DISTRICT RESERVES THE RIGHT TO CURTAIL WITHDRAWAL RATES. ADVERSE IMPACTS ARE:

- A) REDUCTION IN WELL WATER LEVELS THAT IMPAIRS THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER (AN ADJACENT WELL MAY BE DOMESTIC WELL LAWN IRRIGATION WELL, PUBLIC WATER SUPPLY WELL, ETC.)
- B) SIGNIFICANT REDUCTION IN LEVELS IN AN ADJACENT WATER BODY SUCH AS A LAKE, POND, WETLAND, OR A CANAL SYSTEM,
- C) SALINE WATER INTRUSION OR INDUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE, RESULTING IN A SIGNIFICANT REDUCTION IN WATER QUALITY, AND
- D) CHANGE IN WATER QUALITY THAT CAUSES IMPAIRMENT OR LOSS OF USE OF A USE OF A WELL OR WATER BODY.

OPER/  
ENR

PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING OFF-SITE LAND USE AS A CONSEQUENCE OF WITHDRAWALS PERMITTED HEREIN. IF INCREASED WITHDRAWALS CAUSE AN ADVERSE IMPACT ON EXISTING LAND USE THE DISTRICT RESERVES THE RIGHT TO CURTAIL FUTURE WITHDRAWAL RATES ADVERSE IMPACTS ARE:

- A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT WATER BODY (SUCH AS A LAKE, POND, WETLAND, OR CANAL SYSTEM)
- B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY REDUCTION IN WATER LEVELS
- C) DAMAGE TO CROPS AND OTHER VEGETATION, CAUSING FINANCIAL HARM TO THE LANDOWNER,
- D) DAMAGE TO HABITAT OF RARE, ENDANGERED OR THREATENED SPECIES SPECIES.

OPER

5. PERMITTEE SHALL NOT REFUSE IMMEDIATE ENTRY OR ACCESS TO ANY AUTHORIZED REPRESENTATIVE OF THE DISTRICT WHO REQUESTS ENTRY FOR PURPOSES OF INSPECTION AND PRESENTS APPROPRIATE CREDENTIALS.

OPER

6. IF ANY CONDITIONS OF THE PERMIT ARE VIOLATED, THE PERMIT SHALL BE SUBJECT TOT REVIEW AND POSSIBLE MODIFICATION, ENFORCEMENT ACTION, OR REVOCATION

OPER  
-ENR

7. APPLICATION FOR A PERMIT MODIFICATION MAY BE MADE AT ANY TIME.

8. WITHDRAWAL FACILITIES ARE:

1 - 8" x 500' x 290 GPM well cased to 370 feet.

9. THIS PERMIT SHALL EXPIRE April 11, 2001.

OPER

10. MAXIMUM ANNUAL WITHDRAWAL SHALL NOT EXCEED 23.31 MG.

MAXIMUM DAILY WITHDRAWAL SHALL NOT EXCEED 172,000 GALLONS.

11. USE CLASSIFICATION IS PUBLIC WATER SUPPLY.

ENGR

12. THE PERMITTEE SHALL OBTAIN ALL NECESSARY FEDERAL, STATE, LOCAL AND SPECIAL DISTRICT AUTHORIZATIONS PRIOR TO THE USE OR WITHDRAWAL OF WATER

13. THE PERMIT DOES NOT CONVEY ANY PROPERTY RIGHT TO THE PERMITTEE, NOR ANY RIGHTS AND PRIVILEGES OTHER THAN THOSE SPECIFIED IN THE PERMIT AND CHAPTER 40E-2 F.A.C.

OPER

14. IF AT ANY TIME THERE IS AN INDICATION THAT THE WELL CASING, VALVES, OR CONTROLS LEAK OR HAVE BECOME INOPERATIVE, REPAIRS OR REPLACEMENT SHALL BE MADE TO RESTORE THE SYSTEM TO AN OPERATING CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS SHALL BE CAUSE FOR FILLING AND ABANDONING THE WELL, IN ACCORDANCE WITH PROCEDURES OUTLINED IN CHAPTER 40E-3, F.A.C.

ENGR

15. PERMITTEE SHALL SECURE A WELL CONSTRUCTION PERMIT PRIOR TO CONSTRUCTION, REPAIR, OR ABANDONMENT OF ALL WELLS, AS DESCRIBED IN CHAPTER 40E-3, F.A.C.

OPER

16. PERMITTEE SHALL SUBMIT TO THE DISTRICT COPIES OF THE MONTHLY DER WATER TREATMENT PLANT REPORTS SHOWING WELLFIELD PUMPAGE. REPORTS SHALL BE SUBMITTED MONTHLY IN THE MONTH FOLLOWING EITHER THE FIRST MONTH OF PUMPAGE OR PERMIT ISSUANCE.

OPER

17. PERMITTEE SHALL MAINTAIN AN OPERABLE AND ACCURATE FLOW METER ON THE DISCHARGE SIDE OF THE WATER TREATMENT PLANT FOR THE PURPOSE OF MEASURING DAILY USE OF WATER.

18. IF THE PERMITTEE WILL NOT SERVE A NEW DEMAND WITHIN THE SERVICE AREA FOR WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION MAY THEN BE SUBJECT TO MODIFICATION.

**Lake Brantley - 325**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-117-0131M DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING: LAKE BRANTLEY  
USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 303 PEOPLE.

LOCATION: Section 05, Township 21 South, Range 29 East  
Seminola County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director) Duke Woodson

Governing Board

BY: [Signature]  
(Assistant Secretary)



"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-117-0131N

SOUTHERN STATES ~~WATER SERVICES~~ <sup>LAKE BRANTLEY</sup> INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-117-0131N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 16,8 mgal.
  14. Maximum daily withdrawals must not exceed .092 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 83% household; 10% water utility and 2% commercial/industrial.

**Lake Conway Park - 104**

**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**LAKE CONWAY**

A consumptive use permit is not included because there is no water plant. Water is purchased from Orlando Utilities Commission.



**Lake Harriet Estates - 323**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-117-01267 DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

*LAKE HARRIET*

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE A  
PROJECTED POPULATION OF 1,256 PEOPLE.

LOCATION: Section 09, Township 21 South, Range 29 East  
Seminole County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time, pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1985

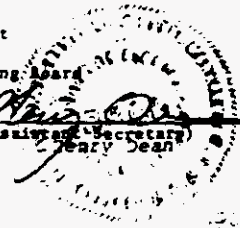
AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management

Division of Permitting

BY: *[Signature]*  
(Director)  
R. Duke Woodson

Governing Board

BY: *[Signature]*  
(Assistant Secretary)  
JERRY DEAN



"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-117-0126N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-117-0126N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
11. Construction must be in compliance with Subsection 553.14, F.S.
12. This permit will expire 7 years from the date of issuance.
13. Maximum annual withdrawals must not exceed 69.3 million gallons.
14. Maximum daily withdrawals must not exceed .380 million gallons.
15. Source classification is confined or semi-confined aquifer.
16. Use classification is 88% household; 10% water utility and 2% commercial/industrial.

**Lakeview Villas - 1054**

**Clay County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## LAKEVIEW VILLA

According to Water Management District Rule 40 C - 2.041 (1) (d) Permits Required, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Lakeview Villas has a 4" diameter well.

**Leilani Heights - 675**

**Martin County (SSU)**

**Water**

**- 1992 FPSC Filing -**

South Florida  
Water Management District

WATER USE PERMIT NO.

RE-ISSUE  
43-00070-W

LEILANI HTS.

(NON-ASSIGNABLE)

DATE ISSUED: February 9, 1989 EXPIRATION DATE February 9, 1999

AUTHORIZING THE USE OF GROUND WATER FROM SURFICIAL AQUIFER FOR  
PUBLIC WATER SUPPLY WITH AN ANNUAL ALLOCATION OF 65.9  
MILLION GALLONS.

LOCATED IN: MARTIN COUNTY, SECTION 27 TWP. 37S RGE. 41E

ISSUED TO: Southern States Utilities, Inc.  
(Leilani Heights)  
1000 Color Place  
Apopka, FL 32703

This Permit is issued pursuant to Application for Permit No. 10108-E dated October 5 19 88 for the Use of Water as specified above and subject to the Special Conditions set forth below. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

Upon written notice to the permittee, this permit may be temporarily modified, or restricted under a Declaration of Water Shortage or a Declaration of Emergency due to Water Shortage in accordance with Provisions of Ch. 373, Fla. Statutes and applicable rules and regulations of the South Florida Water Management District.

This Permit may be permanently or temporarily revoked, in whole or in part, for the violation of the conditions of the permit or for violation of any provision of the Water Resources Act and regulations thereunder.

This Permit does not convey to permittee any property rights nor any privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation, or requirement affecting the rights of other bodies or agencies.

SPECIAL CONDITIONS ARE AS FOLLOWS:

SEE SHEETS 2,3 OF 3 - 18 LIMITING CONDITIONS.

FILED WITH THE CLERK OF THE SOUTH  
FLORIDA WATER MANAGEMENT DISTRICT

ON 2-14-89  
BY [Signature]  
DEPUTY CLERK

SOUTH FLORIDA WATER MANAGEMENT  
DISTRICT, BY ITS GOVERNING BOARD:

By [Signature]  
Assistant Secretary



RE-ISSUE  
PERMIT NO. 43-00070-W  
SHEET 2 OF 3

LEILANI HTS.

LIMITING CONDITIONS

1. IN THE EVENT OF A DECLARED WATER SHORTAGE, WATER WITHDRAWAL REDUCTIONS WILL BE ORDERED BY THE DISTRICT IN ACCORDANCE WITH THE WATER SHORTAGE PLAN, CHAPTER 40E-21, FLORIDA ADMINISTRATIVE CODE.
2. ANNUAL WITHDRAWAL SHALL NOT EXCEED 65.9 MG (180,000 GPD).
3. MAXIMUM DAILY WITHDRAWAL SHALL NOT EXCEED 441,000 GALLONS.
4. PERMITTEE SHALL SUBMIT TO THE DISTRICT COPIES OF THE MONTHLY DER WATER TREATMENT PLANT REPORTS SHOWING WELLFIELD PUMPAGE. REPORTS SHALL BE SUBMITTED MONTHLY IN THE MONTH FOLLOWING EITHER THE FIRST MONTH OF PUMPAGE OR PERMIT ISSUANCE.
5. PERMITTEE SHALL MAKE DAILY OR CUMULATIVE WEEKLY RAINFALL MEASUREMENTS AT THE WELLFIELD AND REPORT THIS DATA TO THE DISTRICT MONTHLY. DATA COLLECTION SHALL BEGIN IN THE MONTH FOLLOWING THE MONTH OF THE PERMIT ISSUANCE.
6. SOURCE CLASSIFICATION IS GROUNDWATER FROM THE SURFICIAL AQUIFER.
7. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING LEGAL USES CAUSED BY WITHDRAWALS. WHEN ADVERSE IMPACTS OCCUR, OR ARE IMMINENT, DISTRICT RESERVES THE RIGHT TO CURTAIL WITHDRAWAL RATES. ADVERSE IMPACTS ARE: A) REDUCTION IN WELL WATER LEVELS THAT IMPAIRS THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER (AN ADJACENT WELL MAY BE DOMESTIC WELL, LAWN IRRIGATION WELL, PUBLIC WATER SUPPLY WELL, ETC.), B) SIGNIFICANT REDUCTION IN LEVELS IN AN ADJACENT WATER BODY SUCH AS A LAKE, POND, WETLAND OR A CANAL SYSTEM, C) SALINE WATER INTRUSION OR INDUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE, RESULTING IN A SIGNIFICANT REDUCTION IN WATER QUALITY, AND D) CHANGE IN WATER QUALITY THAT CAUSES IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
8. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING OFF-SITE LAND USE AS A CONSEQUENCE OF WITHDRAWALS PERMITTED HEREIN. IF INCREASED WITHDRAWALS CAUSE AN ADVERSE IMPACT ON EXISTING LAND USE THE DISTRICT RESERVES THE RIGHT TO CURTAIL FUTURE WITHDRAWAL RATES. ADVERSE IMPACTS ARE: A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT WATER BODY (SUCH AS A LAKE, POND, WETLAND OR A CANAL SYSTEM), B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY REDUCTION IN WATER LEVELS, C) DAMAGE TO CROPS AND OTHER VEGETATION, CAUSING FINANCIAL HARM TO THE LANDOWNER, AND D) DAMAGE TO HABITAT OF RARE, ENDANGERED OR THREATENED SPECIES.
9. PERMITTEE SHALL NOT REFUSE IMMEDIATE ENTRY OR ACCESS TO ANY AUTHORIZED REPRESENTATIVE OF THE DISTRICT WHO REQUESTS ENTRY FOR PURPOSES OF INSPECTION AND PRESENTS APPROPRIATE CREDENTIALS.

RE-ISSUE  
PERMIT NO. 43-00070-W  
SHEET 3 OF 3  
LEILANI HTS.

10. IF ANY CONDITION OF THE PERMIT IS VIOLATED, THE PERMIT SHALL BE SUBJECT TO REVIEW AND POSSIBLE MODIFICATION, ENFORCEMENT ACTION, OR REVOCATION.
11. APPLICATION FOR A PERMIT MODIFICATION MAY BE MADE AT ANY TIME.
12. WITHDRAWAL FACILITIES ARE:  
1 - 6" X 115' X 370 GPM WELL CASED TO 100'.  
1 - 6" X 90' X 125 GPM WELL CASED TO 80'.
13. THE PERMIT SHALL EXPIRE 10 YEARS FROM THE DATE OF ISSUANCE.
14. USE CLASSIFICATION IS PUBLIC WATER SUPPLY.
15. THE PERMITTEE SHALL OBTAIN ALL NECESSARY FEDERAL, STATE, LOCAL AND SPECIAL DISTRICT AUTHORIZATIONS PRIOR TO THE USE OR WITHDRAWAL OF WATER.
16. THE PERMIT DOES NOT CONVEY ANY PROPERTY RIGHT TO THE PERMITTEE, NOR ANY RIGHTS AND PRIVILEGES OTHER THAN THOSE SPECIFIED IN THE PERMIT AND CHAPTER 40E-2 (FAC).
17. WITHIN TWO YEARS OF PERMIT ISSUANCE, THE PERMITTEE SHALL DEVELOP AND SUBMIT TO THE DISTRICT A PLAN FOR WATER CONSERVATION WITHIN THE PERMITTEE'S SERVICE AREA. THE PLAN SHALL DETAIL SPECIFIC STEPS AND TIME FRAMES FOR IMPLEMENTATION. THE PLAN SHALL BE IMPLEMENTED IMMEDIATELY UPON APPROVAL BY THE DISTRICT. IN ORDER TO ASSIST THE PERMITTEE IN DEVELOPING A WATER CONSERVATION PLAN, THE DISTRICT HAS PREPARED A CONSERVATION CHECKLIST (EXHIBITS 9 THROUGH 12) WHICH PROVIDES AN OUTLINE OF PERTINENT INFORMATIONAL REQUIREMENTS. COMPLETION OF PARTS A AND B OF THE CHECKLIST WILL ENABLE THE PERMITTEE TO COMPLY WITH THIS LIMITING CONDITION. THE DISTRICT HAS ALSO DEVELOPED A WATER CONSERVATION COST EFFECTIVENESS COMPUTER PROGRAM, WHICH, IF REQUESTED BY THE PERMITTEE, CAN BE USED TO EVALUATE THE DEVELOPED WATER CONSERVATION PLAN. THE INFORMATION NEEDED FOR THIS IS DETAILED IN PART C OF THE ENCLOSED CHECKLIST. IN ADDITION, PRIOR TO PERMIT EXPIRATION THE PERMITTEE SHALL EVALUATE THE POTENTIAL FOR SUPPLYING TREATED EFFLUENT FOR IRRIGATION USE WITHIN IT'S SERVICE AREA.
18. PERMITTEE SHALL DETERMINE "UNACCOUNTED FOR" DISTRIBUTION SYSTEM LOSSES IF THE PERMITTEE DISTRIBUTES WATER WITHIN ONE MILE OF SURFACE SALINE WATER. LOSSES SHALL BE DETERMINED FOR THE ENTIRE DISTRIBUTION SYSTEM ON A MONTHLY BASIS. PERMITTEE SHALL DEFINE THE MANNER IN WHICH "UNACCOUNTED FOR" LOSSES ARE CALCULATED. DATA COLLECTION SHALL BEGIN WITHIN SIX MONTHS OF PERMIT ISSUANCE. LOSS REPORTING SHALL BE SUBMITTED TO THE DISTRICT ON A YEARLY BASIS FROM THE DATE OF PERMIT ISSUANCE. PERMITTEE SHALL QUANTIFY THESE LOSSES AND IMPLEMENT STEPS TO REDUCE THESE LOSSES WITHIN TWO YEARS OF PERMIT ISSUANCE, IN CONJUNCTION WITH THE DEVELOPMENT OF THE WATER CONSERVATION PROGRAM REQUIRED BY LIMITING CONDITION #17.

**Leisure Lakes - 2401  
(Covered Bridge)**

**Highlands County (SSU)**

**Water**

**- 1992 FPSC Filing -**



# Southwest Florida Water Management District

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899  
Phone (904) 796-7211 or 1-800-423-1476 SUNCOM. 628-4150

*Lensure  
Lakes  
Covered  
Bridge*

September 27, 1989

Michael Zagorac, Jr.  
Chairman, Sealee  
Walter H. Hartala  
Vice Chairman, Plant City  
Anne Bishopa Sager  
Secretary, Venice  
Roy G. Hamell, Jr.  
Treasurer, St. Petersburg  
William H. Wilcox, Ph.D.  
Port Charlotte  
Mary Ann Hagan  
Brooksville  
Charles A. Block  
Crystal River  
Joseph S. Casper  
Tampa  
Samuel D. Uddike  
Lake Wales

Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

Subject: Final Agency Action Transmittal Letter  
**TRANSFER**  
Individual CUP No. \_\_\_\_\_  
General CUP No. 206456.01

Peter G. Hubbell  
Executive Director  
Daniel P. Fernandez  
General Counsel  
Mark D. Farrell  
Deputy Executive Director  
Resource Management  
William K. Hennessey  
Deputy Executive Director  
Community Affairs  
Richard V. McLean  
Deputy Executive Director  
Resource Regulation  
Jerry I. Simpson  
Deputy Executive Director  
Administration and Support

Your Consumptive Use Permit(s) Transfer was/were approved by the District Governing Board subject to all terms and conditions set forth in the approved Permit(s) issued 9/26/89.

One of the enclosed ID tags must be affixed in a prominent location on each permitted withdrawal facility. The necessary tags(s) and instructions are enclosed.

Please contact this office if you have any questions or concerns about your Permit.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 7 of the Permit, and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit(s) or any suspension of your Permit(s), or of any restriction on your use of water for the duration of any declared water shortage.

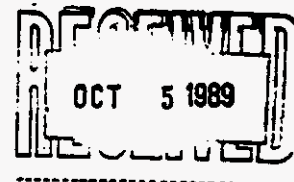
Sincerely,

*Annie L. Taylor*

ANNIE L. TAYLOR  
Manager  
Processing and Records Section

- Enclosures: 1. Approved Permit  
2. Surface Water and/or Well Tags  
3. Instructions for Applying Consumptive Use Tag

TRANSFER.CUP  
R.5-9-89



**\*CORRECTED PERMIT**

**PERMIT TRANSFERED TO: SOUTHERN STATES UTILITIES, INC., 1000 COLOR PLACE, AOPKA, FL 32703  
ON SEPTEMBER 26, 1989.**

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)**

**GENERAL CONSUMPTIVE USE PERMIT**

**PERMIT GRANTED TO:  
Highlands County Land & Title Co.  
Post Office Box 1044  
Lake Placid, Florida 33852**

**(Legal Name and Address)**

**PERMIT NO.:** 206456.01  
**DATE PERMIT GRANTED:** July 12, 1988  
**DATE PERMIT APPLICATION FILED:** February 29, 1988  
**PERMIT EXPIRES ON:** July 12, 1998  
**SOURCE CLASSIFICATION:** Groundwater  
**USE CLASSIFICATION:** Public Supply  
**COUNTY:** Highlands  
**LOCATION:** S15, T36S, R29E

**TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:**

1. The Permittee attests that all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth in this Permit will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the applicant fails to comply with all of the conditions set forth herein, then this Permit may be revoked following notice and hearing.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable and beneficial use as defined in Section 373.019(5), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such locations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 141,000 gallons of water per day with a maximum combined withdrawal rate not to exceed 282,000 gallons during a single day. Withdrawals are authorized as shown in the table below.

5. USER	DISTRICT I.D.	WITHDRAWAL POINT		GALLONS PER DAY AVERAGE	GALLONS PER DAY MAXIMUM
		LATITUDE	LONGITUDE		
1.	1.	27 21 01	81 24 54	71,000	107,000
2.	2.	27 20 53	81 24 54	35,000 Standby	70,000
3.	3.	27 21 03	81 24 54	70,000	105,000

Permittee: Highlands County Land & Title Co.  
Permit No.: 206456.01

6. The use of water is restricted to the use classification set forth above. Any changes in the type of use, the quantity used, or the method of use, will require a modification of this Permit.
7. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-2.511, F.A.C., the District may alter, modify or declare inactive, all or parts of this Permit.
8. The District reserves the right, at any reasonable times, to collect water samples from any withdrawal point listed in the Permit. The District may require the Permittee to submit samples in suitable containers provided by the District.
9. An authorized District Representative may, at any reasonable time, enter the property, inspect the facility, and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property. The Permittee must keep a copy of this permit and have it available for District staff to examine during such an inspection.
10. If the District, after consultation with the Permittee, determines that significant water quantity or quality changes, or adverse environmental impacts are occurring, the Board, upon notice and hearing, may reconsider the quantities permitted or other conditions of the permit.
11. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
12. The District may, at a future date, establish minimum water levels in aquifers and lakes, and minimum rates of flow in streams, which may require the Permittee to limit withdrawal from these sources at times when water levels or flows fall below the established minimums.
13. Water conservation shall be practiced by the Permittee to increase the efficiency of transport, application, and use, to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation criteria for the Permittee's water use classification, this Permit will be subject to such criteria upon notice and after a reasonable period for compliance.
14. The following points, District Withdrawal No(s). 1, 2 and 3, shall be equipped with totalizing flow meters or other flow measuring devices as approved in writing by the Director, Resource Regulation Department. Such devices shall have and maintain an accuracy within five percent of the actual flow. Those designated withdrawal points not equipped with such devices on the date the Consumptive Use Permit is granted shall be so equipped within 120 days of the permit date or upon completion of construction of the withdrawal facility, unless an extension is approved in writing by District staff.
15. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.

Reports shall be addressed to:

Permits Data Group  
Southwest Florida Water Management District  
2379 Broad Street  
Brooksville, Florida 34609-6892

Permittee: Highlands County Land & Title Co.  
Permit No.: 206456.01



---

Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

**Marco Shores Utilities - 26002**

**Collier County (DUI)**

**Water**

**- 1992 FPSC Filing -**



## **MARCO SHORES UTILITIES**

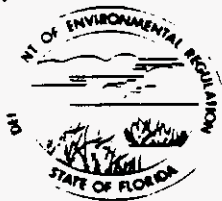
A consumptive use permit is not included because there is no water plant. Water is purchased from Marco Island Utilities.

**Marion Oaks Utilities - 11001**

**Marion County (UFU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garriv, Deputy Assistant Secretary

September 13, 1988

Mr. Rafael A. Terrero  
Chief Utilities Engineer  
Marion Oaks Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Marion County  
Marion Oaks, Unit 1  
Phases I, II and III  
Pats# 154011  
PWS-ID# 6421144

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on August 29, 1988. The notice was subsequently reviewed under PATS No.: 154011 on September 9, 1988.

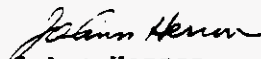
Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

  
JoAnn Herron  
Permitting Engineer

JH/lgb

cc: Marion Co. PHU

RECEIVED SEP 15 1988



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Trachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garniv, Deputy Assistant Secretary

Mr. Arsenio Milian, P.E.  
Marion Oaks Utilities  
3250 S. W. Third Avenue  
Miami, Florida 33129

September 29, 1988  
Marion County  
Marion Oaks, Unit 2  
PATS #154803  
PWS-ID# 6421144

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 13, 1988. The notice was subsequently reviewed under PATS No.: 154803 on September 29, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

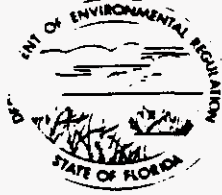
*JoAnn Herron*  
JoAnn Herron  
Permitting Engineer

*cc: J. Herron  
J. Herron  
J. Herron*

JH/js

cc: Marion C.P.H.U.

RECEIVED OCT - 3 1988



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-34 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

September 13, 1988

Mr. Rafael A. Terrero  
Chief Utilities Engineer  
Marion Oaks Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Marion County  
Marion Oaks, Unit 3  
Pats# 154549  
PWS-ID# 6421144

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 9, 1988. The notice was subsequently reviewed under PATS No.: 154549 on September 10, 1988.

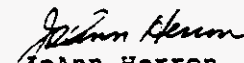
Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

  
JoAnn Herron  
Permitting Engineer

JH/lgb

cc: Marion Co. PHU

RECEIVED SEP 15 1988



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

September 13, 1988

Mr. Rafael A. Terrero  
Chief Utilities Engineer  
Marion Oaks Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Marion County  
Marion Oaks, Unit 4  
Phases I and II  
Pats# 152986  
PWS-ID# 6421144

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on August 29, 1988. The notice was subsequently reviewed under PATS No.: 152986 on September 9, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

JoAnn Herron  
Permitting Engineer

JH/lgb

cc: Marion Co. PHU

RECEIVED SEP 15 1988

Florida Department of Environmental Regulation

gulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561  
Bob Martinez, Governor Dale Twachtman, Secretary John Shearer, Assistant Secretary  
Richard Garnry, Deputy Assistant Secretary

7 • 813-623-5561  
Assistant Secretary  
Deputy Assistant Secretary

Milian, P.E.  
Utilities  
Third Avenue  
Tampa 33129

September 29, 1988  
Marion County  
Marion Oaks, Unit 6  
Phases I, II, III & IV  
PATS #154808  
PWS-ID# 6421144

Milian:

received the notice of intent to use a general permit  
modification of the referenced water distribution system on  
September 5, 1988. The notice was subsequently reviewed under  
PATS #154805 on September 29, 1988.

Under Rule 17-4.630, Florida Administrative Code, you may  
begin construction until 30 days from the date the Notice was  
received at this office. Please be advised that the activity  
must conform to the description contained in your Notice of  
Intent for a General Permit and that any deviation may subject  
you to possible enforcement action.

In connection with the completion of the project, please provide us with copies of  
every bacteriological test results taken on two  
separate days, a letter from the engineer of record certifying  
the accuracy of the project according to the approved plans, and  
signed and sealed 'as-builts' engineering drawings.  
We will then issue a clearance letter releasing the facilities for  
service. This project may not be placed into service until a  
clearance has been issued.

A general permit does not relieve the permittee of the  
responsibility for obtaining a dredge and fill permit where it is  
required.

If you have any questions, please contact me at (813) 623-5561.

Sincerely,

*JoAnn Herron*  
JoAnn Herron  
Permitting Engineer

*Handwritten notes and signatures:*  
"HAB..."  
"Michael..."  
"Michael 30"

on C.P.H.U.

RECEIVED OCT - 3 1988

88



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Maruncz, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garniv, Deputy Assistant Secretary

September 13, 1988

Mr. Rafael A. Terrero  
Chief Utilities Engineer  
Marion Oaks Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Marion County  
Marion Oaks, Unit 7  
Pats# 154554  
PWS-ID# 6421144

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 9, 1988. The notice was subsequently reviewed under PATS No.: 154554 on September 10, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

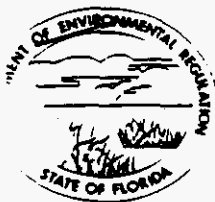
JoAnn Herron  
Permitting Engineer

JH/lgb

cc: Marion Co. PHU

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## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachsmann, Secretary

John Shearer, Assistant Secretary

Richard Garniv, Deputy Assistant Secretary

September 13, 1988

Mr. Rafael A. Terrero  
Chief Utilities Engineer  
Marion Oaks Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Marion County  
Marion Oaks, Unit 9  
Pats# 150573  
PWS-ID# 6421144

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on August 29, 1988. The notice was subsequently reviewed under PATS No.: 150573 on September 9, 1988.

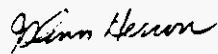
Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

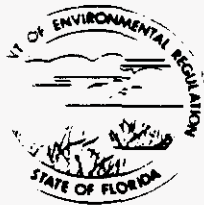
  
JoAnn Herron  
Permitting Engineer

JH/lgb

cc: Marion Co. PHU

RECEIVED SEP 15 1988

0238



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garrity, Deputy Assistant Secretary

Mr. Arsenio Milian, P.E.  
Marion Oaks Utilities  
3250 S. W. Third Avenue  
Miami, Florida 33129

September 29, 1988  
Marion County  
Marion Oaks, Unit 10  
PATS #154807  
PWS-ID# 6421144

Dear Mr. Milian:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 15, 1988. The notice was subsequently reviewed under PATS No.: 154807 on September 29, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

*Ann Herron*  
Ann Herron  
Permitting Engineer

*Bob Williams*  
*Frank*  
*J. Herron*

JH/js

cc: Marion C.P.H.U.

RECEIVED OCT - 3 1988

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
CONSUMPTIVE USE PERMIT CORRECTED PERMIT

PERMIT GRANTED TO:

Marion Oaks Utilities, A Division  
of United Florida Utilities Corp.  
3250 SW Third Avenue  
  
Miami, Florida 33129  
(Legal Name and Address)

PERMIT NO.: 202841.05  
DATE PERMIT GRANTED: June 28, 1988  
DATE PERMIT APPLICATION FILED: April 25, 1988  
PERMIT EXPIRES ON: June 28, 1994  
SOURCE CLASSIFICATION: Groundwater  
USE CLASSIFICATION: Public Supply/Water Utility  
LOCATION: Irrigation/Golf Course  
Section 14, T17S, R21E

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. The Permittee attests that all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth in this Permit will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the applicant fails to comply with all of the conditions set forth herein, then this Permit may be revoked following notice and hearing.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable and beneficial use as defined in Section 373.019(5) Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such locations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 1,450,000 gallons of water per day with a maximum combined withdrawal rate not to exceed 2,930,000 gallons during a single day. Withdrawals are authorized as shown in the table below.

5. USER	DISTRICT	WITHDRAWAL POINT		GALLONS PER DAY	
		LATITUDE	LONGITUDE	AVERAGE	MAXIMUM
2.	2.	29 01 03	82 10 40	15,000	70,000
3.	3.	29 00 06	82 10 37	164,000	328,000
A	4.	28 59 01	82 11 27	186,000	360,000
B	5.	28 58 58	82 11 27	36,000	40,000
4.	6.	28 58 41	82 10 52	164,000	328,000
C	7.	28 58 52	82 11 43	186,000	432,000
5A	8.	29 01 00	82 11 26	164,000	328,000
6.	9.	29 00 12	82 13 06	164,000	328,000
5B	10.	29 02 13	82 11 47	164,000	Standby 328,000
D	11.	29 00 39	82 13 41	316,000	612,000
E	12.	29 00 37	82 13 41	56,000	108,000

# 11001

6. The use of water is restricted to the use classification set forth above. Changes in the type of use, the quantity used, or the method of use, will require modification of this Permit.
7. In the event the District declares that a Water Shortage exists pursuant to Chap 40D-2.511, F.A.C., the District may alter, modify or declare inactive, all or part of this Permit.
8. The District reserves the right at any reasonable times, to collect water samples from any withdrawal point listed in the Permit. The District may require Permittee to submit samples in mailable containers provided by the District.
9. An authorized District Representative may, at any reasonable time, enter property, inspect the facility, and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property. The Permittee must keep a copy of this permit and have it available for District staff to examine during such an inspection.
10. If the District, after consultation with the Permittee, determines that significant water quantity or quality changes, or adverse environmental impacts are occurring, the Board, upon notice and hearing, may reconsider the quantities permitted or other conditions of the permit.
11. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
12. The District may, at a future date, establish minimum water levels in aquifers, lakes, and minimum rates of flow in streams, which may require the Permittee to limit withdrawal from these sources at times when water levels or flows fall below established minimums.
13. Water conservation shall be practiced by the Permittee to increase the efficiency of transport, application, and use, to decrease waste and to minimize runoff from property. At such time as the Governing Board adopts specific conservation criteria for the Permittee's water use classification, this Permit will be subject to such criteria upon notice and after a reasonable period for compliance.
14. The following points, District Withdrawal No(s). 8, 9, 10, 11 and 12, shall be equipped with totalizing flow meters or other flow measuring devices as approved in writing by the Director, Resource Regulation Department. Such devices shall have and maintain an accuracy within five percent of the actual flow. Those designated withdrawal points not equipped with such devices on the date the Consumptive Permit is granted shall be so equipped within 120 days of the permit date or the completion of construction of the withdrawal facility, unless an extension is approved in writing by District staff.
15. The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Resource Regulation Department for District Withdrawal No(s). 3, 4 and 5 jointly, 6 and 7. Such devices shall have and maintain an accuracy within five percent of the actual flow.

Mar on Oaks Utilities  
Three

- 16. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.

Reports shall be addressed to: Permits Data Collection  
Processing and Records Section  
Southwest Florida Water Management District  
2379 Broad Street  
Brooksville, Florida 34609-6899

- 17. Water quality samples shall be collected and analyzed as indicated in the table below. Reports of the analyses shall be submitted to the District (on District forms) on or before the tenth (10th) day of the following month. The parameters and frequency of sampling and analysis may be modified by District staff as necessary to ensure the protection of the resource.

District W/D No(s).	Parameters	Sampling Frequency
3, 6, 8, 9, 10	Chloride, Sulfate Total Dissolved Solids	Quarterly (Jan, Apr, Jul, Oct)

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by APHA-AWWA-WPCF and Methods for Chemical Analyses of Water and Wastes by the USEPA. Reports shall be sent to the address given above.

- 18. The Permittee shall submit a report describing the sampling and analytical methodologies employed. The report shall address all parameters for which analyses are performed. The report shall be included with the first data submitted after the date this permit is granted, and upon any change in sampling and/or analytical methodology.
- 19. The Permittee shall investigate the feasibility of using sewage effluent as a water source for irrigation and report to the District by June 28, 1989. The report shall contain an analysis of effluent sources in the area, the relative location of the sources to the Permittee's property, the quantity of effluent available, the costs associated with obtaining the effluent, and an implementation schedule, if feasible. If the use of sewage effluent is found not to be feasible, a detailed explanation of this finding must be submitted.

Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

Applicant hereby certifies that applicant owns, leases, or controls the property contained in the application for this permit, that the information contained in the application is true and accurate and, if applicant is a corporation or a partnership, that the undersigned has the legal authority to execute this permit and affidavit on behalf of said corporation or partnership.

  
Signature of Applicant

Sworn to and subscribed before me this  
9<sup>th</sup> day of August  
19 88

Notary Public

Notary Public, State of Florida At Large  
My Commission Expires Mar. 21, 1991  
Bonded thru Maxwell Bonding Agency

**Meredith Manor - 330**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER



POST OFFICE BOX 1429 • PALATKA, FLORIDA 32078-1429  
904/328-8321

*M. Leth Mamer*

April 15, 1985

SOUTHERN STATES UTILITIES INC.  
750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

SUBJECT: Consumptive Use Permit No. 2-117-0129N

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the Governing Board of the St. Johns River Water Management District on February 12, 1985. Also attached is Form EN-1 which is used to indicate the person who will be responsible for reporting your compliance information. By designating one person to be responsible for reporting this information, it will simplify the compliance process by allowing us to contact the person most familiar with this information and to keep our files up-to-date for any future reference. Please return this completed form with your first report to the District.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work.

In the event you sell your property, the permit will be transferred to the new owner if we are notified by you within ninety days of the recording of the sale. Please assist us in this matter so as to maintain a valid permit for the new property owner.

The permit enclosed is a legal document and should be kept with your other important documents. Please read the permit carefully since you are responsible for compliance with any provisos which are a part of this permit. Proviso compliance is a legal requirement and your assistance in this matter will be greatly appreciated.

EDWAL H. OWEN, JR.  
Chairman - Jacksonville

MICHAEL BRADDOCK  
Vice-Chairman - Pierson

LYNNE CAPEHART  
Secretary - Gainesville

RALPH E. SIMMONS  
Treasurer - Fernandina Beach

FRANK X. FRIEDMAN, JR.  
Jacksonville

FRANCES S. PIGNONE  
Orlando

JIM T. SWANN  
Cocoa

KELLY SMITH, JR.  
Palm Bay

JOHN L. MINTON  
Vero Beach

HENRY DEAN  
Executive Director



ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
 PALATKA, FLORIDA 32078-1429  
 (904) 328-8321  
 CONSUMPTIVE USE PERMIT TAG

Southern States Util	2-117-0129N
APPLICANT	C.U.P. NUMBER

GC	HT, WU & CI
SOURCE	USE
LAT-LONG	

1 of 2	10"	2-12-92
NO. OF NO. OF WELLS	SIZE	EXPIRES

POST OFFICE BOX 1429 • PALATKA, FLORIDA 32078-1429  
 904/328-8321



ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
 PALATKA, FLORIDA 32078-1429  
 (904) 328-8321  
 CONSUMPTIVE USE PERMIT TAG

Southern States Util	2-117-0129N
APPLICANT	C.U.P. NUMBER

GC	HT, WU & CI
SOURCE	USE
LAT-LONG	

2 OF 2	8"	2-12-92
NO. OF NO. OF WELLS	SIZE	EXPIRES

forms for  
 Meredith Thomas

forms and any forms necessary for  
 your permit. We are sorry for the  
 inconvenience to you, and any inconvenience that

regarding the enclosed well tags or  
 compliance forms, please contact either myself  
 or the letterhead address or

Sincerely,

*Dannise T. Kemp*

Dannise T. Kemp, Director  
 Division of Records

DTK:gg

Enclosures: well tags  
 compliance forms (if required)

cc: District Permit File

OWEN W. OWEN, JR.  
 Chairman - Jacksonville

MICHAEL BRADDOCK  
 Vice-Chairman - Preston

LYNNE CAPEHART  
 Secretary - Gainesville

RALPH E. SIMMONS  
 Treasurer - Fernandina Beach

FRANK X. FRIEDMANN, JR.  
 Jacksonville

FRANCES S. PIGNONE  
 Orlando

JIM T. SWANN  
 Cocoa

KELLEY SMITH, JR.  
 Palatka

JOHN L. MINTON  
 Vero Beach

HENRY DEAN  
 Executive Director



ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-117-0129H DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDIAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 3,035 PEOPLE.

LOCATION: Section 04, Township 21 South, Range 29 East  
Seminole County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management

Division of Permitting

BY: R. Duke Woodson  
(Director)

Governing Board

BY: Jean  
(Assistant Secretary)



"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-117-01201

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 166.2 mgal.
  14. Maximum daily withdrawals must not exceed .914 mgal.
  15. Source classification is confined or semi-confined aquifer.
  15. Use classification is 88% household; 10% water utility and 2% commercial/industrial.

SOUTHERN STATES UTILITIES INC.  
Page Two  
April 15, 1985

According to Chapter 40C-2.401 and Section 6.4 of the Consumptive Water Use Handbook, a permanent tag will be issued by the District for well identification. The tag must be prominently displayed at the site of withdrawal by permanently affixing the tag to the pump, headgate, valve, or other withdrawal facility. Failure to display a permit tag shall constitute violation of a permit condition and may, if willful, be grounds for revocation of the permit. Please refer to your copy of 40C-2 for further clarification.

You will find enclosed a copy of the map submitted with your application, with each well's location and number identified. When placing the tag on the well, refer to this map to ensure proper well identification.

If you have any questions concerning your permit compliance information, the attached forms or well tags, contact Gail Gallagher, Division of Records, St. Johns River Water Management District, P. O. Box 1429, Palatka, Florida 32078-1429, telephone (904) 328-8321.

Thank you for your interest in our water resources.

Sincerely,

  
Dennis T. Kemp, Director  
Division of Records

DTK:gg

Enclosures: Permit with compliance forms  
Map  
Well Tag(s)

cc: District Permit File

ST. JOHN'S RIVER



POST OFFICE BOX 1429 • PALATKA, FLORIDA 32078-1429  
904/328-8321

\*\*\*\*\*

SPECIAL NOTICE

\*\*\*\*\*

WELL TAGS AND COMPLIANCE FORMS WILL FOLLOW WITHIN  
TWO WEEKS.

*Danielle Kemp*  
Danielle Kemp, Director  
Division of Records

HOWAL H. OWEN, JR.  
Chairman - Jacksonville

MICHAEL BRADDOCK  
Vice-Chairman - Palatka

LYNNE CAPEHART  
Secretary - Gainesville

RALPH E. SIMMONS  
Treasurer - Fernandina Beach

FRANK X. FRIEDMANN, JR.  
Jacksonville

FRANCES S. PIGNONE  
Orlando

JIM T. SWANN  
Cocoa

KELLY SMITH, JR.  
Palatka

JOHN L. MINTON  
Vero Beach

HENRY DEAN  
Executive Director

**Morningview - 562**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-059-04503 DATE ISSUED FEBRUARY 12, 1993

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 111 PEOPLE IN 7 YEARS.

LOCATION: Section 02, Township 20 South, Range 24 East  
Lake County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1993

AUTHORIZED BY: St. Johns River Water Management District  
Division of Permitting

BY: \_\_\_\_\_  
(Director) \_\_\_\_\_

Governing Board

BY: \_\_\_\_\_  
(Assistant Secretary) \_\_\_\_\_



"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-069-0489N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:



2-069-0459N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 6.22 mgal.
  14. Maximum daily withdrawals must not exceed .034 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 88% household; 10% water utility and 2% commercial/industrial.

ST. JOHNS RIVER

LAKE CO.

Morningview



POST OFFICE BOX 1429 • PALATKA, FLORIDA 32078-1429  
904/328-8321

April 15, 1985

SOUTHERN STATES UTILITIES INC.  
750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

SUBJECT: Consumptive Use Permit No. 2-069-0459N

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the Governing Board of the St. Johns River Water Management District on February 12, 1985. Also attached is Form EN-1 which is used to indicate the person who will be responsible for reporting your compliance information. By designating one person to be responsible for reporting this information, it will simplify the compliance process by allowing us to contact the person most familiar with this information and to keep our files up-to-date for any future reference. Please return this completed form with your first report to the District.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work.

In the event you sell your property, the permit will be transferred to the new owner if we are notified by you within ninety days of the recording of the sale. Please assist us in this matter so as to maintain a valid permit for the new property owner.

The permit enclosed is a legal document and should be kept with your other important documents. Please read the permit carefully since you are responsible for compliance with any provisos which are a part of this permit. Proviso compliance is a legal requirement and your assistance in this matter will be greatly appreciated.

ORAL H. OWEN, JR.  
Chairman - Jacksonville

MICHAEL BRADDOCK  
Vice-Chairman - Orlando

LYNNE CAPEHART  
Secretary - Gainesville

RALPHE SIMMONS  
Treasurer - Fernandina Beach

FRANK A. FRIEDMANN, JR.  
Jacksonville

FRANCES S. FONGONE  
Orlando

L.M.T. SWANN  
Doona

D. A. IDANI MARTINEZ  
Palatka

JOHN L. MINTON  
Fern Beach

HENRY DEAN  
Assistant Executive Director

SOUTHERN STATES UTILITIES INC.

Page Two

April 15, 1985

According to Chapter 40C-2.401 and Section 6.4 of the Consumptive Water Use Handbook, a permanent tag will be issued by the District for well identification. The tag must be prominently displayed at the site of withdrawal by permanently affixing the tag to the pump, headgate, valve, or other withdrawal facility. Failure to display a permit tag shall constitute violation of a permit condition and may, if willful, be grounds for revocation of the permit. Please refer to your copy of 40C-2 for further clarification.

You will find enclosed a copy of the map submitted with your application, with each well's location and number identified. When placing the tag on the well, refer to this map to ensure proper well identification.

If you have any questions concerning your permit compliance information, the attached forms or well tags, contact Gail Gallagher, Division of Records, St. Johns River Water Management District, P. O. Box 1429, Palatka, Florida 32078-1429, telephone (904) 328-8321.

Thank you for your interest in our water resources.

Sincerely,

  
Danniase T. Kemp, Director  
Division of Records

DTK:gg

Enclosures: Permit with compliance forms  
Map  
Well Tag(s)

cc: District Permit File

ST. JOHN'S RIVER

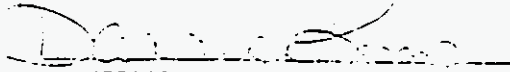


**WATER  
MANAGEMENT  
DISTRICT**

POST OFFICE BOX 1429 • PALATKA, FLORIDA 32078-1429  
904/328-8321

SPECIAL NOTICE

WELL TAGS AND COMPLIANCE FORMS WILL FOLLOW WITHIN  
TWO WEEKS.

  
DONALD H. OWEN JR.  
Chairman

DONALD H. OWEN JR.  
Chairman - Jacksonville

MICHAEL BRADDOCK  
Vice-Chairman - Person

LYNNE CAPEHART  
Secretary - Gainesville

RALPH E. SIMMONS  
Treasurer - Fernandina Beach

FRANK X. FRIEDMANN JR.  
Jacksonville

FRANCES S. PIGNONE  
Orlando

J.M.T. SWANN  
Suwannee

KELLY SMITH JR.  
Palatka

JOHN L. MINTON  
Vero Beach

HENRY DEAN  
Executive Director

**Oak Forest - 993**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

GENERAL WATER USE PERMIT NO. 207879.01

**EXPIRATION DATE: June 10, 1997**

PERMIT ISSUE DATE: June 10, 1991

This permit may require various activities to be performed by the Permittee. Read the entire permit carefully, and particularly note any activities required of the Permittee by the special permit conditions starting at Item No. 17. This Permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO: Southern States Utilities, Inc.  
(Oak Forest)  
1000 Color Place  
Apopka, FL 32703

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT:

ANNUAL AVERAGE: 100,000 gallons per day  
PEAK MONTHLY: 170,000 gallons per day  
MAXIMUM: Not Applicable

(See Withdrawal Table for quantities permitted per withdrawal point)

PROPERTY LOCATION: Citrus County.  
ACRES: 1 Owned; 400 Serviced  
WATER USE CAUTION AREA: N/A

Type of Permit Application: Renewal  
Date Permit Application Filed: February 6, 1991

WATER USE:

PUBLIC SUPPLY:	SERVICE AREA NAME	POPULATION SERVED	PER CAPITA RATE
	Oak Forest Service Area	600	150
	Oak Forest Service Area	N/A	N/A

I.D. NO. USER/DIST	LOCATION LAT/LONG	DIAM. (INCHES)	DEPTH TOTAL/CASED	USE	GALLONS PER DAY		
					AVERAGE	PEAK MO	MAXIMUM
1 / 1	284104/821835	8	210/UNK	PS	100,000	170,000	Standby N/A
2 / 2	284104/821833	6	210/UNK	PS	100,000	170,000	N/A

PS=Public Supply

Permittee: Southern States Utilities, Inc. (Oak Forest)  
Permit No.: 207879.01

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
- OPS 3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.
4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
- OPS 5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
- UPS 6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
- OPS 9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
- OPS 10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
11. The District may establish special regulations for Water-Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

Permittee: Southern States Utilities, Inc. (Oak Forest)  
Permit No.: 207879.01

- PS
12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
- a. A reduction in water levels which impairs the ability of a well to produce water;
  - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
  - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.
- OPS
13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
- a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
  - b. Sinkholes or subsidence caused by reduction in water levels;
  - c. Damage to crops and other vegetation causing financial harm to the owner; and
  - d. Damage to the habitat of endangered or threatened species.
- OPS
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
- OPS
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
- ENG.
16. The permittee shall notify the District within 30 days of the sale or conveyance of the permitted water use system or the land on which the system is located.

SPECIAL CONDITIONS:

- OPS.
17. The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department, for District Identification Nos. 1 and 2. Such devices shall have and maintain an accuracy within five percent of the actual flow.
- OPS.
18. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.



Permittee: Southern States Utilities, Inc. (Oak Forest)  
Permit No.: 207879.01

19. All reports of data required by the permit shall be submitted to the District on or before the tenth day of each month and shall be addressed to:

Permits Data Group  
Southwest Florida Water Management District  
2379 Broad Street  
Brooksville, Florida 34609-6899

*J. L. Lytle*

---

Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

**Oakwood - 1702**

**Brevard County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## OAKWOOD

A consumptive use permit is not included because there is no water plant. Water is purchased from Brevard County Utility.

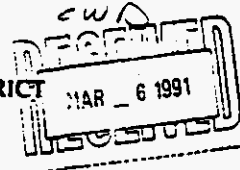
**Palisades Country Club - 579**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32978-1429



PERMIT NO. 2-069-0917NM DATE ISSUED DECEMBER 13, 1988

**PALISADES**

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 1950 PEOPLE IN 2 YEARS AND SURFACE WATER FROM LAKE MINNEOLA TO IRRIGATE 171 ACRES OF GOLF COURSE

LOCATION:

Section 11, Township 22 South, Range 25 East  
Lake County

ISSUED TO:

MINNEOLA HARBOR HILLS LTD.  
ATTN: ROBERT DAVIS  
1305 S. VINELAND RD  
WINTER GARDEN, FL 32787

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.


PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated DECEMBER 13, 1988

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management      Governing Board

By:   
\_\_\_\_\_  
Director  
Jeff E. Edge

  
\_\_\_\_\_  
(Assistant Secretary)  
Henry Dean

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-169-09104A

MINNEOLA HARBOR HILLS LTD.

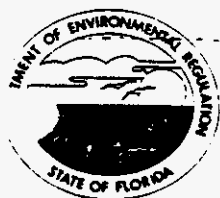
DATED DECEMBER 13, 1988

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.240, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body;
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified but not limited to:

- (A) Significant reduction in water levels in an adjacent surface water body.
- (B) Land collapse or subsidence caused by a reduction in water levels and
- (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 30 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.331, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following one month of record. The permit number must be attached to all reports.
  11. Treated effluent must be used as irrigation water when it becomes practical, economically feasible, and permissible under applicable state and federal statutes or regulations promulgated thereunder.
  12. If chemicals are injected into the irrigation system the well must be equipped with backflow prevention devices installed in accordance with Florida Irrigation Society (FIS) standards.
  13. Whenever feasible, the permittee must use native vegetation that requires little supplemental irrigation for landscaping within the service area of the project.
  14. Construction must be in compliance with Subsection 553.14, F.S.
  15. This permit will expire 7 years from the date of issuance.
  16. Maximum annual withdrawals for household type uses must not exceed:
    - 33.6 million gallons in 1988
    - 71.2 million gallons in 1989
    - 106.8 million gallons from 1990 to 1995.
  17. Maximum daily withdrawals for household type uses must not exceed:
    - 0.173 million gallons in 1988
    - 0.370 million gallons in 1989
    - 0.585 million gallons from 1990 to 1995.
  18. Maximum annual withdrawals from Lake Minnetonka for irrigation must not exceed 662.2 million gallons.

- 
19. Maximum daily withdrawals from Lake Minneola for irrigation must not exceed 2.01 million gallons.
  20. Permittee must construct containment structures around all surface water pumps to prevent fertilizer from entering any surface waters.
  21. Permittee must adhere to the fertilizer recommendations set forth in the manual for commercial turf grass management by the University of Florida, compiled by the Florida Turfgrass Association.
  22. Source classification is 20.5% confined or semi-confined aquifer and 79.5% lakes or other impoundments.
  23. Use classification is 20.5% household type and 79.5% golf course irrigation.
-





**Florida Department of Environmental Regulation**

**Central District** • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attn: Charles E. Wood, Vice President Engineering

Lake County-PW  
Palisades Country Club (95 ERCs)  
Community Public Water System

Dear Mr. Wood:

Modification of Conditions  
Permit Number WC35-181725  
PWS ID Number 3354877

We are in receipt of your request for a modification of the permit conditions.  
The ownership is changed as follows:

Ownership	From	To
	Minneola Harbor Hills, Ltd. 1317 South Vineland Road Winter Garden, FL 32787 Attn: Robert A. Davis General Partner	Southern States Utilities 1000 Color Place Apopka, FL 32703 Attn: Charles E. Wood Vice President Engineering

Pursuant to the Application for Transfer of Permit executed and sworn to, by you, you must comply with the terms and conditions of the permit and assume the rights and liabilities contained therein.

This letter must be attached to your permit and becomes a part of that permit.

Sincerely,

*James L. Alexander*  
N. Alexander, P.E.  
District Director

7/5/91

Date

AA:CRA:JMMc:pcp

Attachments: Florida Administrative Code Rules 17-550; 17-555; 17-560 and 17-602

cc: Lake County Health Department  
Arthur R. Austin, P.E.  
Robert A. Davis, General Partner  
Romeo Enage, Compliance/Enforcement

JUL 17 1991  
C.S.U.C. Eng g





## Florida Department of Environmental Regulation

Central District • 1319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Osie Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Permittee:  
Minneola Harbor Hills, Ltd.  
1311 South Vineland Road  
Winter Garden, FL 32787

Attention: Robert A. Davis  
General Partner

I. D. Number:  
Permit/Certification  
Number: WC35-181725  
Date of Issue:  
Expiration Date: 8-31-91  
County: Lake  
Project: Palisades Country Club  
(95 ERCs)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-355, (F.A.C.). The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construction of a water plant to serve Phase IA of the Palisades Country Club located on the northwest shore of Lake Minneola in Lake County, Florida. The plant consists of a 12-inch well with a 800 gpm pump, a 15,000-gallon hydropneumatic tank and gas chlorination facilities. The rated design capacity will be limited to 0.576 MGD based on maximum daily flow capability. This will require a Class "C" Operator on-site, five (5) visits per week and one (1) weekend visit.

General Conditions are attached to be distributed to the permittee only.

**GENERAL CONDITIONS:**

1. **The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.**
2. **This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.**
3. **As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.**
4. **This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.**
5. **This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.**

**The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.**
7. **The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:**
  - (a) **Have access to and copy any records that must be kept under conditions of the permit;**
  - (b) **Inspect the facility, equipment, practices, or operations regulated or required under this permit; and**
  - (c) **Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.**

**Reasonable time may depend on the nature of the concern being investigated.**
8. **If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:**
  - (a) **A description of and cause of noncompliance; and**
  - (b) **The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.**

**The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.**

**GENERAL CONDITIONS:**

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Minneola Harbor Hills, Ltd.

Attention: Robert A. Davis  
General Partner

I. D. Number:  
Permit/Certification Number:  
WC35-181725  
Date of Issue:  
Expiration Date: 8-31-91

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.
2. To obtain clearance of the facilities for service, the engineer of record shall submit a certification of completion letter to the department (along with the enclosed "Facilities Inventory sheet completed in full), a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from the finished water leaving the plant.
3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.
4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.
5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.
6. A separate permit will be required for piping to connect this water plant to the previously permitted "dry-line" distribution system (23 units in Phase IA).
7. This permit will be limited to serving the 95 units in Phase IA until a second well and auxiliary power with automatic startup capability have been provided. A construction permit shall be required for the second well and auxiliary generator.
8. A satisfactory bacteriological well survey with the permanent pump installed shall be completed prior to clearance.

PERMITTEE:  
Minneola Harbor Hills, Ltd.

Attention: Robert A. Davis  
General Partner

SPECIFIC CONDITIONS:

I. D. Number:  
Permit/Certification Number:  
WC35-181725  
Date of Issue:  
Expiration Date: 8-31-91

ISSUED

f-31-80.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION



A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Palm Port - 440**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

*Palm Port*

PERMIT NO. 2-107-0180NV

DATE ISSUED AUGUST 12, 1986

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM FLORIDAN AQUIFER FOR PUBLIC SUPPLY.

LOCATION:

Section 40, Township 09 South, Range 27 East  
Putnam County

ISSUED TO:  
(owner)

SOUTHERN STATES UTILITIES INC.  
750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

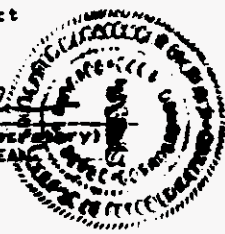
PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated AUGUST 12, 1986

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management      Governing Board

By: *[Signature]*  
(Director)  
R. DUKE WOODSON

By: *[Signature]*  
(Assistant Secretary)  
HENRY DEAN



*NAN*



"EXHIBIT"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 44-107-150NV

SOUTHERN STATES UTILITIES INC.

DATED AUGUST 12, 1968

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned. In accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.209, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-107-0160NV

*Palm Port*

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Whenever feasible, the permittee must use native vegetation that requires little supplemental irrigation for landscaping within the service area of the project.
  12. Construction must be in compliance with Subsection 553.14, F.S.
  13. This permit will expire 7 years from the date of issuance.
  14. Maximum annual withdrawals must not exceed 8.99 mgals in 1986, 9.42 mgals in 1987, 9.85 mgals in 1988, 10.3 mgals in 1989, 10.65 mgals in 1990, 11.1 mgals in 1991 and 11.5 mgals in 1992.
  15. Maximum daily withdrawals must not exceed .049 mgals in 1986, .052 mgals in 1987, .054 mgals in 1988, .056 mgals in 1989, .056 mgals in 1990, .061 mgals in 1991 and .063 mgals in 1992.
  16. Source Classification is confined or semi-confined aquifer.
  17. Use Classification is 90% household and 10% water utility.

# **Palm Terrace - 1429**

**Pasco County (SSU)**

**Water**

**- 1992 FPSC Filing -**

Transferred from: C.L. Smith Utilities  
5/24/88

*El Nal / Palm Terrace Eng Copy*  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
CONSUMPTIVE USE PERMIT

PERMIT GRANTED TO:	PERMIT NO.:	203759
	DATE PERMIT GRANTED:	May 2, 1984
	DATE PERMIT APPLICATION	
<u>Southern States Utilities</u>	FILED:	July 11, 1983
	PERMIT EXPIRES ON:	May 2, 1992
<u>1000 Color Place</u>	SOURCE CLASSIFICATION:	Groundwater
	USE CLASSIFICATION:	Public Supply
<u>Apopka, Florida 32703</u>	LOCATION:	Section 15, T25S, R16E
(Legal Name and Address)		

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. The Permittee attests that all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth in this Permit will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the applicant fails to comply with all of the conditions set forth herein, then this Permit may be revoked following notice and hearing.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable and beneficial use as defined in Section 373.019(5), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such locations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 102,000 gallons of water per day with a maximum combined withdrawal rate not to exceed 175,000 gallons during a single day. Withdrawals are authorized as shown in the table below.

5. USER	DISTRICT	WITHDRAWAL POINT		GALLONS PER DAY		
		<u>I.D.</u>	<u>I.D.</u>	<u>LATITUDE</u>	<u>LONGITUDE</u>	<u>AVERAGE</u>
1.	1.	28 18 52	82 40 54	102,000	175,000	

RECEIVED JUN 21 1988

*Palm Terrace*

6. The use of water is restricted to the use classification set forth above. Any changes in the type of use, the quantity used, or the method of use, will require a modification of this Permit.
7. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-2.511, F.A.C., the District may alter, modify or declare inactive, all or parts of this Permit.
8. The District reserves the right, at any reasonable times, to collect water samples from any withdrawal point listed in the Permit. The District may require the Permittee to submit samples in mailable containers provided by the District.
9. An authorized District Representative may, at any reasonable time, enter the property, inspect the facility, and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property. The Permittee must keep a copy of this permit and have it available for District staff to examine during such an inspection.
10. If the District, after consultation with the Permittee, determines that significant water quantity or quality changes, or adverse environmental impacts are occurring, the Board, upon notice and hearing, may reconsider the quantities permitted or other conditions of the permit.
11. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.  
  
The District may, at a future date, establish minimum water levels in aquifers and lakes, and minimum rates of flow in streams, which may require the Permittee to limit withdrawal from these sources at times when water levels or flows fall below the established minimums.
13. Water conservation shall be practiced by the Permittee to increase the efficiency of transport, application, and use, to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation criteria for the Permittee's water use classification, this Permit will be subject to such criteria upon notice and after a reasonable period for compliance.
14. The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Resource Regulation Department for District Withdrawal No(s). 1. Such devices shall have and maintain an accuracy within five percent of the actual flow.
15. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.

Reports shall be addressed to:      Permits Data Collection  
                                                 Processing and Records Section  
                                                 Southwest Florida Water Management District  
                                                 2379 Broad Street  
                                                 Brooksville, Florida 34609-6899

16. Water quality samples shall be collected and analyzed as indicated in the table below. Reports of the analyses shall be submitted to the District (on District forms) on or before the tenth (10th) day of the following month. The parameters and frequency of sampling and analysis may be modified by District staff as necessary to ensure the protection of the resource.

<u>District W/D No(s).</u>	<u>Parameters</u>	<u>Sampling Frequency</u>
1	chlorides	monthly

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by APHA-AWWA-WPCF or Methods for Chemical Analyses of Water and Wastes by the USEPA.

Reports shall be addressed to: Permits Data Collection  
Processing and Records Section  
Southwest Florida Water Management District  
2379 Broad Street  
Brooksville, Florida 34609-6899


17. At such time as the chloride concentration in any water sample reaches 100 mg/l or the District determines that significant water quality changes are occurring, the Board, upon notice and hearing, may reconsider the quantities permitted.
18. The Permittee shall submit to the District within 30 days after each calendar quarter a record for each month within such quarter, showing (1) Total water withdrawn from all withdrawal facilities permitted herein; (2) Total water supplied to users within the subdivision in which the withdrawal facilities permitted herein are located; (3) Total water supplied from external sources, if any; (4) Total water supplied to external users, if any. In addition, as part of its first report each year, Permittee shall state the total number of connections served at the end of the previous calendar year within the subdivision in which the withdrawal facilities permitted herein are located.
19. Permittee shall, to the maximum extent feasible, continue to meet the water supply requirements of the users within the subdivision in which the permitted withdrawal facilities are located by withdrawal from such facilities up to the total average day authorized quantities. Permittee shall give notice to the District prior to initiating or increasing external supply for the purpose or with the result of decreasing average day withdrawal quantities permitted herein. When such external supply will or does result in a substitution of external supply for internal average day withdrawals, Permittee consents, by acceptance of this permit, that its average day withdrawal authority set forth herein shall be reduced to the quantity not to be supplied by external sources, and that its withdrawal authority for the average day excess shall stand revoked. This condition will not serve to reduce or have any effect on the maximum day withdrawal authority of this permit, should any of the circumstances stipulated above occur; however, the Permittee is hereby advised that the District may require proof of continuing need for such maximum day withdrawal authority in such case the Permittee agrees to either submit such proof to the satisfaction of the District or consent to the proportionate or stipulated reduction of maximum day withdrawal authority as will be determined by the District.

  
Authorized Signature, SWFWMD

Applicant hereby certifies that applicant owns, leases, or controls the property contained in the application for this permit, that the information contained in the application is true and accurate and, if applicant is a corporation or a partnership, that the undersigned has the legal authority to execute this permit and affidavit on behalf of said corporation or partnership.

  
Signature of Applicant

Sworn to and subscribed before me this  
22nd day of June  
19 88

  
Notary Public

My Commission Expires:  
Notary Public, State of Florida at Large  
My Commission Expires July 24, 1990  
Bonded thru Huckleberry, Sibley &  
Harvey Insurance and Bonds, Inc.

**Palms Mobile Home Park - 559**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**



ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-069-0462N DATE ISSUED FEBRUARY 12, 1985

- PALM MOBIL HOME PARK

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDIAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 190 PEOPLE IN 7 YEARS.

LOCATION: Section 36, Township 20 South, Range 24 East  
Lake County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director)  
R. Duke Woodson

Governing Board

BY: [Signature]  
(Assistant Secretary)  
Henry Dean



"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-069-0452N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.173, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-069-0462N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 4.4 million gallons.
  14. Maximum daily withdrawals must not exceed .060 million gallons.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 88% household; 10% water utility and 2% commercial/industrial.

**Park Manor - 444**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## **PARK MANOR**

According to Water Management District Rule 40 C - 2.041 (1) (d) Permits Required, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Park Manor has a 4" diameter well.

**Picciola Island - 564**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-060-0458 N DATE ISSUED FEBRUARY 12, 1985

PICCIOLA

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 415 PEOPLE IN 7 YEARS.

LOCATION: Section 12, Township 19 South, Range 24 East  
Lake County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

The Conditions on Attached "Schedule A", Dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director) W. J. Johnson

Governing Board

BY: [Signature]  
(Assistant Secretary) Emily Jean

#564

"EXHIBIT A"

CONDITIONS FOR REVISION A PERMIT NUMBER 2-049-0458K

SOUTHERN STATES UTILITIES INC.

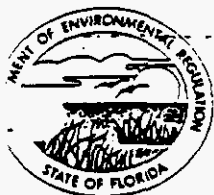
DATED FEBRUARY 12, 1965

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:



2-069-0458N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 22.5 mgal.
  14. Maximum daily withdrawals must not exceed .125 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. The permit is for use for domestic, agricultural and commercial/industrial.



RECEIVED APR 2 1991

*Florida Department of Environmental Regulation*

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat, Vice President  
Operations

Lake County-PW  
Picciola Island  
Auxiliary Generator (275 ERCs/.215 MGD)

Dear Mr. Sweat:

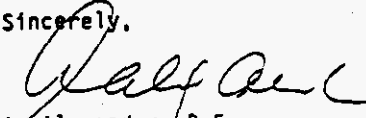
Modification of Conditions  
Permit Number WC35-192656

We have received your request for a modification of the permit conditions.  
The conditions are changed as follows:

Condition	From	To
Expiration Date	05/15/91	08/15/91

This letter must be attached to your permit and becomes a part of that permit.

Sincerely,

  
R. A. Alexander, P.E.  
Deputy Assistant Secretary

4-1-91  
Date

997  
AA:fh:pp

cc: Richard L. Johnson, P.E.





## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat  
Vice President Operations

I. D. Number:  
Permit/Certification  
Number: WC35-192656  
Date of Issue:  
Expiration Date: 05/15/91  
County: Lake  
Project: Picciola Island  
Auxiliary Generator (275 ERCs/.215  
MGD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Installation of a 45 KW auxiliary generator with automatic startup capability at the existing Picciola Island water plant located on Albert Street north of Leesburg in Lake County, Florida.

The rated design capacity of the plant is .215 MGD and requires a minimum Class D certified water plant operator on-site for three (3) non-consecutive visits per visit.

General Conditions are attached to be distributed to the permittee only.

PERMITTEE:  
Southern States Utilities  
Attention: Charles L. Sweat  
Vice President Operations

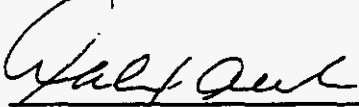
I. D. Number:  
Permit/Certification Number:  
WC35-192656  
Date of Issue:  
Expiration Date: 05/15/91

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.
2. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department and a copy of this permit.
3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.
4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.
5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

ISSUED 3-7-51

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Pine Ridge Estates - 782**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**



# South Florida Water Management District

Plant Office One V 3801 G.W. Chiles Road  
West Palm Beach, Florida 33412  
Telephone (407) 835-6200  
Florida Water Law 1-800-422-2045

0718 27  
1704 5  
10/29

REPLY REFER TO CP 804-1818

October 29, 1984

General Permit  
Oscola

Mr. Ben Martin  
Ben Challenge, Inc.  
P. O. Box 356  
St. Cloud, FL 32769

Re: Water Use General Permit: 804-1818  
Project: 1-100-1100  
Type of Use: Public Water Supply (Rural Residential Subd.)  
County: Ocala, Sec. 17, Twp. 26S, Rps. 29E  
Permittee: Ben Martin

Dear Mr. Martin:

This letter is to acknowledge receipt of your Intent to Use Water pursuant to Rule 40B-20.042, Florida Administrative Code. Based on the information provided, District rules have been adhered to and a General Water Use Permit is in effect for this project.

However, if your use should exceed 100,000 gallons per day in the future, an Individual Water Use Permit will be required and the General Permit will then be void.

Unless otherwise revealed or modified, for each withdrawal authorized herein, the duration of the General Permit shall be twenty years, determined as follows:

1. For uses in existence on the effective date of this rule, the 20 year period begins on effective date of this rule (1-29-79). 1999
2. For uses not in existence on the effective date of this rule, the 20 year period begins with the date of filing of the Notice of Intent to Withdraw Water.

The General Permit is subject to the following Limiting Conditions:

- (1) A driller's log shall be furnished to the District within 30 days of completion of each new well. The log shall show total depth and casing depth.
- (2) Permittee shall supply the District with drill cuttings from one water well. The cuttings shall be from every 10 foot interval or every formation change, whichever comes first. Cuttings shall be delivered to the District within six months of completion of the well. The general permit number and well location information shall accompany the cuttings.

Shirley M. Smith      William E. Scoville  
Chairman - Board      Vice Chairman - Board

James P. Frazier      James P. Frazier      James P. Frazier      James P. Frazier  
District Engineer      District Engineer      District Engineer      District Engineer

6884-1818

CP 804-1819  
Mr. Tom Martin  
October 29, 1964  
Page 2

- (3) A specific capacity test shall be performed on one water well and the data provided to the District within six months of well completion.
- (4) If the permitted use is located within one mile of a brackish or salt water body of water then within 15 days after each well has been placed in service, a sample of water shall be taken and submitted to an independent laboratory for chemical analysis for chloride ion concentration. The results of the analysis shall be provided to the District within six months of well completion.
- (5) Prior to the initiation of any withdrawal of water, it will be necessary to apply for a Surface Water Management Permit. The Permittee is cautioned that a minimum of 90 days is required for consideration of the Surface Water Management Permit application. The Permittee is further cautioned that the issuance of the Water Use Permit shall not be construed to be a guarantee that the Surface Water Management Permit will be issued.

Sincerely,

*Patrick J. Gleason*

PATRICK J. GLEASON, Ph.D.  
Director, Water Use Division  
Resource Control Department

PJG:ajs

cc: Dept. of Environmental Regulation  
Mr. J. Neil Callaghan  
bcc: Mr. Vilas Morishovs  
Groundwater  
Inspection

6081-1819

**Pine Ridge Utilities - 9002**

**Citrus County (UFU)**

**Water**

**- 1992 FPSC Filing -**





## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garniv, Deputy Assistant Secretary

September 13, 1988

Mr. Rafael A. Terrero  
Chief Utilities Engineer  
Pine Ridge Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Marion County  
Pine Ridge, Unit 1  
Phase I, III and IV  
Pats# 154012  
PWS ID# 6091399

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on August 29, 1988. The notice was subsequently reviewed under PATS No.: 154012 on September 10, 1988.

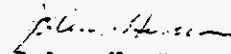
Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

  
JoAnn Herron  
Permitting Engineer

RECEIVED SEP 15 1988

JH/lgb

cc: Citrus Co. PHU



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary

Richard Garrity, Deputy Assistant Secretary

September 13, 1988

*Citrus*

Mr. Rafael A. Terrero  
Chief Utilities Engineer  
Pine Ridge Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129

Marion County  
Pine Ridge, Unit 3  
Phase I, II, III, IV and V  
Pats# 154013  
PWS ID# 6091399

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on August 29, 1988. The notice was subsequently reviewed under PATS No.: 154013 on September 10, 1988.

Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

*JoAnn Herron*  
JoAnn Herron  
Permitting Engineer

RECEIVED SEP 15 1988

JH/lgb

cc: Citrus Co. PHU



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

September 29, 1988

Mr. Rafael A. Terrero  
Chief, Utilities Engineer  
3250 S. W. Third Avenue  
Miami, Florida 33129

Citrus County  
Pine Ridge Subdivision  
Unit 2  
PATS #154934  
PWS-ID# 6091399

Dear Mr. Terrero:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 19, 1988. The notice was subsequently reviewed under PATS No.: 154934 on September 29, 1988.


Pursuant to Rule 17-4.630, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with copies of satisfactory bacteriological test results taken on two consecutive days, a letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings. We may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,

  
JoAnn Herron  
Permitting Engineer

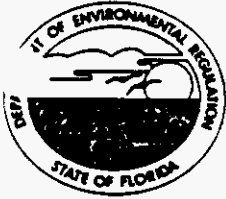
*CC Prof. Williams  
F. K. ...  
J. ...*

JH/js

cc: Citrus C.P.H.U.

RECEIVED OCT - 3 1988

0304



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garney, Deputy Assistant Secretary

### PERMITTEE

Pine Ridge Utilities  
1000 Color Place  
Apopka, Florida 32703

### Permit/Certification

ID. Number: 6091399  
Permit Number WC09-179332  
Date of Issue: 11-9-90  
Expiration Date: 11-9-91  
County: Citrus  
Lat/Long: 28°57'04"/  
82°29'06"  
Sect/Town/Rge:  
Project: Pine Ridge Well No. 4  
and Water Treatment Plant

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-555. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Construction of a modification to an existing public community water supply system. The new construction is to be in accord with the plans and specifications prepared by Pine Ridge Utilities as submitted on July 12, 1990. The new facility shall include:

one 10-inch, 223 feet deep supply well equipped with a 75 Hp motor and 600 gpm vertical turbine pump;

dual gas chlorination system with automatic switchover and loss of chlorination capability alarm;

100 kw diesel generator with automatic startup;

7,500 gallon hydropneumatic tank;

yard piping;

8-inch finished water transmission line to existing 8-inch transmission line north of Well No. 3; and

12-inch finished water transmission line to existing 12-inch transmission line on Beamwood Drive.

Location: 9540 North Citrus Springs Boulevard, Citrus Springs, Florida.

DER FORM 17-1.201(5) Page 1 of 4.

PERMITTEE:  
Pine Ridge Utilities  
Pine Ridge Well No. 4 and  
Water Treatment Plant

Permit No. WC09-179332

**Specific Conditions**

1. The Department must be notified in writing and prior approval obtained for any changes or revisions to be made to project during construction.
2. The system may be placed in service upon receipt of clearance from this Department (Chapter 17-555.345, F.A.C.).
3. A letter of clearance may be issued by this Department upon receipt of the following items:
  - a. 'Request for a Letter of Release to Place Water Supply System into Service', DER Form 17-555.910(9);
  - b. Bacteriological survey of the raw well water completed pursuant to Chapter 17-555.315(3)(c), F.A.C.;
  - c. Copy of satisfactory pressure test of the finished water transmission lines; and
  - d. Copies of satisfactory bacteriological analysis of the water taken from hydropneumatic tank and point of connection between the new 8 and 12-inch finished water transmission lines and existing lines.
4. The permittee shall instruct the engineer of record to request system clearance from the Department within 30 days of completion of construction, testing and disinfection of the system covered by this permit.
5. Your facility has been classified as a Category V, Class C water treatment plant. You must provide staffing by a Class C or higher operator 5 visits per week and one weekend visit. The lead or chief operator must be Class C or higher.
6. Monthly operation reports must be submitted by your certified operator.
7. Compliance Monitoring:
  - a. The drinking water must be analyzed for primary and secondary contaminants listed in Chapter 17-550.310 and 17-550.320, F.A.C., to the degree and frequency required by Chapter 17-550.510 and 17-550.520, F.A.C.

PERMITTEE:

Pine Ridge Utilities  
Pine Ridge Well No. 4 and  
Water Treatment Plant

Permit No. WC09-179332

b. The drinking water must be analyzed for coliform bacteria every month. The minimum number of samples required depending on population is outlined in Chapter 17-550, F.A.C.; however, at no time may you submit less than one (1) raw sample from each supply well and two (2) distribution samples.

c. The drinking water must be analyzed for unregulated organic contaminants listed in Chapter 17-550.410, F.A.C., to the degree and frequency outlined in Chapter 17-550.510, F.A.C.

d. All water quality analysis must be performed by a laboratory certified by the Department of Health and Rehabilitative Services (DHRS) and the results forwarded to the district office.

8. Sewage disposal facilities shall not be installed within 200' of any water supply well (Chapter 17-555.312, F.A.C.).

9. Reclaimed water land application areas may not be located within setback distances established in Chapter 17-610, F.A.C.

10. Other sanitary hazards may not be located within 100' of any water supply well.

11. Permitted construction or alteration of public drinking water systems must be supervised during construction by a professional engineer registered in the State of Florida.

12. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.A. Gray Building, Tallahassee, Florida 32301, Telephone number (904) 487-2073.

13. The permittee shall operate and maintain this facility in accordance with Chapter 17-555.350, F.A.C.

14. The permittee shall be aware of and operate under the attached "General Conditions". General conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes.

PERMITTEE:  
Pine Ridge Utilities  
Pine Ridge Well No. 4 and  
Water Treatment Plant

Permit No. WC09-179332

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION



---

Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
INDIVIDUAL WATER USE PERMIT

PERMIT GRANTED TO: Southern States Utilities, Inc. (Citrus Springs/Pine Ridge Utilities) 1000 Color Place Apopka, FL 32703  (Legal Name and Address)	PERMIT NO.: 202842.04 DATE PERMIT GRANTED: April 23, 1991 DATE PERMIT APPLICATION FILED: October 2, 1990 PERMIT EXPIRES ON: April 23, 1997 SOURCE CLASSIFICATION: Groundwater USE CLASSIFICATION: Public Supply COUNTY: Citrus
------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 400, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

This Permit authorizes the applicant named above to take a combined average annual withdrawal of 1,078,000 gallons of water per day, a combined peak monthly withdrawal of 1,500,000 gallons of water per day, and a maximum combined withdrawal rate not to exceed N/A gallons per day. Withdrawals are authorized as shown in the table below.

USER I.D.	DIST. I.D.	WITHDRAWAL POINT				AVERAGE	GALLONS PER DAY	
		LATITUDE	LONGITUDE	SEC-TWR-RGE	PEAK MONTHLY		MAXIMUM	
CS2	1	29 00 45	82 27 24	11-17S-18E	154,000	200,000	N/A	
CS3	2	28 59 25	82 27 42	23-17S-18E	233,000	360,000	N/A	
CS7	3	29 00 33	82 27 30	11-17S-18E	291,000	410,000	N/A	
PR2	4	28 56 11	82 31 08	06-18S-18E	183,000	220,000	N/A	
PR3	5	28 56 08	82 29 06	09-18S-18E	47,000	120,000	N/A	
PR4	13	28 56 05	82 29 07	09-18S-18E	170,000	425,000	N/A	

#9001



07-25-91

08:59

8904 798 7211 4350

SFWMD BKVL

Permittee: South n States Utilities, Inc.  
(Citrus Springs/Pine Ridge Utilities)  
Permit No.: 202842.04

4. In the event the District declares that a Water Shortage exists pursuant to Chapter 400-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 400-8 or rates of flow in streams fall below the minimum levels established in Chapter 400-8.
9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
11. The District may establish special regulations for Water-Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.
12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
  - a. A reduction in water levels which impairs the ability of a well to produce water;
  - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
  - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.

Permittee: South States Utilities, Inc.  
(Citrus Springs/Pine Ridge Utilities)  
Permit No.: 202842.04

13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
  - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
  - b. Sinkholes or subsidence caused by reduction in water levels;
  - c. Damage to crops and other vegetation causing financial harm to the owner; and
  - d. Damage to the habitat of endangered or threatened species.
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
16. The permittee shall notify the District within 30 days of the sale or conveyance of the permitted water use system or the land on which the system is located.

SPECIAL CONDITIONS:

17. The Permittee shall carry out the provisions of its District approved Water Conservation Plan in a timely manner. The Permittee shall submit progress reports concerning implementation of the plan in April 1994 and April 1996.
18. The Permittee shall (establish and/or) maintain data gathering procedures which allow amounts of water to be accounted into various categories. These categories may be by either meter size or use, such as residential, commercial, industrial, unaccounted, and other. The procedures must produce data suitable for developing reliable estimates of current water use and projections of future water demand.
19. The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department for District Identification Nos. 1, 2, 3, 4, 5 and 13. Such devices shall have and maintain an accuracy within five percent of the actual flow.
20. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.

Permittee: South n States Utilities, Inc.  
(Citrus Springs/Pine Ridge Utilities)  
Permit No.: 202842.04

Reports shall be addressed to:

Southwest Florida Water Management District  
ATTN: Permits Data Section  
2379 Broad Street  
Brooksville, Florida 34609-6899

- 21. Water quality samples shall be collected and analyzed as indicated in the table below. Reports of the analyses shall be submitted to the District (District forms) on or before the tenth (10th) day of the following month. The parameters and frequency of sampling and analysis may be modified by District staff as necessary to ensure the protection of the resource.

District I.D. No.(s)	Parameters	Sampling Frequency
1 and 13	Chloride, Sulfate, and Total Dissolved Solids	Quarterly (Feb, May, Aug, Nov)

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater; APHA-AWWA-WPCF or Methods for Chemical Analyses of Water and Wastes by the USEPA. Reports shall be sent to the address given above.

- 22. The Permittee shall submit a report describing the sampling and analytical methodologies employed. The report shall address sampling procedures, chain of custody of samples, and methods of analysis for all parameters for which analyses are performed. The report shall be included with the first data submitted after the date this permit is granted, and upon any change in sampling and/or analytical methodology.

Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

**Piney Woods - 553**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**

Post Office Box 1429  
Palatka, Florida 32078-1429

2-069-0453N

MARCH 12, 1985

PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_  
**PINEY WOODS/SPRING LAKE MANOR**

A PERMIT AUTHORIZING:

**USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 699 PEOPLE IN 7 YEARS.**

LOCATION:

**Section 33, Township 18 South, Range 24 East  
Lake County**

ISSUED TO:

**SOUTHERN STATES UTILITIES INC.  
750 W. COLONIAL DRIVE  
ORLANDO, FL 32804**

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes:

PERMIT IS CONDITIONED UPON:

**See Conditions on Attached "Exhibit A", dated MARCH 12, 1985**

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management      Governing Board

By: \_\_\_\_\_

**R. Duke Woodson**

By: \_\_\_\_\_

**Bobby Dean**



"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-069-0453N

SOUTHERN STATES UTILITIES INC.

DATED MARCH 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - ~~(D) Change in water quality, resulting in either impairment or loss of use of a well or water body.~~
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

1-038-0453N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence, or a significant reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 17.5 mgal in 1985; 20.5 mgal in 1986; 23.4 mgal in 1987; 26.4 mgal in 1988; 29.4 mgal in 1989; 32.4 mgal in 1990; 35.3 mgal in 1991; 38.3 mgal in 1992.
  14. Maximum daily withdrawals must not exceed .119 mgal in 1985; .136 mgal in 1986; .153 mgal in 1987; .17 mgal in 1988; .187 mgal in 1989; .204 mgal in 1990; .221 mgal in 1991; .238 mgal in 1992.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 88% household; 2% commercial/industrial and 10% water utility.



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

**Permittee:**

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat  
Vice President, Operations

**I. D. Number:**

Permit/Certification

Number: WC35-183463

Date of Issue: 8-10-90

Expiration Date: 02/15/91

County: Lake

Project: Piney Woods Water  
Treatment Plant

Auxiliary Generator (0 ERCs)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Installation of a 45 KW LP gas auxiliary generator at the existing Piney Woods water treatment plant located on Spring Lake Road in Fruitland Park, Lake County, Florida.

General Conditions are attached to be distributed to the permittee only.



PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

**GENERAL CONDITIONS:**

9. *In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.*
10. *The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.*
11. *This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.*
12. *This permit or a copy thereof shall be kept at the work site of the permitted activity.*
13. *This permit also constitutes:*
  - ( ) *Determination of Best Available Control Technology (BACT)*
  - ( ) *Determination of Prevention of Significant Deterioration (PSD)*
  - ( ) *Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)*
  - ( ) *Compliance with New Source Performance Standards*
14. *The permittee shall comply with the following:*
  - (a) *Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.*
  - (b) *The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.*
  - (c) *Records of monitoring information shall include:*
    1. *the date, exact place, and time of sampling or measurements;*
    2. *the person responsible for performing the sampling or measurements;*
    3. *the dates analyses were performed;*
    4. *the person responsible for performing the analyses;*
    5. *the analytical techniques or methods used;*
    6. *the results of such analyses.*
15. *When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.*

PERMITTEE:  
Southern States Utilities  
  
Attention: Charles L. Sweat  
Vice President, Operations

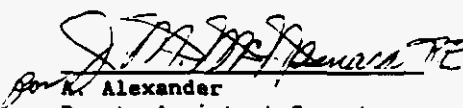
I. D. Number:  
Permit/Certification Number:  
WC35-183463  
Date of Issue: 8-10-90  
Expiration Date: 02/15/91

**SPECIFIC CONDITIONS:**

1. General condition number 13 does not apply.
2. To obtain clearance of the facilities for service, the engineer of record shall submit a certification of completion letter to the department and a copy of this permit.
3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.
4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.
5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

ISSUED 8-10-90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
K. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Point O' Woods - 987**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**

SOUTHWEST FLORIDA WATER MANAGEMEN. DISTRICT  
(SWFWMD)  
CONSUMPTIVE USE PERMIT

PERMIT GRANTED TO: Point O'Woods Utilities, Inc.  
611 U.S. 41 S  
Inverness, FL 32650  
 (Legal Name and Address)

PERMIT NO.: 200729  
 DATE PERMIT GRANTED: January 12, 1983  
 DATE PERMIT APPLICATION FILED: August 30, 1982  
 PERMIT EXPIRES ON: January 12, 1993  
 SOURCE CLASSIFICATION: Groundwater  
 USE CLASSIFICATION: Public Supply

Section 02, T19S, R20E

RECEIVED  
 APR 13 1990  
 ENGINEERING DEPT

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. That all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth herein will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if applicant fails to comply with all of the conditions set forth herein, then this Permit shall automatically become null and void.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable beneficial use as defined in Section 373.019(5), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such locations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. Based upon the application and supporting documents, SWFWMD finds that the applicant's consumptive use of water of 14,000 gallons per day was in existence before January 1, 1975 at the average annual withdrawal rate of 40,000 gallons per day.
5. Nothing in this Permit should be construed to limit the authority of Southwest Florida Water Management District to declare water shortages and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage pursuant to Section 373.246, Florida Statutes.
6. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 80,000 gallons of water per day with a maximum combined withdrawal rate not to exceed 200,000 during a single day. Withdrawals are authorized as shown in the table below.

7.	WITHDRAWAL POINT		GALLONS PER DAY			GALLONS PER DAY
	LATITUDE	LONGITUDE	AVERAGE	MAXIMUM		
1.	28 51 43	82 16 55	35,000	Standby	200,000	
2.	28 51 42	82 16 53	45,000	Standby	200,000	
3.	28 51 41	82 16 53	80,000		200,000	

FILED IN FILE OF  
 RECORD, SWFWMD  
 ON 2-23-83 BY                     

INS. ENCL.

Consumptive Use Permi. 00729  
Point O'Woods Utilities, Inc.

8. The use of said water is restricted to the use classification set forth above. Any change in the use said water will require a modification of this Permit.
9. In the event an emergency water shortage should be declared, the District may alter, modify or declare to be inactive, all or parts of this Permit. An authorized District Representative may, at any reasonable time, enter the property to inspect the facilities and may require that this Permit be shown.
10. Applicant shall, within the time limits hereinafter set forth, complete the following items, and if applicant fails to complete them by the specified date, then this Permit shall automatically become null and void.
11. The District reserves the right, at all reasonable times, to collect water samples for analysis. The District may, upon prior notice, collect water samples from any or all withdrawal points listed on the Permit, or may, at the option of the District provide available containers to the Permittee, and require the Permittee to forward samples from any or all withdrawal points within a reasonable period of time prescribed.
12. The District may, at a future date, establish a minimum water level in the aquifer or aquifers hydrologically associated with these withdrawals, which may require the Permittee to limit withdrawal from these groundwater sources at times when water levels fall below these minimums.
13. Water conservation shall be practiced by the Permittee to increase the efficiency of transport, application, and use, to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation criteria for the Permittee's water use classification, this Permit will be subject to such criteria upon notice and after a reasonable period for compliance.
14. Permittee shall maintain and operate the existing flow meter at the point of inflow to the water storage tank and the existing electronic flow meter installed at Well #3.
15. Total flow through each flow meter shall be recorded on a monthly basis and reported, on forms furnished, to the District by the tenth day of the following month.

Reports shall be addressed to: Processing & Records Section  
Southwest Florida Water Management District  
2379 Broad Street  
Brooksville, Florida 33512-9712

Consumptive Use Permit 0729  
Point O'Woods Utilities, Inc.

  
Authorized Signature, SWFWMD

Applicant hereby certifies that applicant is the owner of the property covered by this application, that the information contained in this application is true and accurate and, if applicant is a corporation or a partnership, that the undersigned has the legal authority to execute this application and affidavit on behalf of said corporation or partnership.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**Pomona Park - 443**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## POMONA PARK

According to Water Management District Rule 40 C - 2.041 (1) (d) Permits Required, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Pomona Park has a 4" diameter well.

**Postmaster Village - 1095**

**Clay County (SSU)**

**Water**

**- 1992 FPSC Filing -**

POSTMASTER VILLAGE

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**

Post Office Box 1429  
Palatka, Florida 32978-1429

PERMIT NO. 2-019-0057UV DATE ISSUED JANUARY 9, 1990

**A PERMIT AUTHORIZING:**

USE OF GROUNDWATER FROM THE FLORIDIAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 368 PEOPLE IN 7 YEARS.

**LOCATION:**

SECTION 35, TOWNSHIP 08 SOUTH, RANGE 23 EAST  
CLAY COUNTY

**ISSUED TO:**

SOUTHERN STATES UTILITIES INC.  
1000 COLOR PL.  
APOPKA, FL 32703

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

SEE CONDITIONS ON ATTACHED "EXHIBIT A", DATED JANUARY 9, 1990



AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management      Governing Board

By: Jeff Elledge  
JEFF ELLEDGE

By: Henry Dean  
HENRY DEAN

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-019-00570V

SOUTHERN STATES UTILITIES INC.

DATED JANUARY 9, 1990

1. DISTRICT AUTHORIZED STAFF, UPON PROPER IDENTIFICATION, WILL HAVE PERMISSION TO ENTER, INSPECT AND OBSERVE PERMITTED AND RELATED FACILITIES IN ORDER TO DETERMINE COMPLIANCE WITH THE APPROVED PLANS, SPECIFICATIONS AND CONDITIONS OF THIS PERMIT.
2. NOTHING IN THIS PERMIT SHOULD BE CONSTRUED TO LIMIT THE AUTHORITY OF THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT TO DECLARE A WATER SHORTAGE AND ISSUE ORDERS PURSUANT TO SECTION 373.173, FLORIDA STATUTES, OR TO FORMULATE A PLAN FOR IMPLEMENTATION DURING PERIODS OF WATER SHORTAGE, PURSUANT TO SECTION 373.246, FLORIDA STATUTES. IN THE EVENT OF A WATER SHORTAGE, AS DECLARED BY THE DISTRICT GOVERNING BOARD, THE PERMITTEE MUST ADHERE TO REDUCTIONS IN WATER WITHDRAWALS AS SPECIFIED BY THE DISTRICT.
3. PRIOR TO THE CONSTRUCTION, MODIFICATION, OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT PURSUANT TO CHAPTER 40C-3, FLORIDA ADMINISTRATIVE CODE. CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL WILL REQUIRE MODIFICATION OF THE CONSUMPTIVE USE PERMIT WHEN SUCH CONSTRUCTION, MODIFICATION OR ABANDONMENT IS OTHER THAN THAT SPECIFIED AND DESCRIBED ON THE CONSUMPTIVE USE PERMIT APPLICATION FORM.
4. LEAKING OR INOPERATIVE WELL CASINGS, VALVES, OR CONTROLS MUST BE REPAIRED OR REPLACED AS REQUIRED TO PUT THE SYSTEM BACK IN AN OPERATIVE CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS WILL BE CAUSE FOR DEEMING THE WELL ABANDONED IN ACCORDANCE WITH CHAPTER 17.21.02(5), FLORIDA ADMINISTRATIVE CODE AND CHAPTER 373.309, FLORIDA STATUTES.
5. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON LEGAL USES OF WATER EXISTING AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF THE WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON LEGAL USES OF WATER WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BUT NOT LIMITED TO:
  - (A) REDUCTION OF WELL WATER LEVELS RESULTING IN A REDUCTION OF 10% IN THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER;
  - (B) REDUCTION OF WATER LEVELS IN AN ADJACENT SURFACE WATER BODY RESULTING IN A SIGNIFICANT IMPAIRMENT OF THE USE OF WATER IN THAT WATER BODY.
  - (C) SALINE WATER INTRUSION OR INTRODUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE RESULTING IN A SIGNIFICANT REDUCTION OF WATER QUALITY; AND
  - (D) CHANGE IN WATER QUALITY IN EITHER IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
6. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON ADJACENT LAND USES WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OF WATER ALLOCATIONS IF WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON ADJACENT LAND USE WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BY BUT NOT LIMITED TO:

(A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT SURFACE WATER BODY;

(B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY A REDUCTION IN WATER LEVELS; AND

(C) DAMAGE TO CROPS AND OTHER TYPES OF VEGETATION.

7. THE DISTRICT MUST BE NOTIFIED, IN WRITING, WITHIN 90 DAYS OF THE TRANSFER OF THIS PERMIT. ALL TRANSFERS ARE SUBJECT TO THE PROVISIONS OF SECTION 40C-2.351, FLORIDA ADMINISTRATIVE CODE, WHICH STATES THAT ALL TERMS AND CONDITIONS OF THE PERMIT SHALL BE BINDING ON THE TRANSFEREE.

8. A DISTRICT-ISSUED IDENTIFICATION TAG SHALL BE PROMINENTLY DISPLAYED AT EACH WITHDRAWAL SITE BY PERMANENTLY AFFIXING SUCH TAG TO THE PUMP, HEADGATE, VALVE OR OTHER WITHDRAWAL FACILITY AS PROVIDED BY SECTION 40C-2.401, FLORIDA ADMINISTRATIVE CODE. PERMITTEE SHALL NOTIFY THE DISTRICT IN THE EVENT THAT A REPLACEMENT TAG IS NEEDED.

9. IF THE PERMITTEE DOES NOT SERVE A NEW PROJECTED DEMAND LOCATED WITHIN THE SERVICE AREA UPON WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION WILL BE SUBJECT TO MODIFICATION.

10. ON THE TENTH DAY FOLLOWING THE MONTH OF RECORD, PERMITTEE MUST SUBMIT TO THE DISTRICT COPIES OF THE PER MONTHLY WATER TREATMENT PLANT REPORTS ON A MONTHLY BASIS FOLLOWING THE MONTH OF RECORD. THE PERMIT NUMBER MUST BE ATTACHED TO ALL REPORTS.

11. WHENEVER FEASIBLE, THE PERMITTEE MUST USE NATIVE VEGETATION THAT REQUIRES LITTLE SUPPLEMENTAL IRRIGATION FOR LANDSCAPING WITHIN THE SERVICE AREA OF THE PROJECT.

12. CONSTRUCTION MUST BE IN COMPLIANCE WITH SUBSECTION 553.14, F.S.

13. THIS PERMIT WILL EXPIRE 2 YEARS FROM THE DATE OF ISSUANCE.

14. MAXIMUM ANNUAL WITHDRAWALS MUST NOT EXCEED 22.3 MGALS.

15. MAXIMUM DAILY WITHDRAWALS MUST NOT EXCEED .123 MGALS.

16. DURING THE DURATION OF THIS PERMIT, A MONITORING AND ASSESSMENT PROGRAM WILL BE PERFORMED TO CORRECT WATER UTILITY LOSSES DUE TO BROKEN LINES AND TO IMPROVE ACCURACY OF PUMPAGE RECORDS BY MAINTAINING ALL METERS IN AN OPERABLE CONDITION.

17. SOURCE CLASSIFICATION IS CONFINED OR SEMI-CONFINED AQUIFER.

18. USE CLASSIFICATION IS 90% HOUSEHOLD AND 10% WATER UTILITY.



JUL 12 1991

## Florida Department of Environmental Regulation

Northeast District • Suite B200 • 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

c: Chris Arcane  
Robert Regala

Mr. Rafael A. Terrero, P.E.  
Chief Engineer  
Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Date: July 12, 1991  
County: Clay  
Project: Postmaster Village  
WTR Main Improvements  
Water Plant: Postmaster  
Village Water

Re: General Permit Notice - File No. DS10-198272

Dear Mr. Terrero:

On June 17, 1991, the Florida Department of Environmental Regulation received your Notice of Intent to use General Permit for a Drinking Water Distribution System, under the provisions of Florida Administrative Code (FAC) Rules 17-4.530 and 17-555.

After reviewing the notice, it appears that your project will have minimal adverse environmental effect and apparently can be constructed pursuant to a general permit as described in FAC Rule 17-555.

Any activities performed under this general permit are subject to the general conditions required in FAC Rule 17-4.540 and 17-555.410 (attached), and are also subject to the following specific conditions as required by FAC Rule 17-555.540.

- (a) The water treatment facility to which this distribution system will be connected shall have the capacity to provide the Potable water supply required by this system and is in compliance with the standards and water quality set forth in Chapters 17-550, 17-555, and 17-560 FAC for Public Water Systems.
- (b) Before the system can be placed into service, a certification of construction completion [DER form 17-555.910(9)] by the engineer of record along with satisfactory bacteriological results as described in Rule 17-555.345 FAC shall be submitted to the Department for evaluation and approval for use. In order to facilitate the Department's issuance of a letter of clearance, we are requesting that the bacteriological analyses be attached to the engineer's certification.



T. Charles  
Sura  
7/18/91

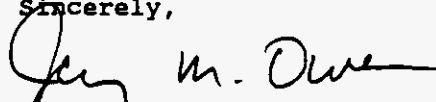
Page Two

Assuming you have properly qualified for this general permit, please note that the permit expires on June 17, 1996. If you wish to continue this general permit beyond the expiration date, you must notify the Department at least 30 days before its expiration.

Your construction activity must conform to the description contained in your notice. Any substantial deviation may subject the permittee to enforcement action and possible penalties.

If you have any questions concerning the use of the general permit, please contact this office.

Sincerely,



Jerry N. Owen, P. E.  
Water Facilities Administrator

DMK:lgb

cc: Clay County Health Department

**Quail Ridge - 578**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**



ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-069-1010M DATE ISSUED OCTOBER 9 <sup>1989</sup> ~~1988~~

*Quail Ridge Estates*

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF **559 PEOPLE** IN **7 YEARS**.

LOCATION:

SECTION 25, TOWNSHIP 16 SOUTH, RANGE 25 EAST  
LAKE COUNTY

ISSUED TO:

owner:  
JOHN WALL  
303 SHEETWATER CLUB CIRCLE  
LONGWOOD, FL 32770

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

SEE CONDITIONS ON ATTACHED MEMORANDUM A, DATED OCTOBER 9, 1989.

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management      Governing Board

By: *Jeff Ellender*  
(Director)  
JEFF ELLENDER

By: *Henry Dean*  
Assistant Secretary  
HENRY DEAN

PERMIT NO.

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-019-1000

JOHN WALL

DATED OCTOBER 9, 1969

1. DISTRICT AUTHORIZED STAFF, UPON PROPER IDENTIFICATION, WILL HAVE PERMISSION TO ENTER, INSPECT AND OBSERVE PERMITTED AND RELATED FACILITIES IN ORDER TO DETERMINE COMPLIANCE WITH THE APPROVED PLANS, SPECIFICATIONS AND CONDITIONS OF THIS PERMIT.
2. NOTHING IN THIS PERMIT SHOULD BE CONSTRUED TO LEAVE THE AUTHORITY OF THE ST. JOHN'S RIVER WATER MANAGEMENT DISTRICT TO DECLARE A WATER SHORTAGE AND ISSUE ORDERS PURSUANT TO SECTION 371.175, FLORIDA STATUTES, OR TO FORMULATE A PLAN FOR IMPLEMENTATION, DURING PERIODS OF WATER SHORTAGE, PURSUANT TO SECTION 373.246, FLORIDA STATUTES. IN THE EVENT OF A WATER SHORTAGE, AS DECLARED BY THE DISTRICT GOVERNING BOARD, THE PERMITTEE MUST ADHERE TO REDUCTIONS IN WATER WITHDRAWALS AS SPECIFIED BY THE DISTRICT.
3. PRIOR TO THE CONSTRUCTION, MODIFICATION, OR AMENDMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM THE ST. JOHN'S RIVER WATER MANAGEMENT DISTRICT PURSUANT TO CHAPTER 400-1, FLORIDA ADMINISTRATIVE CODE. CONSTRUCTION, MODIFICATION OR AMENDMENT OF A WELL WILL REQUIRE MODIFICATION OF THE CONSUMPTIVE USE PERMIT, AND SUCH CONSTRUCTION, MODIFICATION OR AMENDMENT IS SUBJECT TO THE SPECIFIED AND DESCRIBED ON THE CONSUMPTIVE USE PERMIT APPLICATION FORM.
4. LEAKING OR INOPERATIVE WELL CASINGS, VALVES, OR CONTROLS, ETC. BE REPAIRED OR REPLACED AS REQUIRED TO PUT THE SYSTEM BACK IN AN OPERATIVE CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS WILL BE CAUSE FOR ITEMING THE WELL AS CLOSED IN ACCORDANCE WITH CHAPTER 17.21.02(3), FLORIDA ADMINISTRATIVE CODE AND CHAPTER 373.109, FLORIDA STATUTES.
5. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON LEGAL USES OF WATER EXISTING AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF THE WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON LEGAL USES OF WATER WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BUT NOT LIMITED TO:
  - (A) REDUCTION OF WELL WATER LEVELS RESULTING IN A REDUCTION OF 10% IN THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER;
  - (B) REDUCTION OF WATER LEVELS IN AN ADJACENT SURFACE WATER BODY RESULTING IN A SIGNIFICANT IMPAIRMENT OF THE USE OF WATER IN THAT WATER BODY.
  - (C) SALINE WATER INTRODUCTION OR INTRODUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USER RESULTING IN A SIGNIFICANT REDUCTION OF WATER QUALITY; AND
  - (D) CHANGE IN WATER QUALITY IN EITHER IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
6. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON ADJACENT LAND USES WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON ADJACENT LAND USES WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BUT NOT LIMITED TO:

- (4) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT SURFACE WATER BODY;
- (5) LAND COLLAPSE OR SUBSIDENCE CAUSED BY A FLOODING OF WATER LEVELS; AND
- (6) DAMAGE TO CROPS AND OTHER TYPES OF VEGETATION.

7. THE DISTRICT MUST BE NOTIFIED, IN WRITING, WITHIN 60 DAYS OF THE TRANSFER OF THIS PERMIT. ALL TRANSFERS ARE SUBJECT TO THE PROVISIONS OF SECTION 400-2.101, FLORIDA ADMINISTRATIVE CODE, WHICH STATES THAT ALL TERMS AND CONDITIONS OF THE PERMIT SHALL BE BINDING ON THE TRANSFEREE.

8. A DISTRICT-ISSUED IDENTIFICATION TAG SHALL BE PROMINENTLY DISPLAYED AT EACH WITHDRAWAL SITE BY PERMANENTLY MOUNTING SUCH TAG TO THE PUMP HEAD TAP, VALVE OR OTHER WITHDRAWAL FACILITY AS PROVIDED BY SECTION 400-2.401, FLORIDA ADMINISTRATIVE CODE. PERMITTEE SHALL NOTIFY THE DISTRICT IN THE EVENT THAT A REPLACEMENT TAG IS NEEDED.

9. IF THE PERMITTEE DOES NOT SERVE A NEW PROJECTED DEMAND LOCATED WITHIN THE SERVICE AREA UPON WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION WILL BE SUBJECT TO MODIFICATION.

10. ON THE TENTH DAY FOLLOWING THE MONTH OF RECORD, PERMITTEE MUST SUBMIT TO THE DISTRICT COPIES OF THE MONTHLY WATER TREATMENT PLANT REPORTS ON A MONTHLY BASIS FOLLOWING THE MONTH OF RECORD. THE PERMIT REPORTS MUST BE ATTACHED TO ALL REPORTS.

11. TREATED EFFLUENT MUST BE USED AS IRRIGATION WATER WHEN IT IS ECONOMICALLY EQUIPMENTALLY FEASIBLE AND PERMISSIBLE UNDER APPLICABLE STATE AND FEDERAL STATUTES OF REGULATIONS PROMULGATED THEREUNDER.

12. IF CHEMICALS ARE INJECTED INTO THE IRRIGATION SYSTEM THE WELL MUST BE EQUIPPED WITH BACKFLOW PREVENTION DEVICES INSTALLED IN ACCORDANCE WITH FLORIDA IRRIGATION SOCIETY (FIS) STANDARD.

13. THIS PERMIT WILL EXPIRE 7 YEARS FROM THE DATE OF ISSUANCE.

14. MAXIMUM ANNUAL WITHDRAWALS MUST NOT EXCEED:

3.46 MGALS IN 1990	17.3 MGALS IN 1994
5.92 MGALS IN 1991	19.5 MGALS IN 1995
10.40 MGALS IN 1992	19.5 MGALS IN 1996
13.8 MGALS IN 1993	

15. MAXIMUM DAILY WITHDRAWALS MUST NOT EXCEED:

.019 MGALS IN 1990	.095 MGALS IN 1994
.028 MGALS IN 1991	.107 MGALS IN 1995
.057 MGALS IN 1992	.107 MGALS IN 1996
.076 MGALS IN 1993	

16. SOURCE CLASSIFICATION IS CONFIRMED ON DAM-CONTROLLED EQUIPMENT.

17. USE CLASSIFICATION IS 551 HOUSEHOLD OR WATER UTILITY AND FIRE PROTECTION.

18. MAXIMUM DAILY WITHDRAWALS FOR FIRE PROTECTION MUST NOT EXCEED .930 MGALS.

**River Grove - 442**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-107-0035N DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

*RIVER GROVE*

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 496 PEOPLE IN 7 WELLS.

LOCATION: Section 39, Township 10 South, Range 27 East  
Putnam County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", Dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: \_\_\_\_\_  
(Director) Dale Woodson

Governing Board

BY: \_\_\_\_\_  
(Assistant Secretary)

#442

ANNEXURE 1

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-107-30001

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1988

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 273.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for leaving the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of water available to other wells in the same water body;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body;
  - (C) Ground water intrusion or introduction of pollutants into and water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land uses which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-107-00350

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 10C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 23.7 million gallons.
  14. Maximum daily withdrawals must not exceed 129,000 gallons.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 100% residential; 100% water utility; 1% commercial/industrial.

**River Park - 439**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

RIVER  
PARK

PERMIT NO. 2-107-0084W DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDIAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 1,434 PEOPLE.

LOCATION: Section 26 & 35, Township 12 South, Range 25 East  
Putnam County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 N. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: \_\_\_\_\_  
(Director) Mike Johnson

Governing Board

BY: \_\_\_\_\_  
(Assistant Secretary)

EXHIBIT A

CONDITIONS FOR GRANTING OF PERMIT UNDER 1-107-0000

FLORIDA STATE UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for sealing the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body;
  - (C) Saline water intrusion or incursion of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land uses which existed at the time of permit application. Adverse impacts are exemplified but not limited to:

1-107-10000

- (1) Significant reduction in water levels in an adjacent surface water body;
  - (2) Land collapse or subsidence caused by a reduction in water levels; and
  - (3) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.331, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new protected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 73.5 mgal.
  14. Maximum daily withdrawals must not exceed .430 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 20% residential; 10% water utility; 24% commercial/industrial.

ST. JOHNS RIVER

Kicer Haric  
PUTNAM CO.



POST OFFICE BOX 1429 • PALATKA, FLORIDA 32078-1429  
904/328-8321

April 15, 1985

SOUTHERN STATES UTILITIES INC.  
750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

SUBJECT: Consumptive Use Permit No. 2-107-0084N

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the Governing Board of the St. Johns River Water Management District on February 12, 1985. Also attached is Form EN-1 which is used to indicate the person who will be responsible for reporting your compliance information. By designating one person to be responsible for reporting this information, it will simplify the compliance process by allowing us to contact the person most familiar with this information and to keep our files up-to-date for any future reference. Please return this completed form with your first report to the District.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work.

In the event you sell your property, the permit will be transferred to the new owner if we are notified by you within ninety days of the recording of the sale. Please assist us in this matter so as to maintain a valid permit for the new property owner.

The permit enclosed is a legal document and should be kept with your other important documents. Please read the permit carefully since you are responsible for compliance with any provisos which are a part of this permit. Proviso compliance is a legal requirement and your assistance in this matter will be greatly appreciated.

DWAL H. OWEN JR.  
Chairman - Jacksonville

MICHAEL BRADDOCK  
Vice-Chairman - Pierson

LYNNE CAPEHART  
Secretary - Gainesville

RALPHE SIMMONS  
Treasurer - Fernandina Beach

FRANK X. FRIEDMANN JR.  
Jacksonville

FRANCES RIGNONE  
Orlando

J.M.T. SWANN  
Cocoa

KELLY SMITH JR.  
Palatka

JOHN L. MINTON  
Vero Beach

HENRY DEAN  
Executive Director

SOUTHERN STATES UTILITIES INC.  
Page Two  
April 15, 1985


According to Chapter 40C-2.401 and Section 6.4 of the Consumptive Water Use Handbook, a permanent tag will be issued by the District for well identification. The tag must be prominently displayed at the site of withdrawal by permanently affixing the tag to the pump, headgate, valve, or other withdrawal facility. Failure to display a permit tag shall constitute violation of a permit condition and may, if willful, be grounds for revocation of the permit. Please refer to your copy of 40C-2 for further clarification.

You will find enclosed a copy of the map submitted with your application, with each well's location and number identified. When placing the tag on the well, refer to this map to ensure proper well identification.

If you have any questions concerning your permit compliance information, the attached forms or well tags, contact Gail Gallagher, Division of Records, St. Johns River Water Management District, P. O. Box 1429, Palatka, Florida 32078-1429, telephone (904) 328-8321.

Thank you for your interest in our water resources.

Sincerely,

  
Dannahse T. Kemp, Director  
Division of Records

DTK:gg

Enclosures: Permit with compliance forms  
Map  
Well Tag(s)

cc: District Permit File

**Rolling Green - 985**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT **CITRUS-CE**  
 (SWFWMD)  
 GENERAL CONSUMPTIVE USE PERMIT

PERMIT GRANTED TO:  <u>Avanzini Builders, Inc.</u> (Rolling Greens of Inverness) <u>P. O. Box 940</u>  <u>Inverness, FL 32651</u> (Legal Name and Address)	PERMIT NO.: <u>208799</u> DATE PERMIT GRANTED: <u>February 20, 1987</u> DATE PERMIT APPLICATION FILED: <u>January 9, 1987</u> PERMIT EXPIRES ON: <u>February 20, 1997</u> SOURCE CLASSIFICATION: <u>Groundwater</u> USE CLASSIFICATION: <u>Public Supply</u> <u>S26, T19S, R20E</u>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**ROLLING GREEN**

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. That all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth herein will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if applicant fails to comply with all of the conditions set forth herein, then this Permit shall automatically become null and void.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable beneficial use as defined in Section 373.019(5), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such locations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. Based upon the application and supporting documents, SWFWMD finds that the applicant's consumptive use of water of -0- gallons per day was in existence before January 1, 1975 at the average annual withdrawal rate of -0- gallons per day.
5. Nothing in this Permit should be construed to limit the authority of Southwest Florida Water Management District to declare water shortages and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage pursuant to Section 373.246, Florida Statutes.
6. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 20,100 gallons of water per day with a maximum combined withdrawal rate not to exceed 70,000 during a single day. Withdrawals are authorized as shown in the table below.

7.	WITHDRAWAL POINT		GALLONS PER DAY AVERAGE	GALLONS PER DAY MAXIMUM
	LATITUDE	LONGITUDE		
1.	28 48 40	82 16 55	10,000	20,000
2.	28 48 40	82 16 54	10,000	20,000
2.	28 48 39	82 16 54	100	30,000

208 799 2-20-871A

# SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT



2379 BROAD STREET, BROOKSVILLE, FLORIDA 33512-9712  
PHONE (904) 796-7211 SUNCOM 628-0111

MICHAEL PASORAC, III, Chairman, *Rolling Greens of Inverness*    STUBBS, JR., Vice-Chairman, *Rolling Greens of Inverness*  
 MARY A. BISHOP, Secretary, *Rolling Greens of Inverness*    WALTER H. HANKALA, Treasurer, *Rolling Greens of Inverness*  
 HERALD F. HENNING, *Rolling Greens of Inverness*    BOYD G. HARKELL, JR., *Rolling Greens of Inverness*  
 ROBERT T. BRAMSON, MD, *Rolling Greens of Inverness*    WILLIAM WILCOX, Ph.D., *Rolling Greens of Inverness*



GARY W. KUHL, Executive Director    DANIEL P. FERNANDEZ, General Counsel  
 WILLIAM K. HENNESSEY, Deputy Executive Director    PETER G. HUBBELL, Deputy Executive Director

**Your Consumptive Use Permit(s) was/were approved by the District Governing Board subject to all terms and conditions set forth in the approved Permit(s). Please sign the Permit copy in the presence of a Notary Public and return it in the enclosed envelope. Retain the original for your records.**

One of the enclosed ID tags must be affixed in a prominent location on each permitted withdrawal facility. The necessary tag(s) and instructions are enclosed.

You may contact this office if you have any questions or concerns about your Permit(s).

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 5 of the Permit, and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit(s), or any suspension of your Permit(s), or of any restrictions on your use of water for the duration of any

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
 BROOKSVILLE, FLORIDA 33512-906-796-7211  
 CONSUMPTIVE USE PERMITS TAG

Avanzini Builders, Inc. (Rolling Greens of Inverness)		
Applicant		
208799	10,000	20,000
CUP Number	Average gpd	Maximum gpd
1 of 7	2"	2/20/97
No. of No Wells	Size	Expires

ation is a condition of your Permit(s) and





**Florida Department of Environmental Regulation**

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347  
Lewton Chiles, Governor • 813-623-5561 • Carol M. Browner, Secretary

**RECEIVED**

December 5, 1991-- DEC 9 1991

**ENGINEERING DEPT.**

Mr. Charles Sweat  
Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Citrus County  
Rosemont-Rolling Green WTP  
and Interconnect

C. C. Arcana  
R. Ferrero  
C. E. Wood

Dear Mr. Sweat:

This letter acknowledge receipt of a letter from your engineer dated November 26, 1991, received on December 2, 1991, requesting a modification to the bacteriological sampling requirements.

Based on the well completion report and additional information submitted thru the permitting process and the extreme low water pressure conditions within the Rolling Green distribution system, the Department has no objections to the proposed bacteriological sampling modification of two samples per day, minimum of 8 hours apart for ten consecutive days. However, results shall be "faxed" to this office as they become available. If any sample results indicates a presence of bacteria, the modified procedure must stop immediately and the rest of the sample shall be collected on a one sample per day basis.

Please call me at (813) 623-5561 ext. 340 or Roger Evans at ext. 314, if you have any questions.

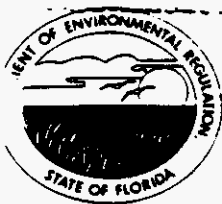
Sincerely,

Pedro L. Rivera, P.E.  
Section Manager  
Drinking Water Section

PLR/dmp

cc: Joseph G. Mack  
Citrus CPHU  
Roger Evans, DER





## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garrity, Deputy Assistant Secretary

### PERMITTEE

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Attn: Mr. Charles Sweat

### Permit/Certification

ID. Number: 6094905  
Permit Number WC09-168664  
Date of Issue: 7/25/90  
Expiration Date: 7/25/91  
County: Citrus  
Lat/Long: 28°48'36"N/  
82°17'14"W

Sect/Town/Rge:

Project: Rosemont-Rolling  
Green WTP and Interconnect

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-555. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Construction of a modification to an existing community drinking water system. The new construction shall be in accordance with the plans and specifications prepared by Jerry C. Huston, P.E. and shall include the following:

One 12-inch, 202 feet deep supply well equipped with a 50 hp, 500 gpm submersible pump;

Dual gas chlorination system with automatic switchover and loss of chlorination capability alarm;

10,000 gallon hydropneumatic tank;

- Polyphosphate feed equipment;

- 100 KVA Propane Gas generator with automatic startup device;

Yard Piping; and

8-inch water transmission main along East Sandpiper Road to interconnect the Rosemont and Rolling Greens Systems.

Permitted water treatment plant capacity is 87,900 gpd based on average raw water supply.

Location: Sandpiper Road east of Old Floral City Road, Inverness, Florida.

DER FORM 17-1.201(5) Page 1 Of 4.

**PERMITTEE:**

Mr. Charles Sweat  
Rosemont-Rolling Green WTP and  
Interconnect

Permit No. WC09-168664

**Specific Conditions**

1. The wells located at Rolling Greens must be abandoned in accordance with the requirements of Chapter 17-532.440, F.A.C.
2. A copy of the well abandonment report must be submitted to this office within 90 days of receipt of a letter of clearance to place the interconnect between Rosemont and Rolling Greens into service.
3. The water treatment facility at Rolling Green must be physically disconnected from the distribution system within 24 hours of receipt of a letter of clearance to place the interconnect into service. The engineer of record must submit a signed and sealed statement to the effect that the plant is no longer connected to the system. This statement must include the method used to remove plant from service.
4. The system may be placed in service once a letter of clearance from this Department is received (Chapter 17-555.345, F.A.C.).
5. A letter of clearance may be issued by this Department upon receipt of the following items:
  - a. 'Request for a Letter of Release to Place Water Supply System into Service', DER Form 17-555.910(9);
  - b. Bacteriological survey of the raw well water completed pursuant to Chapter 17-555.315(3)(c), F.A.C.;
  - c. Copy of satisfactory pressure test of the water distribution system; and
  - d. Copies of satisfactory analysis of the water collected on two consecutive days from the following locations:
    - Hydropneumatic tank;
    - 8-inch water line located at the Rosemont water treatment plant at the entry point to the distribution system;
    - Point of connection between interconnect and Rolling Greens distribution system; and
    - Approximately every 500 feet along interconnect.

**PERMITTEE:**

Mr. Charles Sweat  
Rosemont-Rolling Green WTP and  
Interconnect

Permit No. WC09-168664

6. The permittee shall instruct the engineer of record to request system clearance from the Department within 30 days of completion of construction, testing and disinfection of the system covered by this permit.

7. Your facility has been classified as a Category V, Class D water treatment plant. You must provide staffing by a Class D or higher operator 3 nonconsecutive visits per week. The lead or chief operator must be Class D or higher.

8. Monthly operation reports must be submitted by your certified operator.

9. Compliance Monitoring:

a. The drinking water must be analyzed for primary and secondary contaminants listed in Chapter 17-550.310 and 17-550.320, F.A.C., to the degree and frequency required by Chapter 17-550.510 and 17-550.520, F.A.C.

b. The drinking water must be analyzed for coliform bacteria every month. The minimum number of samples required depending on population is outlined in Chapter 17-550, F.A.C.; however, at no time may you submit less than one (1) raw sample from each supply well and two (2) distribution samples.

c. The drinking water must be analyzed for unregulated organic contaminants listed in Chapter 17-550.410, F.A.C., to the degree and frequency outlined in Chapter 17-550.510, F.A.C.

d. All water quality analysis must be performed by a laboratory certified by the Department of Health and Rehabilitative Services (DHRS) and the results forwarded to the district office.

10. The Department must be notified in writing and prior approval obtained for any changes or revisions to be made during construction.

11. Sewage disposal facilities shall not be installed within 200' of any water supply well (Chapter 17-555.312, F.A.C.). This rule prohibits the installation of septic tanks on any lot within the 200 feet radius of the wells.

12. Reclaimed water land application areas may not be located within 500' of any water supply well. (Chapter 17-555.312, F.A.C.).

PERMITTEE:

Mr. Charles Sweat  
Rosemont-Rolling Green WTP and  
Interconnect

Permit No. WC09-168664

13. Other sanitary hazards as defined in Rule 17-550.200, F.A.C. may not be located within 100' of any water supply well.
14. Permitted construction or alteration of public drinking water systems must be supervised during construction by a professional engineer registered in the State of Florida.
15. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.A. Gray Building, Tallahassee, Florida 32301, Telephone number (904) 487-2073.
16. The permittee shall operate and maintain this facility in accordance with Chapter 17-555.350, F.A.C.
17. The permittee shall be aware of and operate under the attached "General Conditions". General conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION



---

Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary

**Rosemont - 988**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**

CITRUS CO



**Southwest Florida  
Water Management District**

**ROSEMONT**

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899  
Phone (904) 796-7211 or 1-800-423-1476 SUNCOM 628-4097

October 26, 1988

206291

- Water Inspector
- Director of Operations
- Water Manager
- City Engineer, Palm City
- Anne M. Sencione
- Secretary Services
- Water & Pollution
- Technical Lake Water
- Water & Sewer
- St. Petersburg
- Robert I. Sencione, M.D.
- Tampa
- John H. Woods, Ph.D.
- Port Charlotte
- Mary Ann Hagan
- Bonifay
- Charles A. Baker
- Covington
- Gary W. Gull
- Executive Director
- Doris P. Fernandez
- General Counsel
- William K. Hennessey
- Deputy Executive Director
- Operations
- Peter G. Hubbell
- Deputy Executive Director
- Resource Management
- John E. Sencione
- Deputy Executive Director
- Administration

**Subject: Individual Permit Transmittal Letter - Final Agency Action**

Your Consumptive Use Permit(s) was/were approved by the District Governing Board subject to all terms and conditions set forth in the approved Permit(s). Please sign the Permit copy in the presence of Notary Public, and return it in the enclosed envelope. Retain the original for your records.

One of the enclosed ID tags must be affixed in a prominent location on each permitted withdrawal facility. The necessary tags(s) and instructions are enclosed.

You may contact this office if you have any questions or concerns about your Permit.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 7 of the Permit, and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit(s), or any suspension of your Permit(s), or of any restriction on your use of water for the duration of an declared water shortage.

*Annie L. Taylor*  
**ANNIE L. TAYLOR, Manager**  
Processing & Records Section

Enclosures: Approved Permit  
Well Tags

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
GENERAL CONSUMPTIVE USE PERMIT

RECEIVED 0010 118

PERMIT GRANTED TO:

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703  
(Legal Name and Address)

PERMIT NO.: 206291  
DATE PERMIT GRANTED: June 5, 1987  
DATE PERMIT APPLICATION FILED: April 29, 1987  
PERMIT EXPIRES ON: June 5, 1997  
SOURCE CLASSIFICATION: Groundwater  
USE CLASSIFICATION: Essential Services/Public Su  
LOCATION: S27, T19S, R20E

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. That all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth herein will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if applicant fails to comply with all of the conditions set forth herein, then this Permit may be revoked, following notice and hearing.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable beneficial use as defined in Section 373.019(5), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such cations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 87,900 gallons of water per day with a maximum combined withdrawal rate not to exceed 270,000 during a single day. Withdrawals are authorized as shown in the table below.

5. USER I.D.	DISTRICT I.D.	WITHDRAWAL POINT		GALLONS PER DAY	
		LATITUDE	LONGITUDE	AVERAGE	MAXIMUM
1.	1.	28 48 36	82 17 14	29,200	56,000
2.	2.	28 48 34	82 17 14	58,700	214,000



Rosenant

INSTRUCTIONS FOR APPLYING CONSUMPTIVE USE TAG

Included herewith are the necessary tags for the withdrawal points as indicated on your permit.

Each withdrawal - well or surface - has been numbered in the same order as that shown on the permit column labeled District ID Number.

The tags have been treated with a waterproof coating. However, care should be taken in the placing of these tags. We suggest one of the following:

... only when sufficient space is available between the

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
BROOKSVILLE, FLORIDA 34609-6899, 904-796-7211  
CONSUMPTIVE USE PERMITS TAG

Southern States Utilities  
Applicant

206291	29,200	56,000
CUP Number	Average gpd	Maximum gpd

1 of 2	4"	6/6/97
No of No Wells	Size	Expires

2 of 2 (2)

... that portion of the pump installation that is a pump.  
... if it is located adjacent to the facility.  
... of a portable facility.  
... permits are displayed on public supply systems.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
CONSUMPTIVE USE PERMITS  
(904) 796-7211

The use of water is restricted to the use classification set forth above. Any changes in the use of water will require a modification of this Permit.

In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-2.511 A.C., the District may alter, modify or declare inactive, all or parts of this Permit.

The District reserves the right, at any reasonable time, to collect water samples from any withdrawal point listed in the Permit. The District may require the Permittee to submit samples in suitable containers provided by the District.

An authorized District Representative may, at any reasonable time, enter the property, inspect the facility, and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property. The Permittee must keep a copy of this permit and have it available for District staff to examine during such an inspection.

- .. If the District, after consultation with the Permittee, determines that significant water quantity or quality changes, or adverse environmental impacts are occurring, the Board, upon notice and hearing, may reconsider the quantities permitted or other conditions of the permit.
- .. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
- .. The District may, at a future date, establish a minimum water level in the aquifer or aquifers hydrologically associated with these withdrawals, which may require Permittee to limit withdrawal from these groundwater sources at times when water levels fall below these minimums.
- .. Water conservation shall be practiced by the Permittee to increase the efficiency of transport, application, and use, to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation criteria for the Permittee's water use classification, this Permit will be subject to such criteria upon notice and after a reasonable period for compliance.

The District reserves the right to require Permittee to submit monthly pumpage records for any or all withdrawal points listed in the permit.

  
\_\_\_\_\_  
Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

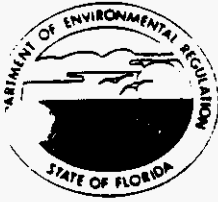
Applicant hereby certifies that applicant owns, leases, or controls the property contained in the application for this permit, that the information contained in the application is true and accurate and, if applicant is a corporation or a partnership, that the undersigned has the legal authority to execute this permit and affidavit on behalf of said corporation or partnership.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



## Florida Department of Environmental Regulation

Southwest District

4520 Oak Fair Boulevard

Tampa, Florida 33610-7347

Lawton Chiles, Governor

(813) 623-5561

Carol M. Browner, Secretary

RECEIVED

December 5, 1991 DEC 9 1991

ENGINEERING DEPT.

Mr. Charles Sweat  
Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Citrus County  
Rosemont-Rolling Green WTP  
and Interconnect

C. C. Arcana  
S. Terrero  
D. E. Wood

Dear Mr. Sweat:

This letter acknowledge receipt of a letter from your engineer dated November 26, 1991, received on December 2, 1991, requesting a modification to the bacteriological sampling requirements.

Based on the well completion report and additional information submitted thru the permitting process and the extreme low water pressure conditions within the Rolling Green distribution system, the Department has no objections to the proposed bacteriological sampling modification of two samples per day, minimum of 8 hours apart for ten consecutive days. However, results shall be "faxed" to this office as they become available. If any sample results indicates a presence of bacteria, the modified procedure must stop immediately and the rest of the sample shall be collected on a one sample per day basis.

Please call me at (813) 623-5561 ext. 340 or Roger Evans at ext. 314, if you have any questions.

Sincerely,

Pedro L. Rivera, P.E.  
Section Manager  
Drinking Water Section

PLR/dmp

cc: Joseph G. Mack  
Citrus CPHU  
Roger Evans, DER





## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Garrity, Deputy Assistant Secretary

### PERMITTEE

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Attn: Mr. Charles Sweat

### Permit/Certification

ID. Number: 6094905  
Permit Number WC09-168664  
Date of Issue: 7/25/90  
Expiration Date: 7/25/91  
County: Citrus  
Lat/Long: 28°48'36"N/  
82°17'14"W  
Sect/Town/Rge:  
Project: Rosemont-Rolling  
Green WTP and Interconnect

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-555. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Construction of a modification to an existing community drinking water system. The new construction shall be in accordance with the plans and specifications prepared by Jerry C. Huston, P.E. and shall include the following:

One 12-inch, 202 feet deep supply well equipped with a 50 hp, 500 gpm submersible pump;

Dual gas chlorination system with automatic switchover and loss of chlorination capability alarm;

10,000 gallon hydropneumatic tank;

- Polyphosphate feed equipment;

- 100 KVA Propane Gas generator with automatic startup device;

Yard Piping; and

8-inch water transmission main along East Sandpiper Road to interconnect the Rosemont and Rolling Greens Systems.

Permitted water treatment plant capacity is 87,900 gpd based on average raw water supply.

Location: Sandpiper Road east of Old Floral City Road, Inverness, Florida.

DER FORM 17-1.201(5) Page 1 Of 4.

PERMITTEE:  
Mr. Charles Sweat  
Rosemont-Rolling Green WTP and  
Interconnect

Permit No. WC09-168664

Specific Conditions

1. The wells located at Rolling Greens must be abandoned in accordance with the requirements of Chapter 17-532.440, F.A.C.
2. A copy of the well abandonment report must be submitted to this office within 90 days of receipt of a letter of clearance to place the interconnect between Rosemont and Rolling Greens into service.
3. The water treatment facility at Rolling Green must be physically disconnected from the distribution system within 24 hours of receipt of a letter of clearance to place the interconnect into service. The engineer of record must submit a signed and sealed statement to the effect that the plant is no longer connected to the system. This statement must include the method used to remove plant from service.
4. The system may be placed in service once a letter of clearance from this Department is received (Chapter 17-555.345, F.A.C.).
5. A letter of clearance may be issued by this Department upon receipt of the following items:
  - a. 'Request for a Letter of Release to Place Water Supply System into Service', DER Form 17-555.910(9);
  - b. Bacteriological survey of the raw well water completed pursuant to Chapter 17-555.315(3)(c), F.A.C.;
  - c. Copy of satisfactory pressure test of the water distribution system; and
  - d. Copies of satisfactory analysis of the water collected on two consecutive days from the following locations:
    - Hydropneumatic tank;
    - 8-inch water line located at the Rosemont water treatment plant at the entry point to the distribution system;
    - Point of connection between interconnect and Rolling Greens distribution system; and
    - Approximately every 500 feet along interconnect.

PERMITTEE:

Mr. Charles Sweat  
Rosemont-Rolling Green WTP and  
Interconnect

Permit No. WC09-168664

6. The permittee shall instruct the engineer of record to request system clearance from the Department within 30 days of completion of construction, testing and disinfection of the system covered by this permit.

7. Your facility has been classified as a Category V, Class D water treatment plant. You must provide staffing by a Class D or higher operator 3 nonconsecutive visits per weeks. The lead or chief operator must be Class D or higher.

8. Monthly operation reports must be submitted by your certified operator.

9. Compliance Monitoring:

a. The drinking water must be analyzed for primary and secondary contaminants listed in Chapter 17-550.310 and 17-550.320, F.A.C., to the degree and frequency required by Chapter 17-550.510 and 17-550.520, F.A.C.

b. The drinking water must be analyzed for coliform bacteria every month. The minimum number of samples required depending on population is outlined in Chapter 17-550, F.A.C.; however, at no time may you submit less than one (1) raw sample from each supply well and two (2) distribution samples.

c. The drinking water must be analyzed for unregulated organic contaminants listed in Chapter 17-550.410, F.A.C., to the degree and frequency outlined in Chapter 17-550.510, F.A.C.

d. All water quality analysis must be performed by a laboratory certified by the Department of Health and Rehabilitative Services (DHRS) and the results forwarded to the district office.

10. The Department must be notified in writing and prior approval obtained for any changes or revisions to be made during construction.

11. Sewage disposal facilities shall not be installed within 200' of any water supply well (Chapter 17-555.312, F.A.C.). This rule prohibits the installation of septic tanks on any lot within the 200 feet radius of the wells.

12. Reclaimed water land application areas may not be located within 500' of any water supply well. (Chapter 17-555.312, F.A.C.).

PERMITTEE:

Mr. Charles Sweat  
Rosemont-Rolling Green WTP and  
Interconnect

Permit No. WC09-168664

13. Other sanitary hazards as defined in Rule 17-550.200, F.A.C. may not be located within 100' of any water supply well.

14. Permitted construction or alteration of public drinking water systems must be supervised during construction by a professional engineer registered in the State of Florida.

15. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.A. Gray Building, Tallahassee, Florida 32301, Telephone number (904) 487-2073.

16. The permittee shall operate and maintain this facility in accordance with Chapter 17-555.350, F.A.C.

17. The permittee shall be aware of and operate under the attached "General Conditions". General conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION



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Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary

**Salt Springs - 1115**

**Marion County (SSU)**

**Water**

**- 1992 FPSC Filing -**



**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
Post Office Box 1429  
Palatka, Florida 32178-1429

PERMIT NO. 2-035-0222NK DATE ISSUED SEPTEMBER 10, 1991

CONSUMPTIVE USE  
A PERMIT AUTHORIZING:

USE OF GROUND WATER FROM THE FLORIDIAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 375 PEOPLE.

LOCATION:

SECTION 42, TOWNSHIP 13 SOUTH, RANGE 26 EAST  
MARION COUNTY  
ISSUED ~~904~~ T SPRINGS WTP  
(OWNER)

SOUTHERN STATES UTILITIES  
ATTN: RAFAEL TERRERO  
1003 COLOR PLACE  
APOPKA, FL 32703

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, of liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

SEE CONDITIONS ON ATTACHED "EXHIBIT A", DATED SEPTEMBER 10, 1991

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management      Governing Board

By:   
(Director)  
JEFF ELLEDGE

By:   
(Assistant Secretary)  
HENRY DEAN

PERMIT

CONDITIONS FOR ISSUANCE OF PERMIT NO. 10-001-0024204

SOUTHERN STATE UTILITIES

DATED SEPTEMBER 10, 1994

1. DISTRICT AUTHORIZED STAFF, UPON PROPER IDENTIFICATION, WILL HAVE PERMISSION TO ENTER, INSPECT AND CONSERVE PERMITTED AND RELATED FACILITIES IN ORDER TO DETERMINE COMPLIANCE WITH THE APPROVED PLANS, SPECIFICATIONS AND CONDITIONS OF THIS PERMIT. CPS
2. NOTHING IN THIS PERMIT SHOULD BE CONSTRUED TO LIMIT THE AUTHORITY OF THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT TO DECLARE A WATER SHORTAGE AND ISSUE ORDERS PURSUANT TO SECTION 373.175, FLORIDA STATUTES, OR TO FORMULATE A PLAN FOR IMPLEMENTATION DURING PERIODS OF WATER SHORTAGE, PURSUANT TO SECTION 373.246, FLORIDA STATUTES. IN THE EVENT OF A WATER SHORTAGE, AS DECLARED BY THE DISTRICT GOVERNING BOARD, THE PERMITTEE MUST ADHERE TO REDUCTIONS IN WATER WITHDRAWALS AS SPECIFIED BY THE DISTRICT. CPS
3. PRIOR TO THE CONSTRUCTION, MODIFICATION, OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT PURSUANT TO CHAPTER 40C-3, FLORIDA ADMINISTRATIVE CODE. CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL WILL REQUIRE MODIFICATION OF THE CONSUMPTIVE USE PERMIT WHEN SUCH CONSTRUCTION, MODIFICATION OR ABANDONMENT IS OTHER THAN THAT SPECIFIED AND DESCRIBED ON THE CONSUMPTIVE USE PERMIT APPLICATION FORM. CPS
4. LEAKING OR INOPERATIVE WELL CASINGS, VALVES, OR CONTROLS MUST BE REPAIRED OR REPLACED AS REQUIRED TO PUT THE SYSTEM BACK IN AN OPERATIVE CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS WILL BE CAUST FOR DEEMING THE WELL ABANDONED IN ACCORDANCE WITH CHAPTER 17.21.02(5), FLORIDA ADMINISTRATIVE CODE AND CHAPTER 373.309, FLORIDA STATUTES. CPS
5. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON LEGAL USES OF WATER EXISTING AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF THE WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON LEGAL USES OF WATER WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BUT NOT LIMITED TO:  
  - (A) REDUCTION OF WELL WATER LEVELS RESULTING IN A REDUCTION OF 10% IN THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER;
  - (B) REDUCTION OF WATER LEVELS IN AN ADJACENT SURFACE WATER BODY RESULTING IN A SIGNIFICANT IMPAIRMENT OF THE USE OF WATER IN THAT WATER BODY.
  - (C) SALINE WATER INTRUSION OR INTRODUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE RESULTING IN A SIGNIFICANT REDUCTION OF WATER QUALITY AND
  - (D) CHANGE IN WATER QUALITY RESULTING IN EITHER IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
6. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON ADJACENT LAND USES WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OF WATER ALLOCATIONS IF WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON ADJACENT LAND USE WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BY BUT NOT LIMITED TO: NGA

- (A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT SURFACE WATER BODY
- (B) LAND COLLAPSE OR SINKHOLE CAUSED BY A REDUCTION IN WATER LEVELS
- (C) DAMAGE TO CROPS OR OTHER TYPES OF VEGETATION.

*7. Engr.* THE DISTRICT MUST BE NOTIFIED, IN WRITING, WITHIN 30 DAYS OF THE TRANSFER OF THIS PERMIT. ALL TRANSFERS ARE SUBJECT TO THE PROVISIONS OF SECTION 400-2.351, FLORIDA ADMINISTRATIVE CODE, WHICH STATES THAT ALL TERMS AND CONDITIONS OF THE PERMIT SHALL BE BINDING OF THE TRANSFEREE.

*8. OPS* A DISTRICT-ISSUED IDENTIFICATION TAG SHALL BE PROMINENTLY DISPLAYED AT EACH WITHDRAWAL SITE BY PERMANENTLY AFFIXING SUCH TAG TO THE PUMP, HEADGATE, VALVE OR OTHER WITHDRAWAL FACILITY AS PROVIDED BY SECTION 400-2.401, FLORIDA ADMINISTRATIVE CODE. PERMITTEE SHALL NOTIFY THE DISTRICT IN THE EVENT THAT A REPLACEMENT TAG IS NEEDED.

*9. Engr.* IF THE PERMITTEE DOES NOT SERVE A NEW PROJECTED DEMAND LOCATED WITHIN THE SERVICE AREA UPON WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION WILL BE SUBJECT TO MODIFICATION.

*10. OPS* ON THE TENTH DAY FOLLOWING THE MONTH OF RECORD, PERMITTEE MUST SUBMIT TO THE DISTRICT COPIES OF THE DER MONTHLY WATER TREATMENT PLANT REPORTS ON A MONTHLY BASIS FOLLOWING THE MONTH OF RECORD. THE PERMIT NUMBER MUST BE ATTACHED TO ALL REPORTS.

*11. OPS* THE PERMITTEE MUST ENSURE THAT ALL SERVICE CONNECTIONS ARE METERED.

*12. OPS* LANDSCAPE IRRIGATION IS PROHIBITED BETWEEN THE HOURS OF 10:00 A.M. AND 4:00 P.M., EXCEPT AS FOLLOWS:

- A. IRRIGATION USING A MICRO-IRRIGATION SYSTEM IS ALLOWED ANYTIME.
- B. THE USE OF RECLAIMED WATER FOR IRRIGATION IS ALLOWED ANYTIME, PROVIDED APPROPRIATE SIGNS ARE PLACED ON THE PROPERTY TO INFORM THE GENERAL PUBLIC AND DISTRICT ENFORCEMENT PERSONNEL OF SUCH USE. SUCH SIGNS MUST BE IN ACCORDANCE WITH LOCAL RESTRICTIONS.
- C. IRRIGATION OF, OR IN PREPARATION FOR PLANTING, NEW LANDSCAPE IS ALLOWED ANY TIME OF DAY FOR ONE 30 DAY PERIOD PROVIDED IRRIGATION IS LIMITED TO THE AMOUNT NECESSARY FOR PLANT ESTABLISHMENT.
- D. WATERING IN OF CHEMICALS, INCLUDING INSECTICIDES, PESTICIDES, FERTILIZERS, FUNGICIDES, AND HERBICIDES WHEN REQUIRED BY LAW, THE MANUFACTURER, OR BEST MANAGEMENT PRACTICES IS ALLOWED ANYTIME WITHIN 24 HOURS OF APPLICATION.
- E. IRRIGATION SYSTEMS MAY BE OPERATED ANYTIME FOR MAINTENANCE AND REPAIR PURPOSES NOT TO EXCEED TEN MINUTES PER HOUR PER ZONE.

*13. OPS/Engr.* TREATED EFFLUENT MUST BE USED AS IRRIGATION WATER WHEN IT BECOMES PRACTICAL, ECONOMICALLY FEASIBLE, AND PERMISSIBLE UNDER APPLICABLE STATE AND FEDERAL STATUTES OR REGULATIONS PROMULGATED THEREUNDER.

*14. OPS* WHENEVER FEASIBLE, THE PERMITTEE MUST USE NATIVE VEGETATION THAT REQUIRES LITTLE SUPPLEMENTAL IRRIGATION FOR LANDSCAPING WITHIN THE SERVICE AREA OF THE PROJECT.

13-0222N

LOWE MNR  
D. J. M. C.  
IS RESEARCHING

15. PERMITTEE MUST BE IN COMPLIANCE WITH SUBSECTION 553.14, F.S., WITHIN ONE YEAR OF THE EFFECTIVE DATE OF THIS PERMIT.
16. PRIOR TO THE CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM VOLUSIA COUNTY BUILDING INSPECTORS AND PERMITS.
17. THIS PERMIT WILL EXPIRE 1 YEAR FROM THE DATE OF ISSUANCE.
18. WITHIN 4 MONTH OF PERMIT ISSUANCE A WATER CONSERVATION PLAN MUST BE SUBMITTED WHICH MEETS THE REQUIREMENTS OF CHAPTER 40C-2, F.A.C. AND SECTION 12.0 APPLICANT'S HANDBOOK. THIS PLAN MUST INCLUDE AT A MINIMUM, THE FOLLOWING ELEMENTS:
  - (A) AN AUDIT OF THE AMOUNT OF WATER USED IN THE APPLICANT'S PRODUCTION FACILITY, TRANSMISSION LINES AND DISTRIBUTION SYSTEM.
  - (B) A PROGRAM FOR MAKING TECHNOLOGICAL, PROCEDURAL AND/OR PROGRAMATIC IMPROVEMENTS TO THE APPLICANT'S PRODUCTION FACILITY, TRANSMISSION LINES AND DISTRIBUTION SYSTEM TO DECREASE WATER CONSUMPTION.
  - (C) AN ANALYSIS OF THE FEASIBILITY OF REUSING RECLAIMED WATER, RECYCLING WATER AND USING THE LOWEST ACCEPTABLE QUALITY WATER SOURCE ALONG WITH A TIMETABLE FOR IMPLEMENTATION.
  - (D) AN EMPLOYEE AWARENESS AND CUSTOMER EDUCATION PROGRAM CONCERNING WATER CONSERVATION.
  - (E) PROCEDURES AND TIMETABLE FOR IMPLEMENTING THE PLAN.
19. MAXIMUM ANNUAL WITHDRAWALS MUST NOT EXCEED 27.33.
20. MAXIMUM DAILY WITHDRAWALS MUST NOT EXCEED 0.15.
21. WITHIN ONE YEAR OF PERMIT ISSUANCE ALL EXISTING WITHDRAWAL POINTS MUST BE EQUIPPED WITH TOTALIZING FLOW METERS OR AN ALTERNATIVE METHOD FOR MEASURING FLOW MUST BE IMPLEMENTED. TOTALIZING FLOW METERS MUST MAINTAIN A 95% ACCURACY, BE VERIFIABLE AND BE INSTALLED ACCORDING TO MANUFACTURER SPECIFICATIONS. ALTERNATIVE METHODS FOR MEASURING WATER WITHDRAWALS MUST BE 93% ACCURATE, VERIFIABLE AND APPROVED BY THE DISTRICT PRIOR TO IMPLEMENTATION. IF AFTER A PERIOD OF ONE YEAR, THE SELECTED ALTERNATIVE DOES NOT MEET THE ACCURACY AND VERIFIABILITY REQUIREMENTS, TOTALIZING FLOW METERS OR ANOTHER DISTRICT APPROVED ALTERNATIVE MUST BE USED.
22. THE PERMITTEE MUST MAINTAIN THE REQUIRED FLOW METER(S) OR OTHER DISTRICT APPROVED FLOW MEASURING DEVICE(S). IN CASE OF FAILURE OR BREAKDOWN OF ANY METER OR OTHER DEVICE, THE DISTRICT MUST BE NOTIFIED IN WRITING WITHIN 5 DAYS OF ITS DISCOVERY. A DEFECTIVE METER OR OTHER DEVICE MUST BE REPAIRED OR REPLACED WITHIN 30 DAYS OF ITS DISCOVERY.
23. TOTAL WITHDRAWAL FROM EACH MONITORED SOURCE MUST BE RECORDED CONTINUOUSLY, INSTALLED MONTHLY, AND REPORTED TO THE DISTRICT AT LEAST EVERY SIX MONTHS FROM THE INITIATION OF THE MONITORING USING FORM NO. EN-50.
24. THE PERMITTEE MUST HAVE ANY FLOW METER(S) CALIBRATED ONCE EVERY 3 YEARS WITHIN 30 DAYS OF THE ANNIVERSARY DATE OF PERMIT ISSUANCE, AND RECALIBRATED IF THE DIFFERENCE BETWEEN THE ACTUAL FLOW AND THE METER READING IS GREATER THAN 5%. DISTRICT FORM NO. EN-51 MUST BE SUBMITTED TO THE DISTRICT WITHIN 10 DAYS OF THE INSPECTION/CALIBRATION.

25. A WATER SAMPLE MUST BE TAKEN FROM SUPPLY WELLS NUMBER 1, AND NUMBER 2, IN MAY AND OCTOBER OF EACH YEAR FOR THE DURATION OF THE PERMIT. THE SAMPLES MUST BE COLLECTED IMMEDIATELY FOLLOWING A PUMPAGE CYCLE, WHENEVER POSSIBLE. IF THIS IS NOT POSSIBLE, THE WELLS MUST BE ALLOWED TO DISCHARGE AT DESIGN CAPACITY FOR 20 MINUTES PRIOR TO THE SAMPLING. THE SAMPLES MUST BE ANALYZED BY A F.H.S.S. ACCREDITED LABORATORY FOR THE FOLLOWING PARAMETERS:

CHLORIDES	TOTAL IRON
SULFATE	TOTAL HARDNESS
CALCIUM	T.D.S.
MAGNESIUM	LABORATORY PH
SODIUM	CARBONATE ION
POTASSIUM	BI-CARBONATE ION
TOTAL ALKALINITY IF PH IS 6.9, OR LOWER.	

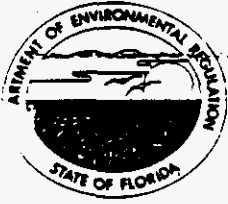
ALL MAJOR ION ANALYSES MUST BE PERFORMED ON FILTERED SAMPLES, AND MUST BE CHECKED FOR ANION-CATION BALANCE. MAJOR ION ANALYSES MUST BALANCE WITHIN 5% PRIOR TO SUBMISSION. IT IS RECOMMENDED THAT DUPLICATES BE TAKEN TO ALLOW FOR LABORATORY PROBLEMS OR LOSS.

THE PERMITTEE MUST SUBMIT A REPORT SUMMARIZING THE ANALYSES BY DECEMBER 31 FOR THE PREVIOUS YEAR. THE REPORT MUST CONTAIN THE FOLLOWING INFORMATION:

- A. CONSUMPTIVE USE PERMIT NUMBER.
- B. NAME OF THE PERSON COLLECTING THE SAMPLES.
- C. DESCRIPTION OF THE SAMPLING.
- D. NAME OF THE LABORATORY PERFORMING THE ANALYSES.
- E. THE ANALYSES LABELED WITH THE WELL DESIGNATION.
- F. A DETAILED DESCRIPTION OF ANY CHANGES IN WATER QUALITY OVER TIME.

26. SOURCE CLASSIFICATION IS CONFINED, OR SEMI-CONFINED AQUIFER.

27. USE CLASSIFICATION IS 100% HOUSEHOLD TYPE USE.



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat  
Vice President/Operations

I. D. Number:  
Permit/Certification  
Number: WC42-192061  
Date of Issue:  
Expiration Date: 06/15/92  
County: Marion  
Project: Salt Springs Forestry Well  
Well #1 Interconnect (487 ERCs/.383  
MGD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Connection of an existing 133-GPM well currently serving the Salt Spring Campground to Water Plant #2 which currently serves residences and a marina in Salt Springs, Marion County, Florida. Water Plant #1 will be removed from service. The 133-GPM well will alternate with the 400-GPM well currently serving Plant #2.

Rated design capacity will be .383 MGD which requires a minimum Class C certified operator on-site for five visits per week and one weekend visit.

General Conditions are attached to be distributed to the permittee only.

**GENERAL CONDITIONS:**

1. **The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.**
2. **This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.**
3. **As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.**
4. **This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.**
5. **This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.**

**The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.**

7. **The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:**
  - (a) **Have access to and copy any records that must be kept under conditions of the permit;**
  - (b) **Inspect the facility, equipment, practices, or operations regulated or required under this permit; and**
  - (c) **Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.**

**Reasonable time may depend on the nature of the concern being investigated.**
8. **If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:**
  - (a) **A description of and cause of noncompliance; and**
  - (b) **The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.**

**The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.**

**GENERAL CONDITIONS:**

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance StandardsThe permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.



PERMITTEE:  
Southern States Utilities  
Attention: Charles L. Sweat  
Vice President/Operations

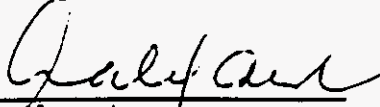
I. D. Number:  
Permit/Certification Number:  
WC42-192061  
Date of Issue:  
Expiration Date: 06/15/92

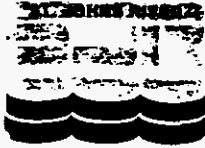
SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.
2. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department, a copy of this permit and a copy of satisfactory bacteriological sample results taken on two consecutive days from the new raw water main.
3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.
4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.
5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

ISSUED 6-27-92

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



**WATER  
MANAGEMENT  
DISTRICT**

Henry Dean, Executive Director

John R. Wene, Assistant Executive Director

**POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-1429**  
**TELEPHONE 904/329-4500 SUNCOM 904/860-4500**

FAX (EXECUTIVE/LEGAL) 329-4125 (PERMITTING) 329-4315 (ADMINISTRATION/FINANCE) 329-4506

**FIELD STATIONS**

618 E. South Street Orlando Florida 32801 407/894-5423	7775 Baymeadows Way Suite 102 Jacksonville Florida 32256 904/730-6270	PERMITTING 305 East Drive Melbourne Florida 32904 407/984-4940	OPERATIONS 2133 N. Wickham Road Melbourne Florida 32935-8109 407/254-1762
--------------------------------------------------------------	--------------------------------------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------------------------

AUGUST 21, 1991

SOUTHERN STATES UTILITIES  
ATTN: RAFAEL TERRERO  
1000 COLOR PLACE  
APOPKA, FL 32703

**RECEIVED**  
AUG 23 1991

CERTIFIED P 400 904 899

**ENGINEER**

RE: NOTICE OF BOARD CONSIDERATION OF PERMIT APPLICATION  
NUMBER 2-083-0282ANR IN MARION COUNTY **SALT SPRINGS**

ENCLOSED IS A COPY OF THE TECHNICAL STAFF REPORT (TSR) WHICH STATES THAT STAFF WILL RECOMMEND APPROVAL OF THE APPLICATION WITH THE CONDITIONS AS STATED IN THE TSR.

THIS TSR CONSTITUTES A NOTICE OF DISTRICT INTENT TO GRANT THE PERMIT APPLICATION. IF YOU DISAGREE WITH ANY PART OF THE TSR, YOU SHOULD IMMEDIATELY CONTACT THE DISTRICT STAFF TO DISCUSS YOUR CONCERNS. PLEASE REFER TO THE ENCLOSED NOTICE OF RIGHTS THAT YOUR RIGHTS AND IMPORTANT TIME FRAMES REGARDING THE PROPOSED DISTRICT ACTION.

YOU ARE ENTITLED TO ADDRESS THE GOVERNING BOARD CONCERNING THE APPLICATION. HOWEVER, WHETHER YOU DO SO OR NOT IS SOLELY YOUR DECISION. OBJECTIONS WHICH THE DISTRICT HAS RECEIVED CONCERNING THE ABOVE-REFERENCED APPLICATION ARE PROVIDED TO ASSIST YOU IN PREPARING ANY PRESENTATION TO THE GOVERNING BOARD.

THE GOVERNING BOARD WILL CONSIDER THIS APPLICATION AT 10:00 A.M. SEPTEMBER 10, 1991, OR AS SOON THEREAFTER AS IT MAY COME ONTO BE HEARD AT: ST. JOHNS RIVER WATER MANAGEMENT DISTRICT, PALATKA, FL 32178.

SINCERELY,

JACKIE LEE, SENIOR RECORDS TECHNICIAN  
DIVISION OF RECORDS

CC: DISTRICT FILE  
LYNN MINOR

GLORIA ROBERSON, DIRECTOR  
DIVISION OF RECORDS

Saundra H. Gray, CHAIRMAN DE BARY	Joe E. Hill, VICE CHAIRMAN LEESBURG	Joseph D. Collins, TREASURER JACKSONVILLE	Merritt C. Fore, SECRETARY OCALA
Jesse J. Parrish, III TITUSVILLE	Ralph E. Simmons FERNANDINA BEACH	Patricia T. Harden SANFORD	Lenore N. McCullagh ORANGE PARK
			James H. Williams OCALA

**Samira Villas - 1118**

**Marion County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**SAMIRA VILLAS**

According to Water Management District Rule 40 C - 2.041 (1) (d) Permits Required, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Samira Villas has a 2" diameter well.

# **Saratoga Harbour - 448**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## **SARATOGA HARBOUR**

According to Water Management District Rule 40 C - 2.041 (1) (d) Permits Required, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Saratoga Harbour has a 4" diameter well.

**Silver Lake Estates - 574**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32178-1429

PERMIT NO. 2-069-0562NERR DATE ISSUED SEPTEMBER 10, 1991

CONSUMPTIVE USE

A PERMIT AUTHORIZING:

USE OF GROUND WATER FROM THE FLORIDAN AQUIFER TO SUPPLY AN  
ESTIMATED POPULATION OF 3,434 PEOPLE IN 1 YEAR.

LOCATION:

SECTION(S) 14 & 07, TOWNSHIP 19 SOUTH, RANGE(S) 25 & 26 EAST  
LAKE COUNTY  
ISSUED TO SILVER LAKE ESTATES/WESTERN SHORE

SOUTHERN STATES UTILITIES, INC.  
ATTN: CHRISTINE ARCAD  
1000 COLOR PLACE  
APOPKA, FL 32703

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

SEE CONDITIONS ON ATTACHED "EXHIBIT A", DATED SEPTEMBER 10, 1991

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management      Governing Board

By:  Director

JEFF ELLSOG E

By:  Assistant Secretary

HENRY DEAN



EXHIBIT A

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-059-0562NFR

SOUTHERN STATES UTILITIES, INC.

DATED SEPTEMBER 10, 1991

1. DISTRICT AUTHORIZED STAFF, UPON PROPER IDENTIFICATION, WILL HAVE PERMISSION TO ENTER, INSPECT AND OBSERVE PERMITTED AND RELATED FACILITIES IN ORDER TO DETERMINE COMPLIANCE WITH THE APPROVED PLANS, SPECIFICATIONS AND CONDITIONS OF THIS PERMIT. *CPD*
2. NOTHING IN THIS PERMIT SHOULD BE CONSTRUED TO LIMIT THE AUTHORITY OF THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT TO DECLARE A WATER SHORTAGE AND ISSUE ORDERS PURSUANT TO SECTION 373.175, FLORIDA STATUTES, OR TO FORMULATE A PLAN FOR IMPLEMENTATION DURING PERIODS OF WATER SHORTAGE, PURSUANT TO SECTION 373.246, FLORIDA STATUTES. IN THE EVENT OF A WATER SHORTAGE, AS DECLARED BY THE DISTRICT GOVERNING BOARD, THE PERMITTEE MUST ADHERE TO REDUCTIONS IN WATER WITHDRAWALS AS SPECIFIED BY THE DISTRICT.
3. PRIOR TO THE CONSTRUCTION, MODIFICATION, OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT PURSUANT TO CHAPTER 40C-3, FLORIDA ADMINISTRATIVE CODE. CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL WILL REQUIRE MODIFICATION OF THE CONSUMPTIVE USE PERMIT WHEN SUCH CONSTRUCTION, MODIFICATION OR ABANDONMENT IS OTHER THAN THAT SPECIFIED AND DESCRIBED ON THE CONSUMPTIVE USE PERMIT APPLICATION FORM. *CPD*
4. LEAKING OR INOPERATIVE WELL CASINGS, VALVES, OR CONTROLS MUST BE REPAIRED OR REPLACED AS REQUIRED TO PUT THE SYSTEM BACK IN AN OPERATIVE CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS WILL BE CAUSE FOR DEEMING THE WELL ABANDONED IN ACCORDANCE WITH CHAPTER 17.21-02(5), FLORIDA ADMINISTRATIVE CODE AND CHAPTER 373.309, FLORIDA STATUTES. *CPD*
5. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON LEGAL USES OF WATER EXISTING AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF THE WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON LEGAL USES OF WATER WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BUT NOT LIMITED TO:
  - (A) REDUCTION OF WELL WATER LEVELS RESULTING IN A REDUCTION OF 10% IN THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER;
  - (B) REDUCTION OF WATER LEVELS IN AN ADJACENT SURFACE WATER BODY RESULTING IN A SIGNIFICANT IMPAIRMENT OF THE USE OF WATER IN THAT WATER BODY.
  - (C) SALINE WATER INTRUSION OR INTRODUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE RESULTING IN A SIGNIFICANT REDUCTION OF WATER QUALITY; AND
  - (D) CHANGE IN WATER QUALITY RESULTING IN EITHER IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
6. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON ADJACENT LAND USES WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON ADJACENT LAND USE WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BY BUT NOT LIMITED TO:
  - (A) REDUCTION OF WELL WATER LEVELS RESULTING IN A REDUCTION OF 10% IN THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER;
  - (B) REDUCTION OF WATER LEVELS IN AN ADJACENT SURFACE WATER BODY RESULTING IN A SIGNIFICANT IMPAIRMENT OF THE USE OF WATER IN THAT WATER BODY.
  - (C) SALINE WATER INTRUSION OR INTRODUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE RESULTING IN A SIGNIFICANT REDUCTION OF WATER QUALITY; AND
  - (D) CHANGE IN WATER QUALITY RESULTING IN EITHER IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.

- (A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT SURFACE WATER BODY
  - (B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY A REDUCTION IN WATER LEVELS; AND
  - (C) DAMAGE TO CROPS AND OTHER TYPES OF VEGETATION.
7. THE DISTRICT MUST BE NOTIFIED, IN WRITING, WITHIN 30 DAYS OF THE TRANSFER OF THIS PERMIT. ALL TRANSFERS ARE SUBJECT TO THE PROVISIONS OF SECTION 40C-2.351, FLORIDA ADMINISTRATIVE CODE, WHICH STATES THAT ALL TERMS AND CONDITIONS OF THE PERMIT SHALL BE BINDING OF THE TRANSFEREE.
8. A DISTRICT-ISSUED IDENTIFICATION TAG SHALL BE PROMINENTLY DISPLAYED AT EACH WITHDRAWAL SITE BY PERMANENTLY AFFIXING SUCH TAG TO THE PUMP, HEADGATE, VALVE OR OTHER WITHDRAWAL FACILITY AS PROVIDED BY SECTION 40C-2.401, FLORIDA ADMINISTRATIVE CODE. PERMITTEE SHALL NOTIFY THE DISTRICT IN THE EVENT THAT A REPLACEMENT TAG IS NEEDED.
9. IF THE PERMITTEE DOES NOT SERVE A NEW PROJECTED DEMAND LOCATED WITHIN THE SERVICE AREA UPON WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION WILL BE SUBJECT TO MODIFICATION.
10. ON THE TENTH DAY FOLLOWING THE MONTH OF RECORD, PERMITTEE MUST SUBMIT TO THE DISTRICT COPIES OF THE DER MONTHLY WATER TREATMENT PLANT REPORTS ON A MONTHLY BASIS FOLLOWING THE MONTH OF RECORD. THE PERMIT NUMBER MUST BE ATTACHED TO ALL REPORTS.
11. THE PERMITTEE MUST ENSURE THAT ALL SERVICE CONNECTIONS ARE METERED.
12. LANDSCAPE IRRIGATION IS PROHIBITED BETWEEN THE HOURS OF 10:00 A.M. AND 4:00 P.M., EXCEPT AS FOLLOWS:
- A. IRRIGATION USING A MICRO-IRRIGATION SYSTEM IS ALLOWED ANYTIME.
  - B. THE USE OF RECLAIMED WATER FOR IRRIGATION IS ALLOWED ANYTIME, PROVIDED APPROPRIATE SIGNS ARE PLACED ON THE PROPERTY TO INFORM THE GENERAL PUBLIC AND DISTRICT ENFORCEMENT PERSONNEL OF SUCH USE. SUCH SIGNS MUST BE IN ACCORDANCE WITH LOCAL RESTRICTIONS.
  - C. IRRIGATION OF, OR IN PREPARATION FOR PLANTING, NEW LANDSCAPE IS ALLOWED ANY TIME OF DAY FOR ONE 30 DAY PERIOD PROVIDED IRRIGATION IS LIMITED TO THE AMOUNT NECESSARY FOR PLANT ESTABLISHMENT.
  - D. WATERING IN OF CHEMICALS, INCLUDING INSECTICIDES, PESTICIDES, FERTILIZERS, FUNGICIDES, AND HERBICIDES WHEN REQUIRED BY LAW, THE MANUFACTURER, OR BEST MANAGEMENT PRACTICES IS ALLOWED ANYTIME WITHIN 24 HOURS OF APPLICATION.
  - E. IRRIGATION SYSTEMS MAY BE OPERATED ANYTIME FOR MAINTENANCE AND REPAIR PURPOSES NOT TO EXCEED TEN MINUTES PER HOUR PER ZONE.
13. TREATED EFFLUENT MUST BE USED AS IRRIGATION WATER WHEN IT BECOMES PRACTICAL, ECONOMICALLY FEASIBLE, AND PERMISSIBLE UNDER APPLICABLE STATE AND FEDERAL STATUTES OR REGULATIONS PROMULGATED THEREUNDER.
14. WHENEVER FEASIBLE, THE PERMITTEE MUST USE NATIVE VEGETATION THAT REQUIRES LITTLE SUPPLEMENTAL IRRIGATION FOR LANDSCAPING WITHIN THE SERVICE AREA OF THE PROJECT.

69-0562NFRM

15. PRIOR TO THE CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM VOLUSIA COUNTY BUILDING INSPECTIONS AND PERMITS.

16. THIS PERMIT WILL EXPIRE 1 YEAR FROM THE DATE OF ISSUANCE.

17. MAXIMUM ANNUAL GROUNDWATER WITHDRAWALS FOR PUBLIC SUPPLY MUST NOT EXCEED:

326.32 MILLION GALLONS IN 1991  
339.67 MILLION GALLONS IN 1992

18. MAXIMUM DAILY GROUNDWATER WITHDRAWALS FOR PUBLIC SUPPLY MUST NOT EXCEED:

1.12 MILLION GALLONS IN 1991  
1.17 MILLION GALLONS IN 1992

19. WITHIN ONE YEAR OF PERMIT ISSUANCE ALL EXISTING WITHDRAWAL POINTS MUST BE EQUIPPED WITH TOTALIZING FLOW METERS OR AN ALTERNATIVE METHOD FOR MEASURING FLOW MUST BE IMPLEMENTED. TOTALIZING FLOW METERS MUST MAINTAIN A 95% ACCURACY, BE VERIFIABLE AND BE INSTALLED ACCORDING TO MANUFACTURER SPECIFICATIONS. ALTERNATIVE METHODS FOR MEASURING WATER WITHDRAWALS MUST BE 90% ACCURATE, VERIFIABLE AND APPROVED BY THE DISTRICT PRIOR TO IMPLEMENTATION. IF AFTER A PERIOD OF ONE YEAR, THE SELECTED ALTERNATIVE DOES NOT MEET THE ACCURACY AND VERIFIABILITY REQUIREMENTS, TOTALIZING FLOW METERS OR ANOTHER DISTRICT APPROVED ALTERNATIVE MUST BE USED.

20. PRIOR TO BEGINNING WATER USE ALL NEW WITHDRAWAL POINTS MUST BE EQUIPPED WITH TOTALIZING FLOW METERS. SUCH FLOW METERS MUST MAINTAIN A 95% ACCURACY, BE VERIFIABLE AND INSTALLED ACCORDING TO MANUFACTURER SPECIFICATIONS.

21. TOTAL WITHDRAWAL FROM EACH MONITORED SOURCE MUST BE RECORDED CONTINUOUSLY, TOTALLED MONTHLY, AND REPORTED TO THE DISTRICT AT LEAST EVERY SIX MONTHS FROM THE INITIATION OF THE MONITORING USING FORM NO. EN-50.

22. THE PERMITTEE MUST MAINTAIN THE REQUIRED FLOW METER(S) OR OTHER DISTRICT APPROVED FLOW MEASURING DEVICE(S). IN CASE OF FAILURE OR BREAKDOWN OF ANY METER OR OTHER DEVICE, THE DISTRICT MUST BE NOTIFIED IN WRITING WITHIN 5 DAYS OF ITS DISCOVERY. A DEFECTIVE METER OR OTHER DEVICE MUST BE REPAIRED OR REPLACED WITHIN 30 DAYS OF ITS DISCOVERY.

23. THE PERMITTEE MUST HAVE ANY FLOW METER(S) CALIBRATED ONCE EVERY 3 YEARS WITHIN 30 DAYS OF THE ANNIVERSARY DATE OF PERMIT ISSUANCE, AND RECALIBRATED IF THE DIFFERENCE BETWEEN THE ACTUAL FLOW AND THE METER READING IS GREATER THAN 5%. DISTRICT FORM NO. EN-51 MUST BE SUBMITTED TO THE DISTRICT WITHIN 10 DAYS OF THE INSPECTION/CALIBRATION.

24. WITHIN 4 MONTHS OF PERMIT ISSUANCE A WATER CONSERVATION PLAN MUST BE SUBMITTED WHICH MEETS THE REQUIREMENTS OF CHAPTER 40C-2 F.A.C. AND SECTION 12.0 CUP APPLICANT'S HANDBOOK AS AMENDED EFFECTIVE JULY 23, 1991. THIS PLAN MUST INCLUDE AT A MINIMUM, THE FOLLOWING ELEMENTS:

(A) AN AUDIT OF THE AMOUNT OF WATER USED IN THE APPLICANT'S PRODUCTION FACILITY, TRANSMISSION LINES AND DISTRIBUTION SYSTEM.

(B) A PROGRAM FOR MAKING TECHNOLOGICAL, PROCEDURAL AND/OR PROGRAMMATIC IMPROVEMENTS TO THE APPLICANT'S PRODUCTION FACILITY, TRANSMISSION LINES AND DISTRIBUTION SYSTEM TO DECREASE WATER CONSUMPTION.

2 69-0562NFR

(C) AN ANALYSIS OF THE FEASIBILITY OF USING RECLAIMED WATER, RECYCLING WATER AND USING THE LOWEST ACCEPTABLE QUALITY WATER SOURCE ALONG WITH A TIMETABLE FOR IMPLEMENTATION.

(D) AN EMPLOYEE AWARENESS AND CUSTOMER EDUCATION PROGRAM CONCERNING WATER CONSERVATION.

(E) PROCEDURES AND TIMETABLE FOR IMPLEMENTING THE PLAN.

TWO COPIES OF THE WATER CONSERVATION PLAN MUST BE SUBMITTED TO THE DISTRICT WITH THE APPROPRIATE PERMIT NUMBER PLAINLY MARKED.

- copy*
25. RESULTS OF THE RATE CASE HEARING WITH PUBLIC SERVICE COMMISSION WILL BE SUBMITTED TO THE DISTRICT FOR INCLUSION IN THE CUP FILE WITHIN SIX MONTHS OF PERMIT ISSUANCE
  26. SOURCE CLASSIFICATION IS CONFINED OR SEMI- CONFINED AQUIFER.
  27. USE CLASSIFICATION IS 95% HOUSEHOLD, 5% WATER UTILITY.

**Silver Lake Oaks - 473**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite 200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577 • 904-448-4300

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary  
Ernest Frey, Deputy Assistant Secretary

### PERMITTEE:

Mr. Frank Novak, Vice President  
SSU Services, Inc.  
1000 Color Place  
Apopka, Florida 32703

### I.D. Number:

Permit/Cert Number: WC54-187620  
Date of Issue: November 16, 1990  
Expiration Date: November 16, 1991  
County: Putnam  
Lat/Long: 29° 37' 22"N/81° 42' 54"W  
Section/Township/Range: S17/T10S/R26E  
Project: Silver Lake Oaks WTP Improvements

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-555 (formerly 17-22). The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

To install a new 40 gpm cascade tray fiberglass aerator and 6,000 gallon reservoir, in series with a second 6,000 gallon reservoir; two new high service pumps at 70 gpm each and related piping and appurtenances. The existing 1,000 gallon hydrotank will be used, and bypasses of both the aerators and the hydrotank will be provided.



PERMITTEE:

Mr. Frank Novak, President  
SSU Services, Inc.

I.D. Number:

Permit/Cert Number: WC54-187620.  
Date of Issue: November 16, 1990  
Expiration Date: November 16, 1991

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

PERMITTEE:

Mr. Frank Noval, Vice President  
SSU Services, Inc.

I.D. Number:  
Permit/Cert Number: WC54-187620  
Date of Issue: November 16, 1990  
Expiration Date: November 16, 1991

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the Department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the Department, may be used by the Department as evidence in any enforcement case arising under the Florida Statutes or Department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.



PERMITTEE:

Mr. Frank Noval, Vice President  
SSU Services, Inc.

I.D. Number:

Permit/Cert Number: WC54-187620  
Date of Issue: November 16, 1990  
Expiration Date: November 16, 1991

13. This permit also constitutes:

- Determination of Best Available Control Technology (BACT)
- Determination of Prevention of Significant Deterioration (PSD)
- Certification of Compliance with State Water Quality Standards  
(Section 401, PL 92-500)
- Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under Department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by Department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the Department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be submitted or corrected promptly.

**PERMITTEE:**

Mr. Frank Novak, Vice President  
SSU Services, Inc.

**I.D. Number:**

Permit/Cert Number: WC54-187620  
Date of Issue: November 16, 1990  
Expiration Date: November 16, 1991

**SPECIFIC CONDITIONS:**

1. This approval is given with the understanding that upon the installation of such works its operations shall be placed under the care of a competent person, whose qualifications are approved by the Department and the operation shall be carried out according to best accepted practice and in accordance with the requirements of the rules and regulations of the Department. This includes not only the provision of continuing essential funds for operation and maintenance of chemical supplies for plant operation; but also the funds for maintenance of equipment and supplying the needs of a suitable water plant laboratory which is required for proper operation of this water treatment facility.
2. Water supply facilities including mains shall be installed, cleaned, disinfected and bacteriologically cleared for service; in accordance with the latest applicable AWWA Standards and Department rules and regulations.
3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20 ft. of either cast iron pipe or concrete encased vitrified clay pipe, centered on the point of crossing. When a water main parallels a sewer main, a separation of at least 10 ft. should be maintained where practical.
4. Certification as to construction of this project in accordance with the approved plans by a Florida Registered Professional Engineer together with satisfactory bacteriological analyses shall be provided and a letter of clearance obtained from this Agency before placing these facilities in service.
5. All PVC pipe shall bear the National Sanitation Foundation (NSF) seal of approval for potable water pipe.
6. Points of chlorination shall be provided after the aerator at the first ground storage for primary disinfection, prior to the hydrotank for chlorine residual stabilization and prior to the aerator plates for periodic maintenance.
7. A chemical analysis for iron, turbidity, and TDS shall be done on the treated water once upgrades are installed. If Maximum Contaminant Levels (MCLs) are exceeded for these parameters, additional treatment will be necessary.
8. These upgrades will provide plant capacity for up to 78 ERCs or 88 physical connections at current usage rates. If usage increases to beyond that of 78 ERCs, additional upgrades may be required prior to adding additional physical connections.

PERMITTEE:

Jr. Frank Novak, Vice President  
SSU Services, Inc.

I.D. Number:

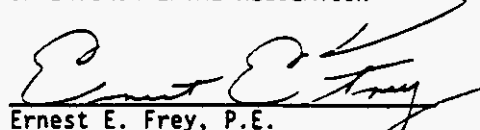
Permit/Cert Number: WC54-187620  
Date of Issue: November 16, 1990  
Expiration Date: November 16, 1991

SPECIFIC CONDITIONS:

9. A field test verifying well pump capacity shall be performed and submitted to the Department.

Issued this 16th day of November 1990

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION



Ernest E. Frey, P.E.  
Deputy Assistant Secretary

FILING AND ACKNOWLEDGEMENT  
FILED on this date, pursuant to S120.52 Florida  
Statutes, with the designated Department Clerk,  
of which is hereby acknowledged.

Celia Sullards 11-21-90  
Clerk Date

**Skycrest - 551**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

*SKyrest*

PERMIT NO. 2-069-0465N DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDIAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 438 PEOPLE IN 7 YEARS.

LOCATION: Section 23, Township 18 South, Range 24 East  
Lake County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

1. The permittee shall comply with all provisions of the attached "Permit Conditions".

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

BY: [Signature]  
(Director)  
A. Duke Johnson

Governing Board

BY: [Signature]  
(Assistant Secretary)  
B. Dean



SKy...st

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-069-0465N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

1-069-0463M

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 400-2.401, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 400-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 24.0 million gallons.
  14. Maximum daily withdrawals must not exceed .132 million gallons.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 88% household, 10% water utility and 2% commercial/industrial.



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utilities  
1000 Color Place  
Apopka, FL 32703  
  
Attention: Charles Sweat, President

I. D. Number:  
Permit/Certification  
Number: WC35-162398  
Date of Issue:  
Expiration Date: 04/15/92  
County: Lake  
Project: Skycrest  
Emergency Backup Well (137  
ERCs/.108 MGD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Equipping and connecting a second existing 500 GPM well, to be used as an emergency backup well only, to the Skycrest Subdivision water plant located on Skycrest Boulevard south of Eagle's Nest Road on the east side of Highway 441 south of Lady Lake, Lake County, Florida. The water plant is rated at .108 MGD and requires a Class D or higher certified water plant operator on-site three days per week.

General Conditions are attached to be distributed to the permittee only.



**GENERAL CONDITIONS:**

1. **The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.**
2. **This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.**
3. **As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.**
4. **This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.**
5. **This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.**
6. **The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.**
7. **The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
  - (a) **Have access to and copy any records that must be kept under conditions of the permit;**
  - (b) **Inspect the facility, equipment, practices, or operations regulated or required under this permit; and**
  - (c) **Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.****

**Reasonable time may depend on the nature of the concern being investigated.**

8. **If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
  - (a) **A description of and cause of noncompliance; and**
  - (b) **The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.****

**The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.**

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utilities  
Attention: Charles Sweat, President


I. D. Number:  
Permit/Certification Number:  
WC35-162398  
Date of Issue:  
Expiration Date: 04/15/92

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.
2. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department (along with the enclosed "Facilities Inventory" sheet), a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from the new piping where it connects to the existing piping.
3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.
4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.
5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.
6. A copy of the pump curve for the well pump with design operating conditions highlighted shall be provided.

ISSUED 6-11-91

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
CONSUMPTIVE USE PERMIT

IT GRANTED TO:	PERMIT NO.:	204842-06
	DATE PERMIT GRANTED:	February 23, 1988
	DATE PERMIT APPLICATION	
	FILED:	October 21, 1987
<u>Spring Hill Utilities</u>	PERMIT EXPIRES ON:	February 23, 1994
<u>A Division of Deltona Utilities, Inc.</u>	SOURCE CLASSIFICATION:	Groundwater
<u>3250 SW Third Avenue</u>	USE CLASSIFICATION:	Public Supply - Water Utility
<u>Miami, Florida 33129</u>	LOCATION:	Section 28, T23S, R17E
(Legal Name and Address)		

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. The Permittee attests that all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth in this Permit will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the applicant fails to comply with all of the conditions set forth herein, then this Permit may be revoked following notice and hearing.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable and beneficial use as defined in Section 373.019(5), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such locations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 10,300,000 gallons of water per day with a maximum combined withdrawal rate not to exceed 22,600,000 gallons during a single day. Withdrawals are authorized as shown in the table below.

5. USER I.D.	DISTRICT I.D.	WITHDRAWAL POINT		GALLONS PER DAY AVERAGE	GALLONS PER DAY MAXIMUM
		LATITUDE	LONGITUDE		
2.	2.	28 27 26	82 36 37	200,000	500,000
6.	5.	28 26 52	82 36 37	420,000	900,000
7.	6.	28 27 46	82 30 40	800,000	1,000,000
10.	7.	28 29 31	82 33 17	400,000	900,000
11.	8.	28 27 26	82 36 41	400,000	900,000
12.	9.	28 27 08	82 33 51	420,000	1,000,000
13.	10.	28 29 34	82 33 18	300,000	900,000
17.	13.	28 30 42	82 31 04	500,000	700,000
18.	15.	28 28 17	82 33 06	800,000	1,200,000
19.	16.	28 30 44	82 31 06	800,000	1,000,000
20.	17.	28 27 47	82 30 37	400,000	1,400,000
21.	18.	28 28 22	82 33 03	400,000	1,400,000
22.	19.	28 27 11	82 33 50	400,000	1,400,000
23.	20.	28 30 39	82 31 01	400,000	1,400,000
24.	21.	28 27 48	82 30 44	400,000	1,400,000
25.	22.	28 27 25	82 36 39	400,000	1,400,000
26.	23.	28 27 10	82 33 52	400,000	1,400,000
27.	24.	28 28 23	82 33 02	400,000	1,400,000
28.	25.	28 29 30	82 33 17	400,000	1,400,000
29.	26.	28 27 49	82 30 40	400,000	1,400,000

#2701

The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Resource Regulation Department for District Withdrawal Nos. 2, 5 through 10, 13 and 15 through 21. Such devices shall have and maintain an accuracy within five percent of the actual flow.

16. Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.

Reports shall be addressed to: Southwest Florida Water Management District  
2379 Broad Street  
Brooksville, Florida 34609-6899  
Permits Data Collection  
Processing and Records Section

17. Water quality samples shall be collected and analyzed as indicated in the table below. Reports of the analyses shall be submitted to the District (on District forms) on or before the tenth (10th) day of the following month. The parameters and frequency of sampling and analysis may be modified by District staff as necessary to ensure the protection of the resource.

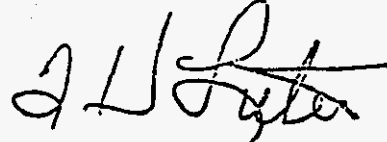
<u>District W/D No(s).</u>	<u>Parameters</u>	<u>Sampling Frequency</u>
All Production Wells	Chlorides	Monthly
All Production Wells	Sulfates	Monthly
All Production Wells	Total Dissolved Solids	Monthly

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by APHA-AWWA-WPCF or Methods for Chemical Analyses of Water and Wastes by the USEPA.

Reports shall be addressed to: Southwest Florida Water Management District  
2379 Broad Street  
Brooksville, Florida 34609-6899  
Permits Data Collection  
Processing and Records Section

18. The Permittee shall submit a report describing the sampling and analytical methodologies employed. The report shall address all parameters for which analyses are performed. The report shall be included with the first data submitted after the date this permit is granted, and upon any change in sampling and/or analytical methodology.
19. Wells not in use, (District Withdrawal No. 1, Owner I.D. No. 1) and in which pumping equipment is not installed, shall be capped or valved in a water tight manner in accordance with Rule 17-21.10(3), Florida Administrative Code.

Consumptive Use Permit No. 20 2  
Spring Hill Utilities, A Division of Deltona Utilities, Inc.  
Page Four



Authorized Signature, SWFWMD

Applicant hereby certifies that applicant owns, leases, or controls the property contained in the application for this permit, that the information contained in the application is true and accurate and, if applicant is a corporation or a partnership, that the undersigned has the legal authority to execute this permit and affidavit on behalf of said corporation or partnership.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:

**Spring Hill Utilities - 27001**

**Hernando County (DUI)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Garnty, Deputy Assistant Secretary

September 14, 1989

Mr. Carlos A. Penin  
Spring Hill Utilities,  
A Division of Deltona  
Utilities, Inc.  
3250 S. W. Third Ave.  
Miami, FL 33129

Hernando County  
Extension of WDS to Serve Unit 12  
Spring Hill S/D  
PATS #169529  
PWS-OD #6271696

Dear Mr. Penin:


Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 1, 1989. The notice was subsequently reviewed under PATS No.: 169529 on September 13, 1989.

Pursuant to Rule 17-4.530, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with the following:

- (1) A 'Request for Letter of Release to Place Water Supply System into Service' form [DER Form 17-555.910(9)].
- (2) Copies of satisfactory bacteriological test results taken on two consecutive days.
- (3) Pressure test for the water system to be cleared.
- (4) A letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings.

Following this we may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

  
RECEIVED SEP 18 1989

0405

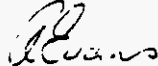


Spring Hill Utilities  
Page 2.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

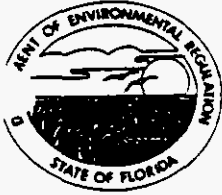
Sincerely,



Roger Evans  
Permitting Engineer  
Water Facilities

RE/js

cc: Hernando CPHU  
Spring Hill Utilities



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garrity, Deputy Assistant Secretary

September 12, 1989

Mr. Carlos A. Penin  
Spring Hill Utilities, A Division  
of Deltona Utilities, Inc.  
3250 S.W. Third Avenue  
Miami, FL 33129

Hernando County  
Extension of WDS to Serve  
Unit 20 in Spring Hill S/D  
PATS# 169527  
PWS-ID# 6271696

Dear Mr. Penin:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 1, 1989. The notice was subsequently reviewed under PATS No.: 169527 on September 12, 1989.

Pursuant to Rule 17-4.530, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with the following:

- (1) A 'Request for Letter of Release to Place Water Supply System into Service' form [DER Form 17-555.910(9)].
- (2) Copies of satisfactory bacteriological test results taken on two consecutive days.
- (3) Pressure test for the water system to be cleared.
- (4) A letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed engineering 'record drawings'.

Following this we may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

*Approval Book*  
*Orig. File*  
*cc: Baha - FYE*  
*CAP*

Mr. Carlos A. Penin  
Page Two

If there are any questions, please contact me at (813) 623-5561.

Sincerely,



Roger Evans  
Permitting Engineer  
Water Facilities

RE/lgb

cc: Pasco CPHU  
Spring Hill Utilities



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garity, Deputy Assistant Secretary

September 12, 1989

Mr. Carlos A. Penin  
Spring Hill Utilities, A Division  
of Deltona Utilities, Inc.  
3250 S.W. Third Avenue  
Miami, FL 33129

Hernando County  
Extension of WDS to Serve  
Unit 22 in Spring Hill S/D  
PATS# 169526  
PWS-ID# 6271696

Dear Mr. Penin:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 1, 1989. The notice was subsequently reviewed under PATS No.: 169526 on September 12, 1989.

Pursuant to Rule 17-4.530, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with the following:

- (1) A 'Request for Letter of Release to Place Water Supply System into Service' form [DER Form 17-555.910(9)].
- (2) Copies of satisfactory bacteriological test results taken on two consecutive days.
- (3) Pressure test for the water system to be cleared.
- (4) A letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed engineering 'record drawings'.

Following this we may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

RECEIVED SEP 15 1989

*Approved Book*  
Dir. File  
cc: Baha - FYI  
GAP

0409

Mr. Carlos A. Penin  
Page Two

If there are any questions, please contact me at (813) 623-5561.

Sincerely,



Roger Evans  
Permitting Engineer  
Water Facilities

RE/lgb

cc: Pasco CPHU  
Spring Hill Utilities



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garrity, Deputy Assistant Secretary

September 14, 1989

Mr. Carlos A. Penin  
Spring Hill Utilities,  
A Division of Deltona  
Utilities, Inc.  
3250 S. W. Third Ave.  
Miami, FL 33129

Hernando County  
Extension of WDS to Serve Unit 23  
in Spring Hill S/D  
PATS #169530  
PWS-OD #6271696

Dear Mr. Penin:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 1, 1989. The notice was subsequently reviewed under PATS No.: 169530 on September 13, 1989.

Pursuant to Rule 17-4.530, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with the following:

- (1) A 'Request for Letter of Release to Place Water Supply System into Service' form [DER Form 17-555.910(9)].
- (2) Copies of satisfactory bacteriological test results taken on two consecutive days.
- (3) Pressure test for the water system to be cleared.
- (4) A letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed 'as-builts' engineering drawings.

Following this we may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

*Approved Book*

RECEIVED SEP 13 1989

Spring Hill Utilities  
Page 2.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

If there are any questions, please contact me at (813) 623-5561.

Sincerely,



Roger Evans  
Permitting Engineer  
Water Facilities

RE/js

cc: Hernando CPHU  
Spring Hill Utilities



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Gentry, Deputy Assistant Secretary

September 12, 1989

Mr. Carlos A. Penin  
Spring Hill Utilities, A Division  
of Deltona Utilities, Inc.  
3250 S.W. Third Avenue  
Miami, FL 33129

Hernando County  
Extension of WDS to Serve  
Unit 24 in Spring Hill S/D  
PATS# 169528  
PWS-ID# 6271696

Dear Mr. Penin:

Our office received the notice of intent to use a general permit for construction of the referenced water distribution system on September 1, 1989. The notice was subsequently reviewed under PATS No.: 169528 on September 12, 1989.

Pursuant to Rule 17-4.530, Florida Administrative Code, you may not begin construction until 30 days from the date the Notice was submitted to this office. Please be advised that the activity must conform to the description contained in your Notice of Intent to Use a General Permit and that any deviation may subject the permittee to possible enforcement action.

Upon completion of the project, please provide us with the following:

- (1) A 'Request for Letter of Release to Place Water Supply System into Service' form [DER Form 17-555.910(9)].
- (2) Copies of satisfactory bacteriological test results taken on two consecutive days.
- (3) Pressure test for the water system to be cleared.
- (4) A letter from the engineer of record certifying completion of the project according to the approved plans, and one set of signed and sealed engineering 'record drawings'.

Following this we may then issue a clearance letter releasing the facilities for public use. This project may not be placed into service until a letter of clearance has been issued.

This general permit does not relieve the permittee of the responsibility for obtaining a dredge and fill permit where it is required.

*Approved Book*  
PATS: File  
cc: Deba - FFE  
CAP



Mr. Carlos A. Penin  
Page Two

If there are any questions, please contact me at (813) 623-5561.

Sincerely,



Roger Evans  
Permitting Engineer  
Water Facilities

RE/lgb

cc: Pasco CPHU  
Spring Hill Utilities



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garrity, Deputy Assistant Secretary

### PERMITTEE

Spring Hill Utilities  
1000 Color Place  
Apopka, Florida 32703

Attn: Rafael A. Terrero, P.E.  
Chief Engineer

### Permit/Certification

ID. Number: 6271696  
Permit Number WC27-17729  
Date of Issue: 8/31/90  
Expiration Date: 8/31/91  
County: Hernando  
Lat/Long: 28°28'23"N/  
82°33'02"W  
Sect/Town/Rge: 19/23 S/18 E  
Project: Spring Hill Potable  
Supply Well No.: 27 and Water  
Treatment Plant

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-555. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Construction of a modification to an existing community water supply system. The new construction is to be in accordance with the plans and specifications prepared by Spring Hill Utilities and is to include the following:

One 12-inch, 463 feet deep supply well to be equipped with a 150 Hp motor and 1600 gpm vertical turbine pump;

Dual gas chlorination system with automatic switchover and loss of chlorination capability alarm;

150 kv diesel generator with automatic startup;

1600 gallon hydropneumatic tank; and

yard piping.

The permitted capacity of the water treatment plant is 0.40 MGD (average) based on raw water supply.

Location: West of West Linden Drive and north of Deer Street.



PERMITTEE:

Rafael A. Terrero, P.E., Chief  
Engineer  
Spring Hill Potable Supply  
Well No. 27 and Water  
Treatment Plant

Permit No. WC27-177729

Specific Conditions

1. The Department must be notified in writing and prior approval obtained for any changes or revisions to be made to project during construction.
2. The system may be placed in service upon receipt of clearance from this Department (Chapter 17-555.345, F.A.C.).
3. A letter of clearance may be issued by this Department upon receipt of the following items:
  - a. 'Request for a Letter of Release to Place Water Supply System into Service', DER Form 17-555.910(9);
  - b. Bacteriological survey of the raw well water completed pursuant to Chapter 17-555.315(3)(c), F.A.C.;
  - c. Copy of satisfactory pressure test of the finished water transmission line; and
  - d. Copies of satisfactory bacteriological analysis of the water taken from hydropneumatic tank and point of connection between 12-inch finished water transmission line and existing 20-inch transmission main.
4. Your facility has been classified as a Category V, Class C water treatment plant. You must provide staffing at this plant by a Class C or higher operator 5 visits/week and one weekend visit. The lead or chief operator must be Class C or higher.
5. Monthly operation reports must be submitted by your certified operator.
6. Compliance Monitoring:
  - a. The drinking water must be analyzed for primary and secondary contaminants listed in Chapter 17-550.310 and 17-550.320, F.A.C., to the degree and frequency required by Chapter 17-550.510 and 17-550.520, F.A.C.

PERMITTEE:

Rafael A. Terrero, P.E., Chief  
Engineer  
Spring Hill Potable Supply  
Well No. 27 and Water  
Treatment Plant

Permit No. WC27-177729

b. The drinking water must be analyzed for coliform bacteria every month. The minimum number of samples required depending on population is outlined in Chapter 17-550, F.A.C.; however, at no time may you submit less than one (1) raw sample from each supply well and two (2) distribution samples.

c. The drinking water must be analyzed for unregulated organic contaminants listed in Chapter 17-550.410, F.A.C., to the degree and frequency outlined in Chapter 17-550.510, F.A.C.

d. All water quality analysis must be performed by a laboratory certified by the Department of Health and Rehabilitative Services (DHRS) and the results forwarded to the district office.

7. The permittee shall instruct the engineer of record to request system clearance from the Department within 30 days of completion of construction, testing and disinfection of the system covered by this permit.

8. Sewage disposal facilities shall not be installed within 200' of any water supply well (Chapter 17-555.312, F.A.C.).

9. Reclaimed water land application areas may not be located within 500' of any water supply well. (Chapter 17-555.312, F.A.C.).

10. Other sanitary hazards may not be located within 100' of any water supply well.

11. Permitted construction or alteration of public drinking water systems must be supervised during construction by a professional engineer registered in the State of Florida.

12. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.A. Gray Building, Tallahassee, Florida 32301, Telephone number (904) 487-2073.

13. The permittee shall operate and maintain this facility in accordance with Chapter 17-555.350, F.A.C.

PERMITTEE:

Rafael A. Terrero, P.E., Chief  
Engineer

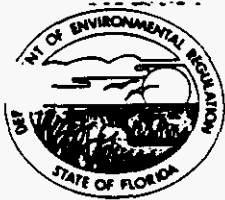
Spring Hill Potable Supply  
Well No. 27 and Water  
Treatment Plant

Permit No. WC27-177729

14. The permittee shall be aware of and operate under the attached "General Conditions". General conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION

  
Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twschmann, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garnry, Deputy Assistant Secretary

### PERMITTEE

Spring Hill Utilities  
3250 S.W. Third Avenue  
Miami, Florida 33129

Attn: Rafael A. Terrero, P.E.

### Permit/Certification

ID. Number: 6271696  
Permit Number WC27-171295  
Date of Issue: 4/30/90  
Expiration Date: 4/30/91  
County: Hernando  
Lat/Long: 28°29'30"N/  
82°33'17"W

Sect/Town/Rge:

Project: Spring Hill Well No. 28

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-555. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Construction of a modification to an existing community drinking water system. The new construction is to be in accords with the plans and specifications prepared by Spring Hill Utilities (Project No. 4930) and is to include the following:

1. 12-inch, 500 feet deep supply well equipped with a 50 hp, 1000 gpm vertical turbine pump,
2. Dual gas chlorination system with automatic switchover and high and low vacuum alarms,
3. 100 kw auxiliary diesel generator with automatic transfer switch, and
4. Yard piping.

Location: South end of Cartee Avenue, Unit 25, Track H, Spring Hill, Florida

PERMITTEE:

Rafeal A. Terrero, P.E.  
Spring Hill Well No. 28

Permit No. WC27-171295

Specific Conditions

1. The system may be placed in service once a letter of clearance from this Department is received (Chapter 17-555.345, F.A.C.).
2. A letter of clearance may be issued by this Department once the water system serving the project has been permitted, constructed and cleared and upon receipt of the following items:
  - a. 'Request for a Letter of Release to Place Water Supply System into Service', DER Form 17-555.910(9), F.A.C.;
  - b. Bacteriological survey of the raw well water completed pursuant to Chapter 17-555.315(3)(c), F.A.C.;
3. Your facility has been classified as a Category V, Class C water treatment plant. You must provide staffing by a Class C or higher operator 6 hours/day for 5 days/week. The lead or chief operator must be Class C or higher.
4. Monthly operation reports must be submitted by your certified operator.
5. Compliance Monitoring:
  - a. The drinking water must be analyzed for primary and secondary contaminants listed in Chapter 17-550.310 and 17-550.320, F.A.C., to the degree and frequency required by Chapter 17-550.510 and 17-550.520, F.A.C.
  - b. The drinking water must be analyzed for coliform bacteria every month. The minimum number of samples required depending on population is outlined in Chapter 17-550, F.A.C.; however, at no time may you submit less than one (1) raw sample from each supply well and two (2) distribution samples.
  - c. The drinking water must be analyzed for unregulated organic contaminants listed in Chapter 17-550.410, F.A.C., to the degree and frequency outlined in Chapter 17-550.510, F.A.C.

PERMITTEE:

Rafeal A. Terrero, P.E.  
Spring Hill Well No. 28

Permit No. WC27-171295

- d. All water quality analysis must be performed by a laboratory certified by the Department of Health and Rehabilitative Services (DHRS) and the results forwarded to the district office.
6. Sewage disposal facilities shall not be installed within 200' of any water supply well (Chapter 17-555.312, F.A.C.).
7. Reclaimed water land application areas may not be located within 500' of any water supply well. (Chapter 17-555.312, F.A.C.).
8. Other sanitary hazards may not be located within 100' of any water supply well.
9. Permitted construction or alteration of public drinking water systems must be supervised during construction by a professional engineer registered in the State of Florida.
10. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.A. Gray Building, Tallahassee, Florida 32301, Telephone number (904) 487-2073.
11. The permittee shall operate and maintain this facility in accordance with Chapter 17-555.350, F.A.C.
12. The permittee shall be aware of and operate under the attached "General Conditions". General conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION



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Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary



**St. John's Highlands - 471**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

*ST John's Highlands*

PERMIT NO. 1-107-0088N DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 303 PEOPLE IN 7 YEARS.

LOCATION: Section 39, Township 11 South, Range 25 East  
Putnam County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

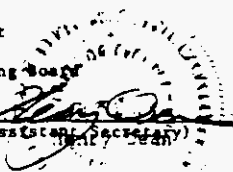
See Conditions on Attached "Exhibit A", dated FEBRUARY 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management  
Division of Permitting

Governing Board

BY: \_\_\_\_\_  
(Director) Mike Woodson

BY: \_\_\_\_\_  
(Assistant Secretary)



*John Shepherd*

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-107-0088H

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1995

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

- 10/1/81
- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 10.9 mgal.
  14. Maximum daily withdrawals must not exceed .050 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. The classification is 88% household; 10% water use; 2% commercial/industrial.

**Stone Mountain - 565**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**

Post Office Box 1429  
Palatka, Florida 32078-1429

*Stone Mountain*

2-069-0455N

MARCH 12, 1985

PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

A PERMIT AUTHORIZING:

**USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 24 PEOPLE IN 7 YEARS.**

LOCATION:

**Section 18, Township 20 South, Range 25 East  
Lake County**

ISSUED TO:

**SOUTHERN STATES UTILITIES INC.  
750 W. COLONIAL DRIVE  
ORLANDO, FL 32804**

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated MARCH 12, 1985

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management      Governing Board

By: \_\_\_\_\_  
(Director)

**R. Duke Woodson**

By: \_\_\_\_\_  
(Assistant Secretary)

**Bobby Dean**

EXHIBIT A

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-069-0455H

SOUTHERN STATES UTILITIES INC.

DATED MARCH 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply or an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-550-0488.

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.301, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 553.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 1.46 mgal.
  14. Maximum daily withdrawals must not exceed .008 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 83% residential, 10% commercial/industrial, and 10% water utility.





**Sugar Mill - 1801**

**Volusia County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**

Post Office Box 1429  
Palatka, Florida 32078-1429

*Sugar Mill  
(Volusia)*

PERMIT NO. 2-127-0086NM

DATE ISSUED MARCH 6, 1989

**A PERMIT AUTHORIZING:**

USE OF GROUNDWATER TO SERVE AN ESTIMATED POPULATION OF 3,763  
PEOPLE IN 7 YEARS.

**LOCATION:**

Section 42, Township 17 South, Range 33 East  
Volusia County

**ISSUED TO:**

SOUTHERN STATES UTILITIES, INC.  
ATTN: CHARLES SWEAT  
1000 COLOR PLACE  
ARLICK, FL 32712

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

**PERMIT IS CONDITIONED UPON:**

See Conditions on Attached "Exhibit A", dated MARCH 6, 1989

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management Governing Board



By: *Jeff E. Edge*  
(Director)

By: *Henry Dear*  
(Assistant Secretary)

Jeff E. Edge

Henry Dear

0431

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-127-0160

SOUTHERN STATES UTILITIES, INC.

DATED MARCH 8, 1989

*Sugar Mill  
(Volusia)*

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a water well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein in legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body;
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land uses which existed at the time of permit application. Adverse impacts are exemplified but not limited to:

(A) Significant reduction in water levels in an adjacent surface water body;

(B) Land collapse or subsidence caused by a reduction in water levels; and

(C) Damage to crops and other types of vegetation.

*See memo (10/1/89)*

7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 400-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding on the transferee.

8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 400-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.

9. On the tenth day following the month of record, permittee must submit to the District copies of the DEB monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.

10. Treated effluent must be used as irrigation water when it becomes practical, economically feasible, and permissible under applicable state and federal statutes or regulations promulgated thereunder.

11. Whenever feasible, the permittee must use native vegetation that requires little supplemental irrigation for landscaping within the service area of the project.

12. Construction must be in compliance with Subsection 553.14, F.S.

13. The applicant will conduct a feasibility study for locating and utilizing wastewater for urban landscape irrigation. This study is to be submitted within six months of the issuance of this permit.

14. This permit will expire 7 years from the date of issuance.

15. Maximum annual withdrawals for household type uses must not exceed:

- 52.52 million gallons in 1989.
- 57.83 million gallons in 1990.
- 63.16 million gallons in 1991.
- 68.15 million gallons in 1992.
- 113.48 million gallons in 1993.
- 128.81 million gallons in 1994.
- 143.77 million gallons in 1995 and 1996.

16. Maximum daily withdrawals for household type uses must not exceed:

- 0.231 million gallons in 1989.
- 0.389 million gallons in 1990.
- 0.479 million gallons in 1991.
- 0.506 million gallons in 1992.
- 0.637 million gallons in 1993.
- 0.747 million gallons in 1994.
- 0.937 million gallons in 1995 and 1996.

17. Maximum daily withdrawals for fire protection must not exceed 0.003 million gallons.

The applicant must maintain records of all withdrawals for fire protection. The records must include the date of the withdrawal, the duration and the amount in gallons. These records must be submitted to the District by December 31 of each year.

19. A water sample must be taken from well Nos. 6 and 8 in May and October of each year for the duration of the permit. The wells must be allowed to discharge at design capacity for at least 20 minutes before the samples are collected. The samples collected in May must be analyzed for chlorides; the samples collected in October must be analyzed for the following parameters:

Chlorides	Total Iron
Sulfate	Total hardness
Calcium	T.D.S.
Magnesium	Field temperature
Sodium	Specific conductance
Potassium	Field and laboratory pH

Carbonate - field and lab  
Bi-carbonate - total alkalinity of pH is 6.9 or lower

All samples must be analyzed by an accredited laboratory.

The major ion analyses performed on the October samples must be checked for anion-cation balance and must balance within 5% prior to submission. It is recommended that duplicates be taken to allow for laboratory problems or loss of samples.

20. A report outlining the sampling and analyses must be submitted to the District by December 31 of each year. The report must include the following:

- date of sampling,
- name and affiliation of person collecting the samples,
- name of the laboratory which analyzed the samples,
- copies of all analyses including anion-cation balance, and
- description of the groundwater geochemistry and changes which have occurred since the last sampling.

21. Prior to construction of the proposed wells, the permittee must obtain water well construction permits from the District pursuant to Chapter 40C-3, F.A.C.

22. Source Classification is confined or semi-confined aquifer.

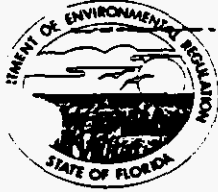
23. Use Classification is 95% household type, 5% water utility and essential as needed.

**Sugar Mill Woods - 989**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347

Lawton Chiles, Governor

Carol M. Browner, Secretary

### PERMITTEE

Rafael A. Terrero, P.E.  
Chief Engineer  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

### Permit/Certification

ID. Number:  
Permit Number WC09-193910  
Date of Issue: 8/9/91  
Expiration Date: 8/9/92  
County: Citrus  
Lat/Long: 28°44'21"N/  
82°31'01"W  
Sect/Town/Rge: 16/20S/18E  
Project: Sugarmill Woods WTP  
Improvements

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-555. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Construction of a modification to an existing community water system. The construction is to be in accords with engineering drawings and related documents prepared by Dyer, Riddle, Mills and Precourt, Inc. and is to include the following:

One 12-inch diameter, 300 feet deep well equipped with a 60 Hp, 600 GPM vertical turbine pump (Well # 12);

Two 12-inch diameter, 340 feet deep well equipped with a 60 Hp, 600 GPM vertical turbine pump (Wells # 10 and 11);

A 10/12-inch raw water transmission pipe;

Two 15,000 gallons hydropneumatic tank;

Chlorination system equipped with automatic switchover and loss of chlorination capability alarm;

One 175 kw, diesel emerging power generator for Wells # 5, 6, and 11; and

Yard piping.

The plant capacity is increased by 2.592 MGD to a total of 3.456 MGD.

Location: 7177 West International Court, Homosassa, Florida 32646



PERMITTEE:

Rafael A. Terrero, P.E.  
Sugarmill Woods WTP Improvements

Permit No.: WC09-193910

Specific Conditions

1. The system may be placed in service upon receipt of clearance from this Department (Chapter 17-555.345, F.A.C.).
2. A letter of clearance may be issued by this Department once the water system serving the project has been permitted, constructed and cleared and upon receipt of the following items:
  - a. 'Request for a Letter of Release to Place Water Supply System into Service', DER Form 17-555.910(9);
  - b. Bacteriological survey of the raw well water for each well completed pursuant to Chapter 17-555.315(3)(c), F.A.C.;
  - c. Copy of satisfactory pressure test of the raw water transmission pipe; and
  - d. Copies of satisfactory bacteriological analysis of the water taken from at least four representative points within the distribution system on two consecutive days.
3. Your facility has been classified as a Category V, Class C water treatment plant. You must provide staffing by a Class C or higher operator 1 hours/day for 5 days/week and one visit on each week end day. The lead or chief operator must be Class C or higher.
4. Monthly operation reports must be submitted by your certified operator.
5. Compliance Monitoring:
  - a. The drinking water must be analyzed for primary and secondary contaminants listed in Chapter 17-550.310 and 17-550.320, F.A.C., to the degree and frequency required by Chapter 17-550.510 and 17-550.520, F.A.C.
  - b. The drinking water must be analyzed for coliform bacteria every month. The minimum number of samples required depending on population is outlined in Chapter 17-550, F.A.C.; however, at no time may you submit less than one (1) raw sample from each supply well and two (2) distribution samples.



PERMITTEE:  
Rafael A. Terrero, P.E.  
Sugarmill Woods WTP Improvements

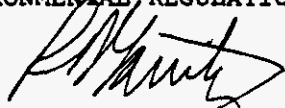
Permit No.: WC09-193910

c. The drinking water must be analyzed for unregulated organic contaminants listed in Chapter 17-550.410, F.A.C., to the degree and frequency outlined in Chapter 17-550.510, F.A.C.

d. All water quality analysis must be performed by a laboratory certified by the Department of Health and Rehabilitative Services (DHRS) and the results forwarded to the district office.

- ENG* 6. Sewage disposal facilities shall not be installed within 200' of any water supply well (Chapter 17-555.312, F.A.C.).
- ENG* 7. Reclaimed water land application areas may not be located within the setback distances established in Chapter 17-610, F.A.C.
- ENG* 8. Other sanitary hazards may not be located within 100' of any water supply well.
- ENG* 9. Permitted construction or alteration of public drinking water systems must be supervised during construction by a professional engineer registered in the State of Florida.
- ENG* 10. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.A. Gray Building, Tallahassee, Florida 32301, Telephone number (904) 487-2073.
- OPS* 11. The permittee shall operate and maintain this facility in accordance with Chapter 17-555.350, F.A.C.
- OPS* 12. The permittee shall be aware of and operate under the attached "General Conditions". General conditions are binding upon the permittee and enforceable pursuant to Chapter 403, Florida Statutes.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION

  
Richard D. Garrity, Ph.D.  
Director of District Management  
Southwest District

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
INDIVIDUAL WATER USE PERMIT

PERMIT GRANTED TO:  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703  
**SUBARMILL WOODS**  
  
(Legal Name and Address)

PERMIT NO.: 209791.00  
DATE PERMIT GRANTED: February 27, 1990  
DATE PERMIT APPLICATION FILED: September 25, 1989  
PERMIT EXPIRES ON: February 27, 1996  
SOURCE CLASSIFICATION: Groundwater  
USE CLASSIFICATION: Public Supply  
COUNTY: Citrus

TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:

1. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if the Permittee fails to comply with all of the provisions of Chapter 373, F.S., Chapter 40D, or the conditions set forth herein, the Governing Board shall revoke this permit in accordance with Rule 40D-2.341, following notice and hearing.
2. This permit is issued based on information provided by the Permittee demonstrating that the use of water is reasonable and beneficial, consistent with the public interest, and will not interfere with any existing legal use of water. If, during the term of the permit, it is determined by the District that the use is not reasonable and beneficial, in the public interest, or does impact an existing legal use of water, the Governing Board shall modify this permit or shall revoke this permit following notice and hearing.
3. The Permittee shall not deviate from any of the terms or conditions of this permit without written approval by the District.

This Permit authorizes the applicant named above to make a combined peak monthly withdrawal of 3,120,000 gallons of water per day, a combined average annual withdrawal of 2,120,000 gallons of water per day, and a maximum combined withdrawal rate of Non Applicable gallons per day. Withdrawals are authorized as shown in the table below.

USER I.D.	DIST. I.D.	WITHDRAWAL POINT			GALLONS PER DAY		
		SEC-TWN-RGE	LATITUDE	LONGITUDE	PEAK MONTHLY	AVERAGE	MAXIMUM
1	1	S18,T20S,R18E	28 44 26	82 32 08	312,000	212,000	Standby N/A
2	2	S17,T20S,R18E	28 44 27	82 32 00	312,000	212,000	Standby N/A
5	3	S16,T20S,R18E	28 44 29	82 31 01	312,000	212,000	N/A
6	4	S16,T20S,R18E	28 44 21	82 31 01	312,000	212,000	N/A
8	5	S32,T20S,R18E	28 42 23	82 31 25	312,000	212,000	N/A
9	6	S32,T20S,R18E	28 42 12	82 31 15	312,000	212,000	N/A
10	7	S16,T20S,R18E	28 44 50	82 30 58	312,000	212,000	N/A
11	8	S21,T20S,R18E	28 44 12	82 30 55	312,000	212,000	N/A
12	9	S21,T20S,R18E	28 44 07	82 30 57	312,000	212,000	N/A
13	10	S16,T20S,R18E	28 44 53	82 30 58	312,000	212,000	N/A
14	11	S32,T20S,R18E	28 42 30	82 31 34	312,000	212,000	N/A
15	12	S29,T20S,R18E	28 42 34	82 31 44	312,000	212,000	N/A

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Permittee: Souther States Utilities, Inc.  
Permit No.: 209791.00

The average day quantities for the individual withdrawal points shown in the table above are estimates of average annual use based on projected distribution of pumpage, and are for water use inventory and impact analysis purposes. Where more than one withdrawal point is permitted, the average day quantities for individual sources are not intended to dictate the distribution of pumpage from permitted sources. The Permittee may make adjustments in pumpage distribution as necessary, up to the peak month quantity for the individual wells, so long as adverse environmental impacts do not result and other conditions of this permit are complied with. In all cases, the combined average annual daily withdrawals and combined peak month daily withdrawals are limited to the quantities set forth above.

4. In the event the District declares that a Water Shortage exists pursuant to Chapter 40D-21, the District shall alter, modify, or declare inactive all or parts of this permit as necessary to address the water shortage.
5. The District shall collect water samples from any withdrawal point listed in the permit or shall require the permittee to submit water samples when the District determines there is a potential for adverse impacts to water quality.
6. The Permittee shall provide access to an authorized District representative to enter the property at any reasonable time to inspect the facility and make environmental or hydrologic assessments. The Permittee shall either accompany District staff onto the property or make provision for access onto the property.
7. Issuance of this permit does not exempt the Permittee from any other District permitting requirements.
8. The Permittee shall cease or reduce surface water withdrawal as directed by the District if water levels in lakes fall below applicable minimum water level established in Chapter 40D-8 or rates of flow in streams fall below the minimum levels established in Chapter 40D-8.
9. The Permittee shall cease or reduce withdrawal as directed by the District if water levels in aquifers fall below the minimum levels established by the Governing Board.
10. The Permittee shall practice water conservation to increase the efficiency of transport, application, and use, as well as to decrease waste and to minimize runoff from the property. At such time as the Governing Board adopts specific conservation requirements for the Permittee's water use classification, this permit shall be subject to those requirements upon notice and after a reasonable period for compliance.
11. The District may establish special regulations for Water-Use Caution Areas. At such time as the Governing Board adopts such provisions, this permit shall be subject to them upon notice and after a reasonable period for compliance.

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12. The Permittee shall mitigate, to the satisfaction of the District, any adverse impact to existing legal uses caused by withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include:
  - a. A reduction in water levels which impairs the ability of a well to produce water;
  - b. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams or other watercourses; or
  - c. Significant inducement of natural or manmade contaminants into a water supply or into a usable portion of any aquifer or water body.
13. The Permittee shall mitigate to the satisfaction of the District any adverse impact to environmental features or offsite land uses as a result of withdrawals. When adverse impacts occur or are imminent, the District shall require the Permittee to mitigate the impacts. Adverse impacts include the following:
  - a. Significant reduction in levels or flows in water bodies such as lakes, impoundments, wetlands, springs, streams, or other watercourses;
  - b. Sinkholes or subsidence caused by reduction in water levels;
  - c. Damage to crops and other vegetation causing financial harm to the owner; and
  - d. Damage to the habitat of endangered or threatened species.
14. When necessary to analyze impacts to the water resource or existing users, the District shall require the Permittee to install flow metering or other measuring devices to record withdrawal quantities and submit the data to the District.
15. A District identification tag shall be prominently displayed at each withdrawal point by permanently affixing the tag to the withdrawal facility.
16. The permittee shall notify the District within 30 days of the sale or conveyance of the permitted water use system or the land on which the system is located.

SPECIAL CONDITIONS:

17. HYDROLOGIC IMPACTS, MONITORING AND MITIGATION

A. QUANTITY

1. INSTALLATION OF NEW FLOW MEASURING DEVICES

The following withdrawal points, District Identification Nos. 7, 8, 9, 10, 11, and 12, (Owner ID Nos. 10, 11, 12, 13, 14, 15) shall be equipped with totalizing flow meters or other flow measuring devices as approved in writing by the Director, Brooksville Permitting Department. Such devices shall have and maintain an accuracy within five percent of the actual flow. Those designated withdrawal points not equipped with such devices on the date the Water Use Permit is granted shall be so equipped within 120 days of the permit date or

Permittee: Souther States Utilities, Inc.  
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upon completion of construction of the withdrawal facility, unless an extension is approved in writing by the Director, Brooksville Permitting Department.

2. OPERATION OF EXISTING FLOW MEASURING DEVICES

The Permittee shall continue to maintain and operate existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department for District Identification Nos. 1, 2, 3, 4, 5, and 6 (Owner ID Nos. 1, 2, 5, 6, 8, and 9). Such devices shall have and maintain an accuracy within five percent of the actual flow.

3. WITHDRAWAL QUANTITY REPORTING

Total flow from each metered source shall be recorded on a monthly basis and reported to the District (on District forms) on or before the tenth (10th) day of the following month.

Reports shall be addressed to:

Southwest Florida Water Management District  
ATTN: Permits Data Section  
2379 Broad Street  
Brooksville, Florida 34609-6899

B. WATER QUALITY SAMPLING AND ANALYSIS

1. DATA COLLECTION AND ANALYSIS

Water quality samples shall be collected and analyzed as indicated in the table below. Reports of the analyses shall be submitted to the District (on District forms) on or before the fifteenth (15th) day of the following month. The parameters and frequency of sampling and analysis may be modified by District staff as necessary to ensure the protection of the resource.

User No.	District No.	Parameters	Sampling Frequency
5	3	Chloride, Sulfate, TDS	Quarterly
6	4	Chloride, Sulfate, TDS	Monthly
8	5	Chloride, Sulfate, TDS	Monthly
9	6	Chloride, Sulfate, TDS	Quarterly
10	7	Chloride, Sulfate, TDS	Quarterly
11	8	Chloride, Sulfate, TDS	Quarterly
12	9	Chloride, Sulfate, TDS	Quarterly
13	10	Chloride, Sulfate, TDS	Quarterly
14	11	Chloride, Sulfate, TDS	Quarterly
15	12	Chloride, Sulfate, TDS	Quarterly
SMW2	51	Chloride, Sulfate, TDS	Monthly

Monthly sampling shall be performed in the same week of each month and quarterly sampling shall be performed during the same week of March, June, September, and December. The sample collection time and date shall be included with all data. Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by APHA-AWWA-WPCF or Methods for Chemical Analyses of Water and Wastes by the USEPA. Reports shall be sent to the address given above.

Permittee: Souther States Utilities, Inc.  
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2. SAMPLING AND ANALYSIS PROCEDURES

Water quality samples from production wells shall be collected after pumping the wells to constant temperature, PH, and conductivity. Any change in sampling and/or analytical methodology shall have prior approval of the Director, Brooksville Permitting Department. The Permittee shall submit a report describing the sampling and analytical methodologies employed. The report shall address sampling procedures, chain of custody of samples, and methods of analysis for all parameters for which analyses are performed. The report shall be included with the first data submitted after the date this permit is granted, and upon any change in sampling and/or analytical methodology.

C. GROUND WATER LEVEL MONITORING

1. DATA COLLECTION

Water level measurements shall be recorded on a continuous hourly basis, recorded daily and submitted monthly for District ID No. 51 (the inner two inch monitor well casing, Owner ID SMW2). Water level measurements shall be recorded weekly and submitted monthly in District ID No. 50 (the outer six inch monitor well casing, Owner ID No. SMW1). Water levels in District ID No. 50 shall be recorded on the same day, to the maximum extent possible and the time and date that the water level is measured shall be reported with the data. Water level measurements shall be referenced to the National Geodetic Vertical Datum (NGVD). Reports shall be sent to the address given above.

18. WATER CONSERVATION

The Permittee shall continue to develop and to expand water conservation programs to reduce demands on the water resources and increase efficiency of use. Within six (6) months of permit issuance the Permittee shall submit for District approval an outline for a detailed plan for water conservation. Within 30 days of receipt of this outline, District staff shall review and recommend changes to the outline. After receipt of District comments and recommendations, the Permittee shall, within (60) days, submit a final outline incorporating the District's comments and recommendations. Within one hundred twenty (120) days after approval of the final outline, the Permittee shall submit for approval by the Director, Brooksville Permitting Department five (5) copies of a detailed water conservation plan, to include a schedule for implementation of the elements of the plan. The water conservation plan shall include, but not be limited to the items in subsections A. and B. below:

A. ANNUAL WATER CONSERVATION

The Permittee shall develop annual water conservation programs for the service area. These programs shall address average daily demand, peak daily demand, and seasonal demand. The Permittees shall use the five evaluation criteria listed in this condition, section A.1. to evaluate the feasibility of implementing the elements of water conservation listed in this condition, section A.2. The Permittee shall document any elements determined to be feasible with a detailed analysis indicating the reason that the element is infeasible.

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1. EVALUATION CRITERIA

- a. Whether the element is currently in use;
- b. The effectiveness of any current programs;
- c. The feasibility of implementing the element;
- d. The potential for conservation as a result of implementation;  
and
- e. A schedule for implementation of the element.

2. WATER CONSERVATION ELEMENTS

- a. Metering of all present and future major connections;
- b. Development of a water conservation education program to encourage the public to conserve water;
- c. Establish a regular program of maintenance and leak detection to assure that all pumps supply lines are efficiently delivering water to customers;
- d. Development of a recovered water reuse program;
- e. Development of a program to make available to customer such devices that increase the efficiency of water use at existing connections. This may also include an installation program.
- f. A requirement that new connections use water efficient plumbing, install conservative appliances, and incorporate native plants and efficient irrigation systems into the landscaping;
- g. Development of a program to require large-quantity customers to investigate their water-use efficiency and to develop their own conservation programs;
- h. Development of a program of economic incentives to customers to affect voluntary conservation efforts. These may include inverted rate structures or peak demand rates;
- i. A comprehensive study investigating various strategies to mitigate and reduce peak demands on the resource.

3. REPORT

The Permittee shall summarize the water conservation accomplishments that occurred during the initial half-term of the permit and for the first five years of the permit, with reports submitted to the District by February 1, 1993 and by February 1, 1995.

20. TESTING

Within 60 days of completion of each proposed withdrawal site, the Permittee shall submit a report with the following information: 1) the as-built specifications; 2) a caliper log; 3) a gamma log; 4) static fluid conductivity log; and 5) specific capacity test performed at design capacity. The static fluid conductivity logging shall be performed after the well has been developed and has been allowed to remain static for 72 hours.

21. WELL ABANDONMENT AND PROTECTION

- A. District ID Nos. 1 and 2 (Owner ID Nos. 1 and 2) shall be properly abandoned (plugged) by a licensed water well contractor in accordance with Chapter 17-21.10(4), F.A.C., under a well abandonment permit issued by the Southwest Florida Water Management District. Plugging of the well shall take place by February 1, 1992 unless an extension is granted in writing by the Director, Brooksville Permitting Department.

Permittee: Southern States Utilities, Inc.  
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B. Wells not in use and in which pumping equipment is not installed, shall be capped or valved in a water tight manner in accordance with Rule 17-21.10(3), Florida Administrative Code.

A handwritten signature in black ink, appearing to read "S. H. H. H.", written over a horizontal line.

Authorized Signature  
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT



**Sunny Hills Utilities - 28001**

**Washington County (UFU)**

**Water**

**- 1992 FPSC Filing -**

NORTH'EST FLORIDA WATER MANAGEMENT DISTRICT  
(NHFWM D)

STANDARD WATER USE PERMIT

Permit Granted to: United Florida Utilities Corp.  
Sunny Hills Utilities  
3250 S.W. Third Avenue  
Miami, FL 33129  
(Legal Name and Address)

Permit No.: SB42730 - System  
Date Permit Granted: September 27, 1984  
Permit Expires on: October 1, 1994  
Source Classification: Floridan Aquifer  
Use Classification: Public Water Supply &  
Golf Course Irrigation

County Washington Area C Location: Section 30 1/4 Section       
Application No.: S00241 Township 2 North Range 13 West

Terms and standard conditions of this Permit are as follows:

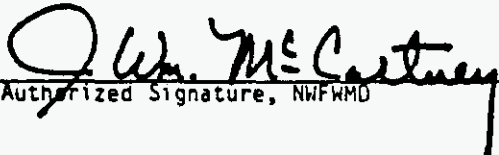
1. That all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth herein will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if Permittee fails to comply with all of the conditions set forth herein, then this Permit shall be revoked as provided by Chapter 373.243, Florida Statutes.
2. This Permit is predicated upon the assertion by Permittee that the use of water applied for and granted is and continues to be a reasonable and beneficial use as defined in Section 373.019(4), Florida Statutes.
3. This Permit is conditioned on the Permittee having obtained or obtaining all other necessary permit(s) to construct, operate and certify withdrawal facilities and the operation of water system.
4. This Permit is issued to the Permittee contingent upon continued ownership, lease or other present control of property rights in underlying, overlying, or adjacent lands. This permit may be assigned to a subsequent owner as provided by Chapter 40A-2.351, F.A.C. and the acceptance by the assignee of all terms and conditions of the Permit.

5. This Permit authorizes the Permittee to make a combined average annual withdrawal of 643,093 gallons of water per day with a maximum total combined withdrawal rate not to exceed 977,659 gallons during a single day. Withdrawals are authorized as shown in the table below:

6. WITHDRAWAL POINT I.D. NUMBER & LOCATION	GALLONS PER DAY AVERAGE	GALLONS PER DAY MAXIMUM	MANAGEMENT LEVEL
<u>S.H.S. No. 1 Sec. 25, T. 2N, R. 14W</u>		305,654	
<u>S.H.S. No. 2 Sec. 27, T. 2N, R. 14W</u>		144,000	
<u>S.H.S. No. 3 Sec. 29, T. 2N, R. 13W</u>		144,000	
<u>S.H.S. No. 4 Sec. 17, T. 2N, R. 13W</u>		305,654	
<u>S.H.S. No. 5 Sec. 22, T. 2N, R. 13W</u>		288,000	
<u>S.H.S. Golf Course No. 1 Sec. 18, T. 2N, R. 13W</u>		417,600	
<u>S.H.S. Golf Course No. 2 Sec. 18, T. 2N, R. 13W</u>		672,000	

7. The use of the permitted water withdrawal is restricted to the use classification set forth by the Permit. Any change in the use of said water shall require a modification of this Permit.
8. The District's staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this Permit.
9. The District's staff, from time to time upon providing prior notice and proper identification, may request permission to collect water samples for analysis, measure static and/or pumping water levels and collect any other information deemed necessary to protect the water resources of the area.
10. The District reserves the right, at a future date, to require the Permittee to submit monthly or quarterly pumpage records for any or all withdrawal point(s) covered by this Permit.
11. Permittee shall mitigate any adverse impact caused by withdrawals permitted herein on legal water withdrawals and uses, and on adjacent land use, which existed at the time of permit application. The District reserves the right to curtail permitted withdrawal rates if the withdrawal causes an adverse impact on legal uses of water, or adjacent land use, which existed at the time of permit application.

12. Permittee shall not cause significant saline water intrusion or increased chloride levels. The District reserves the right to curtail permitted withdrawal rates if withdrawals cause significant saline water intrusion or increased chloride levels.
13. The District, pursuant to Section 373.042, Florida Statutes, at a future date may establish minimum and/or management water levels in the aquifer, aquifers, or surface waters hydrologically associated with the permitted withdrawals; these water levels may require the Permittee to limit withdrawal from these water sources at times when water levels decline below established levels.
14. Nothing in this Permit should be construed to limit the authority of the Northwest Florida Water Management District to declare water shortages and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate and implement a plan during periods of water shortage pursuant to Section 373.246, Florida Statutes.
  - (a) In the event of a declared water shortage, water withdrawal reductions shall be made as ordered by the District.
  - (b) In the event of a declared water shortage, the District may alter, modify or inactivate all or parts of this Permit.
15. Any Special Permit Conditions enumerated in Attachment A and/or any other conditions enumerated in Attachment B are herein made a part of this permit.

  
Authorized Signature, NWFWD



## Florida Department of Environmental Regulation

Northwest District • 160 Governmental Center • Pensacola, Florida 32501-5794 • 904-436-8300

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Robert Krieger, Deputy Assistant Secretary

**PERMITTEE:**

Frank L. Novak

I.D. Number: 1067P02344

Permit/Certification Number: D067-183836

Date of Issue: SEP 28 1990

Expiration Date: September 24, 1995

County: Washington

Latitude/Longitude: 30°32'46"N/85°35'53"W

Section/Township/Range: 25/2N/14W

Project: Sunny Hills

This permit is issued under the provisions of Chapter 403.087, Florida Statutes, and Florida Administrative Code Rule 17-3,17-4,17-600. The above named applicant, hereinafter called Permittee, is hereby authorized to perform the work or operate the facility shown of the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

A .05 MGD contact stabilization wastewater treatment plant with reclaimed water disposal to a two cell percolation pond system.

PERMITTEE:  
Frank L. Novak

I.D. Number: 1067PO2344  
Permit/Certification Number: D067-183836  
Date of Issue: SEP 28 1990  
Expiration Date: September 24, 1995

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to the authority of Sections 403.141, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

PERMITTEE:

Frank L. Novak

I.D. Number: 1067PO2344

Permit/Certification Number: D067-183836

Date of Issue: SEP 29 1990

Expiration Date: September 24, 1995

GENERAL CONDITIONS:

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

- a. Having access to and copying any records that must be kept under the conditions of this permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and,
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

- a. A description of and cause of noncompliance; and
- b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the Department, may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

PERMITTEE:  
Frank L. Novak

I.D. Number: 1067P02344  
Permit/Certification Number: D067-183836  
Date of Issue: SEP 20 1990  
Expiration Date: September 24, 1995

GENERAL CONDITIONS:

10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

11. This permit is transferable only upon Department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-730.300, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department.

12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

13. This permit also constitutes Certification of Compliance with State Water Quality Standards (Section 401, P: 92-500).

14. The permittee shall comply with the following:

- a. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically, unless otherwise stipulated by the Department.
- b. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report or application unless otherwise specified by Department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurement;
  - the person responsible for performing the sampling or measurement;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.



PERMITTEE:

Frank L. Novak

I.D. Number: 1067PO2344

Permit/Certification Number: D067-183836

Date of Issue: SEP 20 1990

Expiration Date: September 24, 1995

GENERAL CONDITIONS:

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be submitted or corrected promptly.

SPECIFIC CONDITIONS:

16. Monthly reports shall be submitted in duplicate to the Northwest District Office of this Department no later than the fifteenth day of the succeeding month. (Use DER Form 17-1.205(7)) and 17-1.216(2).

17. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of Florida Administrative Code Rule 17-602. The minimum on-site requirements for a certified operator are as follows:

MINIMUM CLASS OF CERTIFIED  
OPERATOR REQUIRED

"C"

MINIMUM ON-SITE TIME REQUIRED  
FOR CERTIFIED OPERATOR  
STAFFING BY "C" OR HIGHER OPERATOR  
½ hour per day for  
5 days per week and  
a weekend visit

18. Operator shall be on call during periods the plant is unattended.

19. The treatment facility shall maintain an operation and maintenance log in a location accessible to 24 hour inspection and protected from weather damage, and current to the last operation and maintenance performed. The log shall be submitted to the Department monthly with the monthly operating report. The log, at a minimum, shall include: identification of the plant; signature and certification number of the operator; date and time in and out; specific operation and maintenance performed; tests performed; and, samples taken and major repairs made.

20. Prior to sixty (60) days before the expiration date of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department.

21. The allowable zone of discharge into groundwater for recovered water from the percolation ponds shall be the area enclosed by the monitoring wells.

22. Sampling, monitoring and recovered water limitations for this facility are as follows:

PERMITTEE:

Frank L. Novak

I.D. Number: 1067PO2344

Permit/Certification Number: D067-183836

Date of Issue: SEP 23 1995

Expiration Date: September 24, 1995

SPECIFIC CONDITIONS:

<u>Parameters</u>	<u>Frequency</u>	<u>Type of Sample</u>	<u>Limitation</u>
Flow*	Daily, 6/wk	-----	.05 MGD (max. annual avg.)
pH-Eff	Daily, 6/wk	Grab	6.0 (min.) 8.5 (max.)
Chlorine Residual	Daily, 6/wk	Grab	0.5 mg/l (min.) 1.0 mg/l (max.)
BOD <sub>5</sub>	Every two weeks	Grab	20 mg/l (max. annual avg.)
Total Nonfilt. Residue (SS)	Every two weeks	Grab	20 mg/l (max. annual avg.)
Fecal Coliform	Quarterly	Grab	200/100 ml (max.)

\*Recording flow meter and totalizer

23. The sludges that are generated by the wastewater treatment system shall be treated and disposed of as follows:

Treatment: Aerobic Digester and sludge drying beds

Disposal: Dried sludge shall be disposed of by land spreading or in an approved sanitary landfill

24. Samples from the two(2) groundwater monitoring wells shall be taken, analyzed and the results submitted to the Northwest District Office Quarterly on the monthly reports for December, March, June and September. The parameters to be sampled are as follows:

<u>Parameters</u>	<u>Frequency</u>
Chloride	Quarterly
TKN	Quarterly
Nitrate/Nitrite	Quarterly
TOC	Quarterly
Fecal Coliform	Quarterly
Total P	Quarterly

Water levels shall be recorded prior to evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at the precision of plus or minus 0.1 foot.

PERMITTEE:

Frank L. Novak

I.D. Number: 1067PO2344

Permit/Certification Number: D067-183836

Date of Issue: SEP 23 1990

Expiration Date: September 24, 1995

SPECIFIC CONDITIONS:

25. If any sludge is land applied, analyses in accordance with Florida Administrative Code Rules 17-7.540(2)(b),(d),(e) and (f) must be performed and submitted to the Department every 12 months. If sludge is not to be land applied, the analyses must be performed and the results submitted annually. Department approval is necessary prior to land application of sludge.

26. The following shall be provided monthly on all sludges generated by this facility:

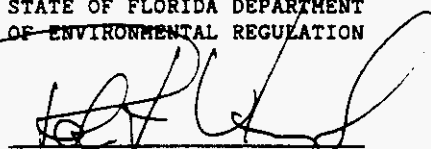
- Volume of sludge leaving site
- Total solids content in %
- Name of hauler

27. The Department telephone number for reporting problems, malfunctions or exceedances under this permit is (904) 436-8300, day or night, and for emergencies involving a significant threat to human health or the environment is (904) 488-1320. For routine business, telephone (904) 436-8380 during normal working hours.

Expiration date:  
September 24, 1995

Issued this 28th day of Sept,  
1990.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
ROBERT V. KRIEGEL  
Deputy Assistant Secretary

# **Sunshine Parkway - 560**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

*Sunshine Parkway*

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-069-0338N DATE ISSUED DECEMBER 11, 1984

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO PROVIDED PUBLIC SUPPLY FOR LAKE COUNTY UTILITIES.

LOCATION:

Section 22, Township 21 South, Range 25 East  
Lake County

ISSUED TO:

(owner) LAKE COUNTY UTILITIES  
6957 LILLIAN ROAD  
JACKSONVILLE, FL 32211

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", dated December 11, 1984

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management

BY: [Signature]  
(Director)  
R. Duke Wobson

Governing Board

BY: [Signature]  
(Assistant Secretary)  
Henry Dean

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-069-0338U

LAKE COUNTY UTILITIES

DATED DECEMBER 11, 1984

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the District's approval. The District may require the permittee to provide additional information as needed.
  8. District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Treated effluent must be used as irrigation water when it becomes practical, economically feasible, and permissible under applicable state and federal statutes or regulations promulgated thereunder.
  12. Whenever feasible, the permittee must use native vegetation that requires little supplemental irrigation for landscaping within the service area of the project.
  13. Permittee must enter into a contract with existing and new customers requiring them to install water conserving devices on shower heads, faucets and water closets. For existing users the water conserving devices must be installed within one year of issuance of permit. New users must have these devices installed at the time of construction in accordance with Subsection 553.14, F.S. New connections will not be allowed unless these devices are installed.
  14. This permit will expire seven years from the date of issuance.
  15. Maximum annual withdrawals must not exceed 30.7 mgal.
  16. Maximum daily withdrawals must not exceed .168 mgal.
  17. Source Classification is confined or semi-confined aquifer.
  18. Use Classification is 95% household and 5% water utility.

**Tropical Park - 781**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**



# South Florida Water Management District

**WATER USE PERMIT NO.** 49-00290-W

(NON-ASSIGNABLE)

DATE ISSUED: May 9, 1985 EXPIRATION DATE May 9, 1995

AUTHORIZING: THE CONTINUATION OF AN EXISTING USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER FOR PUBLIC WATER SUPPLY WITH AN ANNUAL ALLOCATION OF 0.044 BILLION GALLONS.

LOCATED IN: OSCEOLA COUNTY, SECTION 9,10 TWP. 25S RGE. 29E

ISSUED TO: Southern States Utilities, Inc.  
(Tropical Park)  
750 West Colonial Drive  
Orlando, Florida 32804

This Permit is issued pursuant to Application for Permit No. 12044-A dated December 1, 1984 for the Use of Water as specified above and subject to the Special Conditions set forth below. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

Upon written notice to the permittee, this permit may be temporarily modified, or restricted under a Declaration of Water Shortage or a Declaration of Emergency due to Water Shortage in accordance with provisions of Ch. 373, Fla. Statutes, 1973 and applicable rules and regulations of the South Florida Water Management District.

This Permit may be permanently or temporarily revoked, in whole or in part, for the violation of the conditions of the permit or for the violation of any provision of the Water Resources Act and regulations thereunder.

This Permit does not convey to permittee any property rights nor any privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation, or requirement affecting the rights of other bodies or agencies.

**SPECIAL CONDITIONS ARE AS FOLLOWS:**

SEE SHEETS 2, 3 AND 4 OF 4 - 24 GROUNDWATER SPECIAL CONDITIONS.

FILED WITH THE CLERK OF THE SOUTH  
FLORIDA WATER MANAGEMENT DISTRICT

ON 8-13-85  
BY [Signature]  
DEPUTY CLERK

LIMITING CONDITIONS

1. MAXIMUM DAILY WITHDRAWAL SHALL NOT EXCEED 0.24 MGD.
2. ANNUAL WITHDRAWAL SHALL NOT EXCEED 44 MG.
3. PERMITTEE SHALL SUBMIT TO THE DISTRICT COPIES OF THE MONTHLY DER WATER TREATMENT PLANT REPORTS SHOWING WELLFIELD PUMPAGE. REPORTS SHALL BE SUBMITTED MONTHLY IN THE MONTH FOLLOWING EITHER THE FIRST MONTH OF PUMPAGE OR PERMIT ISSUANCE.
4. PERMITTEE SHALL MAKE DAILY OR CUMULATIVE WEEKLY RAINFALL MEASUREMENTS AT THE WELLFIELD AND REPORT THIS DATA TO THE DISTRICT MONTHLY. DATA COLLECTION SHALL BEGIN IN THE MONTH FOLLOWING THE MONTH OF THE PERMIT ISSUANCE.
5. PERMITTEE SHALL DETERMINE "UNACCOUNTED FOR" DISTRIBUTION SYSTEM LOSSES IF THE PERMITTEE DISTRIBUTES WATER WITHIN ONE MILE OF SURFACE SALINE WATER. LOSSES SHALL BE DETERMINED FOR THE ENTIRE DISTRIBUTION SYSTEM ON A MONTHLY BASIS. PERMITTEE SHALL DEFINE THE MANNER IN WHICH "ACCOUNTED FOR" LOSSES ARE CALCULATED. DATA COLLECTION SHALL BEGIN WITHIN SIX MONTHS OF PERMIT ISSUANCE. LOSS REPORTING SHALL BE SUBMITTED TO THE DISTRICT ON A YEARLY BASIS FROM THE DATE OF PERMIT ISSUANCE.
6. IF THE PERMITTEE WILL NOT SERVE A NEW DEMAND WITHIN THE SERVICE AREA FOR WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION MAY THEN BE SUBJECT TO MODIFICATION.
7. SIX MONTHS FROM DATE OF PERMIT ISSUANCE, PERMITTEE SHALL DEVELOP AND IMPLEMENT A "WELLFIELD OPERATING PROGRAM". THIS PROGRAM SHALL DETAIL WHICH WELLS ARE PRIMARY, SECONDARY, STANDBY (RESERVE), AND ANY OTHER ASPECTS OF WELLFIELD MANAGEMENT. THE WELLFIELD OPERATING PROGRAM MAY BE SUBMITTED AS A LETTER REPORT.
8. WITHIN ONE MONTH OF NEW WELL CONSTRUCTION, PERMITTEE SHALL PERFORM STEP DRAWDOWN TESTS. PERMITTEE SHALL SUBMIT WITHIN ONE MONTH OF THE TEST THIS INFORMATION. (INFORMATION ON PERFORMING STEP DRAWDOWN TESTS IS AVAILABLE FROM THE DISTRICT).
9. PERMITTEE SHALL MAINTAIN AN OPERABLE AND ACCURATE FLOW METER ON THE DISCHARGE SIDE OF THE WATER TREATMENT PLANT FOR THE PURPOSE OF MEASURING DAILY USE OF WATER.
10. IN THE EVENT OF A DECLARED WATER SHORTAGE, WATER WITHDRAWAL REDUCTIONS WILL BE ORDERED BY THE DISTRICT IN ACCORDANCE WITH THE WATER SHORTAGE PLAN, CHAPTER 40E-21, FLORIDA ADMINISTRATIVE CODE.
11. USE CLASSIFICATION IS PUBLIC WATER SUPPLY.

12. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING LEGAL USES CAUSED BY WITHDRAWALS. WHEN ADVERSE IMPACTS OCCUR, OR ARE IMMINENT, DISTRICT RESERVES THE RIGHT TO CURTAIL WITHDRAWAL RATES. ADVERSE IMPACTS ARE: A) REDUCTION IN WELL WATER LEVELS THAT IMPAIRS THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER (AN ADJACENT WELL MAY BE DOMESTIC WELL, LAWN IRRIGATION WELL, PUBLIC WATER SUPPLY WELL, ETC.); B) SIGNIFICANT REDUCTION IN LEVELS IN AN ADJACENT WATER BODY SUCH AS A LAKE, POND, OR A CANAL SYSTEM; C) SALINE WATER INTRUSION OR INDUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE, RESULTING IN A SIGNIFICANT REDUCTION IN WATER QUALITY, AND D) CHANGE IN WATER QUALITY THAT CAUSES IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
13. PERMITTEE SHALL MITIGATE TO THE SATISFACTION OF THE DISTRICT ANY ADVERSE IMPACT ON EXISTING OFF-SITE LAND USE AS A CONSEQUENCE OF WITHDRAWALS PERMITTED HEREIN. IF INCREASED WITHDRAWALS CAUSE AN ADVERSE IMPACT ON EXISTING LAND USE, THE DISTRICT RESERVES THE RIGHT TO CURTAIL FUTURE WITHDRAWAL RATES. ADVERSE IMPACTS ARE: A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT WATER BODY (SUCH AS A LAKE, POND, OR CANAL SYSTEM), B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY REDUCTIONS IN WATER LEVELS, AND C) DAMAGE TO CROPS AND OTHER VEGETATION, CAUSING FINANCIAL HARM TO THE LANDOWNER.
14. AUTHORIZED REPRESENTATIVES OF THE DISTRICT SHALL BE PERMITTED TO ENTER, INSPECT, AND OBSERVE THE PERMITTED SYSTEM TO DETERMINE COMPLIANCE WITH SPECIAL CONDITIONS.
15. IF ANY CONDITIONS OF THE PERMIT ARE VIOLATED, THE PERMIT SHALL BE SUBJECT TO REVIEW AND POSSIBLE MODIFICATION, ENFORCEMENT ACTION, OR REVOCATION.
16. APPLICATION FOR A PERMIT MODIFICATION MAY BE MADE AT ANY TIME.
17. EXISTING WITHDRAWAL FACILITIES ARE 2-6" X 465' PUMPED AT 200 GPM EACH.
18. THIS PERMIT SHALL EXPIRE 10 YEARS FROM THE DATE OF ISSUANCE.
19. SOURCE CLASSIFICATION IS GROUNDWATER FROM THE FLORIDAN AQUIFER.
20. THE PERMITTEE SHALL OBTAIN ALL NECESSARY FEDERAL, STATE, LOCAL AND SPECIAL DISTRICT AUTHORIZATIONS PRIOR TO THE USE OR WITHDRAWAL OF WATER.
21. THE PERMIT DOES NOT CONVEY ANY PROPERTY RIGHT TO THE PERMITTEE, NOR ANY RIGHTS AND PRIVILEGES OTHER THAN THOSE SPECIFIED IN THE PERMIT AND CHAPTER 40E-2.
22. IF AT ANY TIME THERE IS AN INDICATION THAT THE WELL CASING,

VALVES, OR CONTROLS LEAK OR HAVE BECOME INOPERATIVE, REPAIRS OR REPLACEMENT SHALL BE MADE TO RESTORE THE SYSTEM TO AN OPERATING CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS SHALL BE CAUSE FOR FILLING AND ABANDONING THE WELL, IN ACCORDANCE WITH PROCEDURES OUTLINED IN CHAPTER 40E-3, F.A.C.

23. ONE MONTH PRIOR TO ALL NEW WELL CONSTRUCTION, PERMITTEE SHALL EVALUATE THE IMPACT OF PUMPAGE FROM THE PROPOSED WELL LOCATION ON ADJACENT USERS AND WATER BODIES IF THE PROPOSED LOCATION IS DIFFERENT FROM A LOCATION APPROVED BY DISTRICT STAFF DURING PERMIT REVIEW.
24. PERMITTEE SHALL SECURE A WELL CONSTRUCTION PERMIT PRIOR TO CONSTRUCTION, REPAIR, OR ABANDONMENT OF ALL WELLS, AFTER JANUARY 1, 1985, AS DESCRIBED IN CHAPTER 40E-3, F.A.C.

**University Shores - 106**

**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 2-00500-19-NFM DATE ISSUED FEB- 7, 1989  
UNIV. SHOES

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN ESTIMATED POPULATION OF 11,500 PEOPLE IN 7 YEARS.

LOCATION:

Section 25, Township 22 South, Range 31 East  
Orange County

ISSUED TO:

(OWNER)  
SOUTHERN STATES UTILITIES, INC.  
ATTN: CHARLES SWEAT  
1000 COLIER PLACE  
APOLONA, FL 32008

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions of Attachment 10 to this Permit, Dated FEBRUARY 7, 1989.

AUTHORIZED BY: St. Johns River Water Management District  
Department of Resource Management Governing Board

By: [Signature]  
(Director)

By: [Signature]  
(Assistant Secretary)



#106

EXHIBIT A

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER L-995-0019NFM

SOUTHERN STATES UTILITIES, INC.

DATED FEBRUARY 7, 1999

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use or water in that water body;
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified but not limited to:

- (A) Significant reduction in water levels in an adjacent surface water body;
- (B) Land collapse or subsidence caused by a reduction in water levels; and
- (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Whenever feasible, the permittee must use native vegetation that requires little supplemental irrigation for landscaping within the service area of the project.
  12. Construction must be in compliance with Subsection 553.14, F.S.
  13. This permit will expire 7 years from the date of issuance.
  14. Maximum annual withdrawals must not exceed 201.0 mgals in 1989, 192.0 mgals in 1990, 203.0 mgals in 1991, 324.7 mgals in 1992, 345.7 mgals in 1993, 300.8 mgals in 1994 and 367.9 mgals in 1995.
  15. Maximum daily withdrawals must not exceed 1.09 mgals in 1989, 1.02 mgals in 1990, 1.06 mgals in 1991, 1.09 mgals in 1992, 1.22 mgals in 1993, 1.30 mgals in 1994 and 1.50 mgals in 1995.
  16. Source Classification is confined or semi-confined aquifer.
  17. Use Classification is 92% household and 8% water utility.



**Venetian Village - 567**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

Post Office Box 1429  
Palatka, Florida 32079-1429

*Venetian Village*

PERMIT NO. 2-069-0657N DATE ISSUED February 12, 1985

A PERMIT AUTHORIZING:

Use of groundwater from the Floridan Aquifer to serve an estimated population of 284 people in 7 years.

LOCATION: Section 11, Township 20 South, Range 26 East  
Lake County

ISSUED TO:  
Southern States Utilities, Inc.  
750 W. Colonial Drive  
Orlando, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes:

PERMIT IS CONDITIONED UPON:

See attached conditions "Exhibit A" dated February 12, 1985.

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management

Governing Board

By: R. Duke Woodson

(Director)

R. Duke Woodson

By: Henry Dean

(Assistant Secretary)

Henry Dean

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

#1567

2-069-0457N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DEH monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Construction must be in compliance with Subsection 559.14, F.S.
  12. This permit will expire 7 years from the date of issuance.
  13. Maximum annual withdrawals must not exceed 15.7 mgal.
  14. Maximum daily withdrawals must not exceed .086 mgal.
  15. Source classification is confined or semi-confined aquifer.
  16. Use classification is 88% household; 10% water utility and 2% commercial/industrial.

"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-069-0437H

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1965

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittee must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat, V. Pres.

I. D. Number:  
Permit/Certification  
Number: WC35-193389  
Date of Issue:  
Expiration Date: 10/15/91  
County: Lake  
Project: Venetian Village  
Auxiliary Generator (439 ERCs/.345  
MGD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Installation of a 35 KW auxiliary generator with automatic startup capability at the Venetian Village water plant located on Tammi Drive between Highway 448 and Lake Beauclaire in Lake County, Florida. The generator will operate the 240 GPM well #1 pump. The plant is rated at .345 MGD which requires a minimum Class C operator on-site for five visits per week and one weekend visit.

General Conditions are attached to be distributed to the permittee only.

**GENERAL CONDITIONS:**

1. **The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.**
2. **This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.**
3. **As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.**
4. **This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.**
5. **This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.**

**The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.**

7. **The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:**
  - (a) **Have access to and copy any records that must be kept under conditions of the permit;**
  - (b) **Inspect the facility, equipment, practices, or operations regulated or required under this permit; and**
  - (c) **Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.**

**Reasonable time may depend on the nature of the concern being investigated.**

8. **If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:**
  - (a) **A description of and cause of noncompliance; and**
  - (b) **The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.**

**The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.**

**GENERAL CONDITIONS:**

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of this permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utilities  
Attention: Charles L. Sweat, V. Pres.

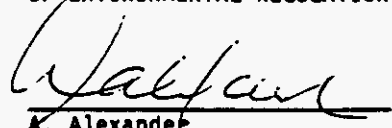
I. D. Number:  
Permit/Certification Number:  
WC35-193389  
Date of Issue:  
Expiration Date: 10/15/91

**SPECIFIC CONDITIONS:**

1. General condition number 13 does not apply.
2. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department and a copy of this permit.
3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.
4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.
5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

ISSUED 4-15-91

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
K. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



**Welaka - 447**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**WELAKA**

According to Water Management District Rule 40 C - 2.041 (1) (d) *Permits Required*, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Welaka has a 4" diameter well.

**Western Shores - 566**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32178-1429

PERMIT NO. 2-069-0502NERR DATE ISSUED SEPTEMBER 10, 1991

CONSUMPTIVE USE

A PERMIT AUTHORIZING:

USE OF GROUND WATER FROM THE FLORIDAN AQUIFER TO SUPPLY AN  
ESTIMATED POPULATION OF 3,436 PEOPLE IN 1 YEAR.

LOCATION:

SECTION(S) 14 & 07, TOWNSHIP 19 SOUTH, RANGE(S) 25 & 26 EAST  
LAKE COUNTY  
ISSUED FOR SILVER LAKE ESTATES/WESTERN SHORE  
OWNER:

SOUTHERN STATES UTILITIES, INC.  
ATTN: CHRISTINE ARCAND  
1000 COLOR PLACE  
APOPKA, FL 32703

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

SEE CONDITIONS ON ATTACHED "EXHIBIT A", DATED SEPTEMBER 10, 1991

AUTHORIZED BY: St. Johns River Water Management District

Department of Resource Management      Governing Board

By: \_\_\_\_\_

  
JEFF ELLEDGE  
Director

By: \_\_\_\_\_

  
HENRY DEAN  
Assistant Secretary

EXHIBIT A

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-009-0562NFRN

- SOUTHERN STATES UTILITIES, INC.

DATED SEPTEMBER 13, 1991

1. DISTRICT AUTHORIZED STAFF, UPON PROPER IDENTIFICATION, WILL HAVE PERMISSION TO ENTER, INSPECT AND OBSERVE PERMITTED AND RELATED FACILITIES IN ORDER TO DETERMINE COMPLIANCE WITH THE APPROVED PLANS, SPECIFICATIONS AND CONDITIONS OF THIS PERMIT. *OPD*
2. NOTHING IN THIS PERMIT SHOULD BE CONSTRUED TO LIMIT THE AUTHORITY OF THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT TO DECLARE A WATER SHORTAGE AND ISSUE ORDERS PURSUANT TO SECTION 373.175, FLORIDA STATUTES, OR TO FORMULATE A PLAN FOR IMPLEMENTATION DURING PERIODS OF WATER SHORTAGE, PURSUANT TO SECTION 373.246, FLORIDA STATUTES. IN THE EVENT OF A WATER SHORTAGE, AS DECLARED BY THE DISTRICT GOVERNING BOARD, THE PERMITTEE MUST ADHERE TO REDUCTIONS IN WATER WITHDRAWALS AS SPECIFIED BY THE DISTRICT.
3. PRIOR TO THE CONSTRUCTION, MODIFICATION, OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM THE ST. JOHNS RIVER WATER MANAGEMENT DISTRICT PURSUANT TO CHAPTER 40C-3, FLORIDA ADMINISTRATIVE CODE. CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL WILL REQUIRE MODIFICATION OF THE CONSUMPTIVE USE PERMIT WHEN SUCH CONSTRUCTION, MODIFICATION OR ABANDONMENT IS OTHER THAN THAT SPECIFIED AND DESCRIBED ON THE CONSUMPTIVE USE PERMIT APPLICATION FORM. *OPD*
4. LEAKING OR INOPERATIVE WELL CASINGS, VALVES, OR CONTROLS MUST BE REPAIRED OR REPLACED AS REQUIRED TO PUT THE SYSTEM BACK IN AN OPERATIVE CONDITION ACCEPTABLE TO THE DISTRICT. FAILURE TO MAKE SUCH REPAIRS WILL BE CAUSE FOR DEEMING THE WELL ABANDONED IN ACCORDANCE WITH CHAPTER 17.21.02(5), FLORIDA ADMINISTRATIVE CODE AND CHAPTER 373.309, FLORIDA STATUTES. *OPD*
5. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON LEGAL USES OF WATER EXISTING AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OR WATER ALLOCATIONS IF THE WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON LEGAL USES OF WATER WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BUT NOT LIMITED TO:  
*OPD*
  - (A) REDUCTION OF WELL WATER LEVELS RESULTING IN A REDUCTION OF 10% IN THE ABILITY OF AN ADJACENT WELL TO PRODUCE WATER;
  - (B) REDUCTION OF WATER LEVELS IN AN ADJACENT SURFACE WATER BODY RESULTING IN A SIGNIFICANT IMPAIRMENT OF THE USE OF WATER IN THAT WATER BODY;
  - (C) SALINE WATER INTRUSION OR INTRODUCTION OF POLLUTANTS INTO THE WATER SUPPLY OF AN ADJACENT WATER USE RESULTING IN A SIGNIFICANT REDUCTION OF WATER QUALITY; AND
  - (D) CHANGE IN WATER QUALITY RESULTING IN EITHER IMPAIRMENT OR LOSS OF USE OF A WELL OR WATER BODY.
6. PERMITTEE MUST MITIGATE ANY ADVERSE IMPACT CAUSED BY WITHDRAWALS PERMITTED HEREIN ON ADJACENT LAND USES WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. THE DISTRICT HAS THE RIGHT TO CURTAIL PERMITTED WITHDRAWAL RATES OF WATER ALLOCATIONS IF WITHDRAWALS OF WATER CAUSE AN ADVERSE IMPACT ON ADJACENT LAND USE WHICH EXISTED AT THE TIME OF PERMIT APPLICATION. ADVERSE IMPACTS ARE EXEMPLIFIED BY BUT NOT LIMITED TO:  
*OPD*

59-0562NFRM

- (A) SIGNIFICANT REDUCTION IN WATER LEVELS IN AN ADJACENT SURFACE WATER BODY
  - (B) LAND COLLAPSE OR SUBSIDENCE CAUSED BY A REDUCTION IN WATER LEVELS; AND
  - (C) DAMAGE TO CROPS AND OTHER TYPES OF VEGETATION.
7. *SW* THE DISTRICT MUST BE NOTIFIED, IN WRITING, WITHIN 30 DAYS OF THE TRANSFER OF THIS PERMIT. ALL TRANSFERS ARE SUBJECT TO THE PROVISIONS OF SECTION 40C-2.351, FLORIDA ADMINISTRATIVE CODE, WHICH STATES THAT ALL TERMS AND CONDITIONS OF THE PERMIT SHALL BE BINDING OF THE TRANSFEREE.
8. A DISTRICT-ISSUED IDENTIFICATION TAG SHALL BE PROMINENTLY DISPLAYED AT EACH WITHDRAWAL SITE BY PERMANENTLY AFFIXING SUCH TAG TO THE PUMP, HEADGATE, VALVE OR OTHER WITHDRAWAL FACILITY AS PROVIDED BY SECTION 40C-2.401, FLORIDA ADMINISTRATIVE CODE. PERMITTEE SHALL NOTIFY THE DISTRICT IN THE EVENT THAT A REPLACEMENT TAG IS NEEDED.
9. IF THE PERMITTEE DOES NOT SERVE A NEW PROJECTED DEMAND LOCATED WITHIN THE SERVICE AREA UPON WHICH THE ANNUAL ALLOCATION WAS CALCULATED, THE ANNUAL ALLOCATION WILL BE SUBJECT TO MODIFICATION.
10. ON THE TENTH DAY FOLLOWING THE MONTH OF RECORD, PERMITTEE MUST SUBMIT TO THE DISTRICT COPIES OF THE DER MONTHLY WATER TREATMENT PLANT REPORTS ON A MONTHLY BASIS FOLLOWING THE MONTH OF RECORD. THE PERMIT NUMBER MUST BE ATTACHED TO ALL REPORTS.
11. THE PERMITTEE MUST ENSURE THAT ALL SERVICE CONNECTIONS ARE METERED.
12. LANDSCAPE IRRIGATION IS PROHIBITED BETWEEN THE HOURS OF 10:00 A.M. AND 4:00 P.M., EXCEPT AS FOLLOWS:
- A. IRRIGATION USING A MICRO-IRRIGATION SYSTEM IS ALLOWED ANYTIME.
  - B. THE USE OF RECLAIMED WATER FOR IRRIGATION IS ALLOWED ANYTIME, PROVIDED APPROPRIATE SIGNS ARE PLACED ON THE PROPERTY TO INFORM THE GENERAL PUBLIC AND DISTRICT ENFORCEMENT PERSONNEL OF SUCH USE. SUCH SIGNS MUST BE IN ACCORDANCE WITH LOCAL RESTRICTIONS.
  - C. IRRIGATION OF, OR IN PREPARATION FOR PLANTING, NEW LANDSCAPE IS ALLOWED ANY TIME OF DAY FOR ONE 30 DAY PERIOD PROVIDED IRRIGATION IS LIMITED TO THE AMOUNT NECESSARY FOR PLANT ESTABLISHMENT.
  - D. WATERING IN OF CHEMICALS, INCLUDING INSECTICIDES, PESTICIDES, FERTILIZERS, FUNGICIDES, AND HERBICIDES WHEN REQUIRED BY LAW, THE MANUFACTURER, OR BEST MANAGEMENT PRACTICES IS ALLOWED ANYTIME WITHIN 24 HOURS OF APPLICATION.
  - E. IRRIGATION SYSTEMS MAY BE OPERATED ANYTIME FOR MAINTENANCE AND REPAIR PURPOSES NOT TO EXCEED TEN MINUTES PER HOUR PER ZONE.
13. *SW* TREATED EFFLUENT MUST BE USED AS IRRIGATION WATER WHEN IT BECOMES PRACTICAL, ECONOMICALLY FEASIBLE, AND PERMISSIBLE UNDER APPLICABLE STATE AND FEDERAL STATUTES OR REGULATIONS PROMULGATED THEREUNDER.
14. *SW* WHENEVER FEASIBLE, THE PERMITTEE MUST USE NATIVE VEGETATION THAT REQUIRES LITTLE SUPPLEMENTAL IRRIGATION FOR LANDSCAPING WITHIN THE SERVICE AREA OF THE PROJECT.

69-0562NFRM

15. PRIOR TO THE CONSTRUCTION, MODIFICATION OR ABANDONMENT OF A WELL, THE PERMITTEE MUST OBTAIN A WATER WELL CONSTRUCTION PERMIT FROM VOLUSIA COUNTY BUILDING INSPECTIONS AND PERMITS.
16. THIS PERMIT WILL EXPIRE 1 YEAR FROM THE DATE OF ISSUANCE.
17. MAXIMUM ANNUAL GROUNDWATER WITHDRAWALS FOR PUBLIC SUPPLY MUST NOT EXCEED:  
326.32 MILLION GALLONS IN 1991  
339.67 MILLION GALLONS IN 1992
18. MAXIMUM DAILY GROUNDWATER WITHDRAWALS FOR PUBLIC SUPPLY MUST NOT EXCEED:  
1.12 MILLION GALLONS IN 1991  
1.17 MILLION GALLONS IN 1992
19. WITHIN ONE YEAR OF PERMIT ISSUANCE ALL EXISTING WITHDRAWAL POINTS MUST BE EQUIPPED WITH TOTALIZING FLOW METERS OR AN ALTERNATIVE METHOD FOR MEASURING FLOW MUST BE IMPLEMENTED. TOTALIZING FLOW METERS MUST MAINTAIN A 95% ACCURACY, BE VERIFIABLE AND BE INSTALLED ACCORDING TO MANUFACTURER SPECIFICATIONS. ALTERNATIVE METHODS FOR MEASURING WATER WITHDRAWALS MUST BE 90% ACCURATE, VERIFIABLE AND APPROVED BY THE DISTRICT PRIOR TO IMPLEMENTATION. IF AFTER A PERIOD OF ONE YEAR, THE SELECTED ALTERNATIVE DOES NOT MEET THE ACCURACY AND VERIFIABILITY REQUIREMENTS, TOTALIZING FLOW METERS OR ANOTHER DISTRICT APPROVED ALTERNATIVE MUST BE USED. *CPD 2-10-92*
20. PRIOR TO BEGINNING WATER USE ALL NEW WITHDRAWAL POINTS MUST BE EQUIPPED WITH TOTALIZING FLOW METERS. SUCH FLOW METERS MUST MAINTAIN A 95% ACCURACY, BE VERIFIABLE AND INSTALLED ACCORDING TO MANUFACTURER SPECIFICATIONS. *CPD*
21. TOTAL WITHDRAWAL FROM EACH MONITORED SOURCE MUST BE RECORDED CONTINUOUSLY, TOTALLED MONTHLY, AND REPORTED TO THE DISTRICT AT LEAST EVERY SIX MONTHS FROM THE INITIATION OF THE MONITORING USING FORM NO. EN-50. *CPD*
22. THE PERMITTEE MUST MAINTAIN THE REQUIRED FLOW METER(S) OR OTHER DISTRICT APPROVED FLOW MEASURING DEVICE(S). IN CASE OF FAILURE OR BREAKDOWN OF ANY METER OR OTHER DEVICE, THE DISTRICT MUST BE NOTIFIED IN WRITING WITHIN 5 DAYS OF ITS DISCOVERY. A DEFECTIVE METER OR OTHER DEVICE MUST BE REPAIRED OR REPLACED WITHIN 30 DAYS OF ITS DISCOVERY. *CPD*
23. THE PERMITTEE MUST HAVE ANY FLOW METER(S) CALIBRATED ONCE EVERY 3 YEARS WITHIN 30 DAYS OF THE ANNIVERSARY DATE OF PERMIT ISSUANCE, AND RECALIBRATED IF THE DIFFERENCE BETWEEN THE ACTUAL FLOW AND THE METER READING IS GREATER THAN 5%. DISTRICT FORM NO. EN-51 MUST BE SUBMITTED TO THE DISTRICT WITHIN 10 DAYS OF THE INSPECTION/CALIBRATION. *CPD*
24. WITHIN 4 MONTHS OF PERMIT ISSUANCE A WATER CONSERVATION PLAN MUST BE SUBMITTED WHICH MEETS THE REQUIREMENTS OF CHAPTER 40C-2 F.A.C. AND SECTION 12.0 CUP APPLICANT'S HANDBOOK AS AMENDED EFFECTIVE JULY 23, 1991. THIS PLAN MUST INCLUDE AT A MINIMUM, THE FOLLOWING ELEMENTS: *CPD*
  - (A) AN AUDIT OF THE AMOUNT OF WATER USED IN THE APPLICANT'S PRODUCTION FACILITY, TRANSMISSION LINES AND DISTRIBUTION SYSTEM.
  - (B) A PROGRAM FOR MAKING TECHNOLOGICAL, PROCEDURAL AND/OR PROGRAMMATIC IMPROVEMENTS TO THE APPLICANTS PRODUCTION FACILITY, TRANSMISSION LINES AND DISTRIBUTION SYSTEM TO DECREASE WATER CONSUMPTION. *BY*

2 69-0562NFRM

(C) AN ANALYSIS OF THE FEASIBILITY OF REUSING RECLAIMED WATER, RECYCLING WATER AND USING THE LOWEST ACCEPTABLE QUALITY WATER SOURCE ALONG WITH A TIMETABLE FOR IMPLEMENTATION.

(D) AN EMPLOYEE AWARENESS AND CUSTOMER EDUCATION PROGRAM CONCERNING WATER CONSERVATION.

(E) PROCEDURES AND TIMETABLE FOR IMPLEMENTING THE PLAN.

TWO COPIES OF THE WATER CONSERVATION PLAN MUST BE SUBMITTED TO THE DISTRICT WITH THE APPROPRIATE PERMIT NUMBER PLAINLY MARKED.

- copy etc.*
25. RESULTS OF THE RATE CASE HEARING WITH PUBLIC SERVICE COMMISSION WILL BE SUBMITTED TO THE DISTRICT FOR INCLUSION IN THE CUP FILE WITHIN SIX MONTHS OF PERMIT ISSUANCE
26. SOURCE CLASSIFICATION IS CONFINED OR SEMI- CONFINED AQUIFER.
27. USE CLASSIFICATION IS 95% HOUSEHOLD, 5% WATER UTILITY.



**Westmont - 122**

**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**WESTMONT**

A consumptive use permit is not included because there is no water plant. Water is purchased from Orange County Utility.

**Windsong - 783**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**

WINDSONG

Protecting South Florida's Water Resources for 40 Years  
1949-1989



### South Florida Water Management District

P.O. Box 24680 • 5911 Gun Club Road • West Palm Beach, FL 33416-9581 • 407-686-8800 • FL WATS 1-800-432-2045

District Permit No. 84-199W  
Resource Control Department

June 28, 1989

Mr. Edward J. Mangold  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

Dear Mr. Mangold:

Subject: Notice of Permit Transfer  
Donegan Station, Osceola County  
Section 15, Township 25 South, Range 29 East

Pursuant to your request of June 16, 1989 for transfer of the above permit, please note that Permit No. 84-199W has been officially transferred from John G. Wood to Southern States Utilities, Inc. A copy of the permit, including conditions, is enclosed.

If you have any questions, please contact this office.

Sincerely,

*Anne Roth*  
Anne Roth, Director  
Regulatory Administration Division

AR:ca  
Enclosures

cc: DER  
John Wood, Pemco-Wood Inc.  
Osceola County Engineer

JUN 29 1989

<p><i>Governing Board</i> James F. Garner, Chairman - Fort Myers Doran A. Jason, Vice Chairman - Ft. Biscayne J.D. York - Palm City</p>	<p>Arsenio Milian - Miami Ernie Stein - Belle Glade Mike Blount - Wintermere</p>	<p>Ken Adams - West Palm Beach Valerie Boyd - Naples James E. Nait - Fort Lauderdale</p>	<p>John R. Wodrasna, Executive Director Tilford C. Cress, Deputy Executive Director</p>
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# South Florida Water Management District

Post Office Box 11 1291 Golf Club Road  
West Palm Beach, Florida 33411  
Telephone (305) 486-8800  
Florida State's Law 1-682-667-3048

Good if  
1/1/79  
1/1/79  
1/1/79

REPLY 000010 OF 004-1990

November 19, 1984

Southern States Utilities, Inc  
1000 Color Place  
Apopka, Florida 32703

General Permit  
Osceola

RE: Water Use General Permit: 004-1990  
Project: Windsons  
Type of Use: Public Water Supply (Residential/Comm. Potable Water Sup.)  
County: Osceola; Sec. 15, Twp. 25S, Rge. 29E  
Permittee: Southern States Utilities, Inc.

Dear Mr. Wood:

This letter is to acknowledge receipt of your intent to Use Water pursuant to Rule 40E-20.042, Florida Administrative Code. Based on the information provided, District rules have been adhered to and a General Water Use Permit is in effect for this project.

However, if your use should exceed 100,000 gallons per day in the future, an individual Water Use Permit will be required and the General Permit will then be void.

Unless otherwise revoked or modified, for each withdrawal authorized herein, the duration of the General Permit shall be twenty years, determined as follows:

1. For uses in existence on the effective date of this rule, the 20 year period begins on effective date of this rule (1-29-79).
2. For uses not in existence on the effective date of this rule, the 20 year period begins with the date of filing of the Notice of Intent to Withdraw Water.

The General Permit is subject to the following Limiting Conditions:

- (1) A drillers log shall be furnished to the District within 30 days of completion of each new well. The log shall show total depth and casing depth.
- (2) Permittee shall supply the District with drill cuttings from one water well. The cuttings shall be from every 10 foot interval or every formation change, whichever comes first. Cuttings shall be delivered to the District within six months of completion of the well. The general permit number and well location information shall accompany the cuttings.

Stephen W. Hays  
Chairman - Board

William E. Satterton  
Vice Chairman - Board

J. Paul Gattuso  
At Large

William P. Reed  
Osceola Board

Earl Lee Sherrill  
Maitland Board

John E. Frazier  
Kissimmee Board

Frank E. Powers  
Lakeland Board

John P. White  
Clerk - Board

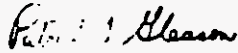
James H. Ross  
President

GP 04-1990

GP #84-199W  
Mr. John G. Wood  
November 19, 1984  
Page 2

- (3) A specific capacity test shall be performed on one water well and the data provided to the District within six months of well completion.
- (4) If the permitted use is located within one mile of a brackish or salt water body of water then within 15 days after each well has been placed in service, a sample of water shall be taken and submitted to an independent laboratory for chemical analysis for chloride ion concentration. The results of the analysis shall be provided to the District within six months of well completion.
- (5) Prior to the initiation of any withdrawal of water, it will be necessary to apply for a Surface Water Management Permit. The Permittee is cautioned that a minimum of 60 days is required for consideration of the Surface Water Management Permit application. The Permittee is further cautioned that the issuance of the Water Use Permit shall not be construed to be a guarantee that the Surface Water Management Permit will be issued.

Sincerely,

  
PATRICK J. O'LEARY, M.D.  
Director, Water Use Division  
Resource Control Department

PJO:njg  
cc: Dept. of Environmental Regulation  
Mr. J. Neil Gallagher  
bcc: Ms. Viena Horinkova  
Groundwater  
Inspection

**Woodmere - 888**

**Duval County (SSU)**

**Water**

**- 1992 FPSC Filing -**

*Woodmere*

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT  
Post Office Box 1429  
Palatka, Florida 32078-1429

PERMIT NO. 3-031-0054N DATE ISSUED FEBRUARY 12, 1985

A PERMIT AUTHORIZING:

USE OF GROUNDWATER FROM THE FLORIDAN AQUIFER TO SERVE AN  
ESTIMATED POPULATION OF 7975 PEOPLE IN 7 YEARS.

LOCATION: Section 33, Township 01 South, Range 27 East  
Duval County

ISSUED TO: SOUTHERN STATES UTILITIES INC.  
(owner) 750 W. COLONIAL DRIVE  
ORLANDO, FL 32804

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all plans and specifications attached thereto, is by reference made a part hereof. This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This Permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes.

PERMIT IS CONDITIONED UPON:

See Conditions on Attached "Exhibit A", Dated FEBRUARY 12, 1985

AUTHORIZED BY: ~~St. Johns River Water Management District~~  
~~Secretary of the Board of Water Management~~  
Division of Permitting

BY: [Signature]  
(Director) Duke Woodson

Governing Board: [Signature]  
BY: [Signature]  
(Assistant Secretary)

4888



"EXHIBIT A"

CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2-031-0064N

SOUTHERN STATES UTILITIES INC.

DATED FEBRUARY 12, 1985

1. District authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event of a water shortage, as declared by the District Governing Board, the Permittee must adhere to reductions in water withdrawals as specified by the District.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to put the system back in an operative condition acceptable to the District. Failure to make such repairs will be cause for deeming the well abandoned in accordance with Chapter 17.21.02(5), Florida Administrative Code and Chapter 373.309, Florida Statutes.
5. Permittees must mitigate any adverse impact caused by withdrawals permitted herein on legal uses of water existing at the time of permit application. The District has the right to curtail permitted withdrawal rates or water allocations if the withdrawals of water cause an adverse impact on legal uses of water which existed at the time of permit application. Adverse impacts are exemplified but not limited to:
  - (A) Reduction of well water levels resulting in a reduction of 10% in the ability of an adjacent well to produce water;
  - (B) Reduction of water levels in an adjacent surface water body resulting in a significant impairment of the use of water in that water body.
  - (C) Saline water intrusion or introduction of pollutants into the water supply of an adjacent water use resulting in a significant reduction of water quality; and
  - (D) Change in water quality resulting in either impairment or loss of use of a well or water body.
6. Permittees must mitigate any adverse impact caused by withdrawals permitted herein on adjacent land uses which existed at the time of permit application. The District has the right to curtail permitted withdrawal rates of water allocations if withdrawals of water cause an adverse impact on adjacent land use which existed at the time of permit application. Adverse impacts are exemplified by but not limited to:

2-031-0064N

- (A) Significant reduction in water levels in an adjacent surface water body;
  - (B) Land collapse or subsidence caused by a reduction in water levels; and
  - (C) Damage to crops and other types of vegetation.
7. The District must be notified, in writing, within 90 days of the transfer of this permit. All transfers are subject to the provisions of Section 40C-2.351, Florida Administrative Code, which states that all terms and conditions of the permit shall be binding of the transferee.
  8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
  9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.
  10. On the tenth day following the month of record, permittee must submit to the District copies of the DER monthly water treatment plant reports on a monthly basis following the month of record. The permit number must be attached to all reports.
  11. Prior to the construction, modification or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the Department of Health, Welfare & Bio-Environmental Services, pursuant to an Inter-Agency Agreement with the St. Johns River Water Management District and Duval County signed November 29, 1978. Construction, modification or abandonment of a water well will require modification of the Consumptive Use Permit when such construction, modification or abandonment is other than that specified and described on the Consumptive Use Permit Application Form.
  12. Construction must be in compliance with Subsection 553.14, P.S.
  13. This permit will expire 7 years from the date of issuance.
  14. Maximum annual withdrawals must not exceed 435.6 mgal.
  15. Maximum daily withdrawals must not exceed 2.40 mgal.
  16. Source classification is confined or semi-confined aquifer.
  17. Use classification is 89% household; 10% water utility; 2% commercial/industrial.



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

August 20, 1991

X RECALLED

Mr. Charles L. Sweat  
c/o Stephen Manis  
C. Vargas & Associates, LTD.  
Post Office Box 8906  
Jacksonville, FL 32211

9/019.04

Dear Mr. Sweat:

RE: Modification of Issued Permit No. 161534052

Your request to modify this permit has been received and reviewed by Department staff. [REDACTED]

[REDACTED], which has become dislodged, utilizing railroad rails, per the attached revised drawing. This modification does not alter the expiration date, Specific Conditions or General Conditions, or monitoring requirements which shall apply to the re-entrenchment of the outfall pipe.

Since the proposed modification is not expected to result in any adverse environmental impact or water quality degradation and will satisfy the mitigation requirements, the permit is hereby modified as requested. By copy of this letter, we are notifying all necessary parties of the modification.

This letter of approval does not alter the expiration date, Specific or General Conditions, or monitoring requirements of the permit. The accompanying page shall be substituted for page 1 of 5 of the original permit.

Ralph T.  
cc: Charles S.  
Chris Arcand  
Joe R.




Mr. Charles L. Sweat  
Modification to Issued Permit #161534052  
August 20, 1991

This letter constitutes final agency action unless a person substantially affected by this action requests an administrative hearing pursuant to Section 120.57, Florida Statutes. The petition must be filed within fourteen (14) days from receipt of this letter. The petition must comply with the requirements of Florida Administrative Code Rule 28-5.201 and be filed pursuant to Rule 17-103.155(1) in the Office of General Counsel of the Department of Environmental Regulation at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400. Petitions which are not filed in accordance with the above provisions will not be accepted by the Department. If a formal hearing pursuant to Section 120.57(1), is requested, at such formal hearing all parties shall have an opportunity to respond, to present evidence and argument on all issues involved, to conduct cross-examination of witnesses and submit rebuttal evidence, to submit proposed findings of facts and order, to file exceptions to any order or hearing officer's recommended order, and to be represented by counsel. If an informal proceeding is requested, the agency will, in accordance with its rules of procedure, give affected persons or parties or their counsel an opportunity, at a convenient time and place, to present to the agency or hearing officer, written or oral evidence in opposition to the agency's action or refusal to act, or a written statement challenging the grounds upon which the agency has chosen to justify its action or inaction, pursuant to Section 120.57(2), Florida Statutes. The hearing process is designed to formulate agency action. Accordingly, the Department's final action as a result of a hearing may be different from the position taken by it in this stage. Therefore, any person who may wish to contest the Department's ultimate permitting decision must petition for a hearing within the fourteen day period described above.

Failure to file a request for a hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, Florida Statutes.

Sincerely,

  
Ernest E. Frey, P. E.  
Director of District Management

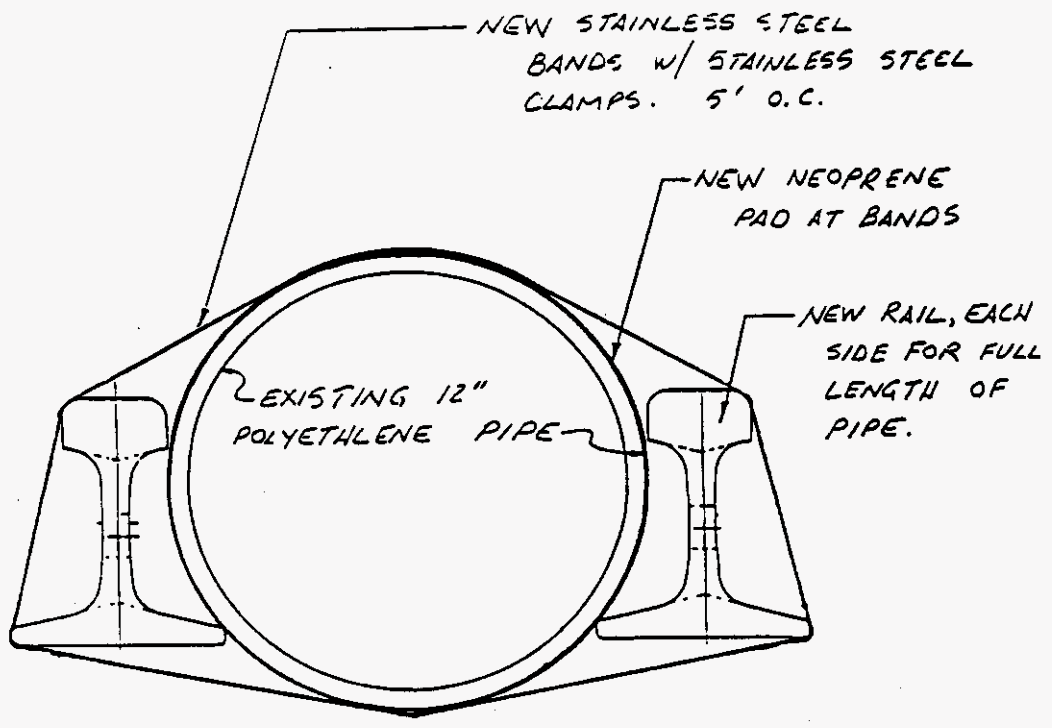
JT  
EEF:jt/eml

cc: Department of Natural Resources  
Army Corps of Engineers  
Lisa Adams - DER - Jacksonville

Subject REINFT. WOODM WMLP  
OUT-FALL PV. 3  
 Project No. 91019.04

**V** C. VARGAS & ASSOCIATES, LTD.  
 CONSULTING ENGINEERS  
 JACKSONVILLE, FLORIDA

By. WJS Date 8/15/91  
 Chkd. By. \_\_\_\_\_ Date \_\_\_\_\_



PIPE BALLAST DETAIL

NOTE: PIPE TO BE  
 RE-EMBEDDED IN  
 RIVER BOTTOM W/  
 3 FEET COVER,  
 MINIMUM.

IN: JACKSONVILLE, FLA.  
 AT: ST. JOHNS RNER  
 DUVAL COUNTY  
 PERMITTEE: CHARLES L. SWEAT  
 SOUTHERN STATES UTIL., INC.  
 PERMIT NO: D/F 161534052  
 ISSUED: 12/29/88  
 EXPIRES: 12/29/93

**REVISED**

*S. J. M. G.*  
 8/15/91

CV-84-85

Sheet 1 of 1



## Florida Department of Environmental Regulation

Northeast District • 3426 Bills Road • Jacksonville, Florida 32207 • 904-798-42

Bob Martinez, Governor

Dale Twschmann, Secretary

John Shearer, Assistant Secretary  
Ernest Frey, Deputy Assistant Secretary

### PERMITTEE:

Charles L. Sweat  
c/o Stephen Manis  
C. Vargas & Associates, Ltd.  
8596 Arlington Expressway  
Jacksonville, FL 32211

I.D. Number: D/F

Permit/Cert. Number: 161534052

Date of Issue: 12/29/88

Expiration Date: 12/29/93

County: Duval

Lat/Long: 30°23'14"/81°37'33"

Section/Township/Range: 53/1S/27E

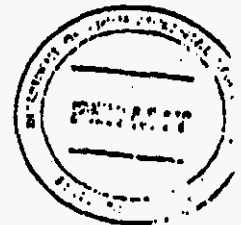
Project: Entrench an outfall pipe.

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Entrench a sewage outfall pipe as follows:

1. across approximately 40 feet of salt marsh,
2. extending waterward approximately 225 feet from the shoreline,
3. and construct an effluent diffuser.

This activity is to take place at Reddie Point on the St. Johns River in Duval County.



**PERMITTEE:**

Charles L. Sweat

I.D. Number: 0/F

Permit Number: 161534052

Date of Issue: 12/29/88

Expiration Date: 12/29/93

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:



PERMITTEE:

Charles L. Sweat

I.D. Number: D/F

Permit Number: 161534052

Date of Issue: 12/29/88

Expiration Date: 12/29/93

- a. Having access to and copying any records that must be kept under the condition of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.7 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.





PERMITTEE:  
Charles L. Sweat

I.D. Number: D/F  
Permit Number: 161534052  
Date of Issue: 12/29/88  
Expiration Date: 12/29/93

13. This permit also constitutes:

- Determination of Best Available Control Technology (BACT)
- Determination of Prevention of Significant Deterioration (PSD)
- Certification of Compliance with State Water Quality Standards  
(Section 401, PL 92-500)
- Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.



PERMITTEE:

Charles L. Sweat

I.D. Number: D/F

Permit Number: 161534052

Date of Issue: 12/29/88

Expiration Date: 12/29/93

SPECIFIC CONDITIONS:

1. The permittee is hereby advised that Florida law states: "No person shall commence any excavation, construction, or other activity involving the use of sovereign or other lands of the state, title to which is vested in the Board of Trustees of the Internal Improvement Trust Fund of the Department of Natural Resources under Chapt 253, until such person has received from the Board of Trustees of the Internal Improvement Trust Fund the required lease, license, easement, or other form of consent authorizing the proposed use." Pursuant to Florida Administrative Code Rul 16Q-14, if such work is done without consent, or if a person otherwise damages state land or products of state land, the Board of Trustees may levy administrative fine of up to \$10,000 per offense.
2. If historical or archeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the Northeast District Office of the Department of Environmental Regulation and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.A. Gray Building, Tallahassee, Florida 32301.
3. Turbidity controls shall be utilized throughout the project to contain any turbidity generated that exceeds State water quality standards.
4. The work shall be done during periods of average or low water.

Issued this 29th day of December, 1988

FILING AND ACKNOWLEDGEMENT  
 FILED on this date pursuant to §120.62, Florida  
 Statutes, with the designated Department Clerk,  
 receipt of which is hereby acknowledged.

Charles L. Sweat 12-30-88  
 Date Date

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

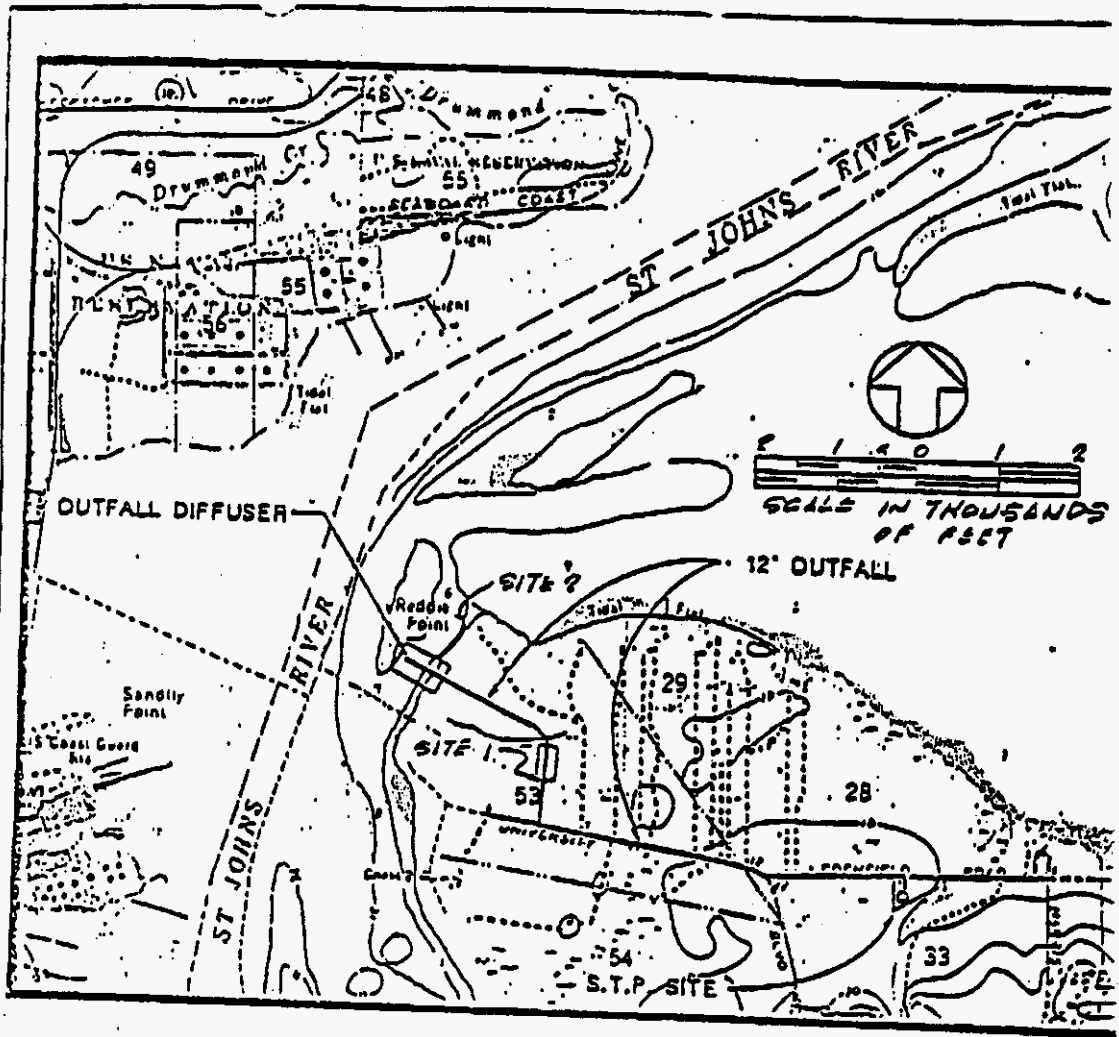
Ernest E. Frey  
 Ernest E. Frey  
 Deputy Assistant Secretary

Copy to: ACDE, Jacksonville  
DNR, Jacksonville

CERTIFICATE OF SERVICE

The undersigned duly designated deputy clerk hereby certifies that this NOTICE OF PERMIT and all copies were mailed before the close of business on 12-30-88 to the listed persons.



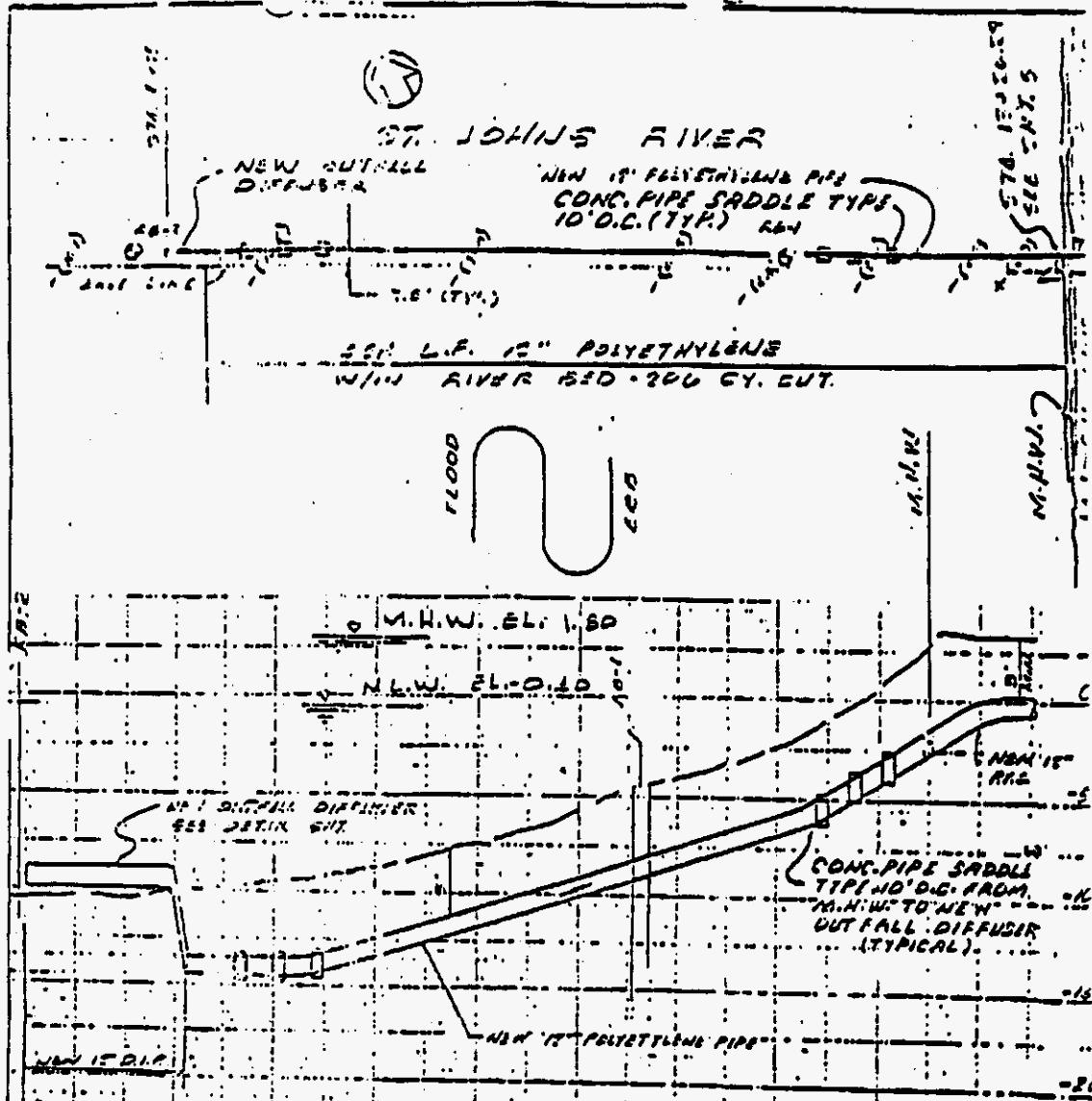


PURPOSE: Vicinity Map  
 DATUM: NCVB  
 Adjacent Property Owners:  
 1.  
 2.

NORTHEAST DISTRICT  
 REAPPROVED  
 AUG 15 1986  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 PERMIT  
 STATE OF FLORIDA

IN Jacksonville  
 AT St. Johns River  
 COUNTY OF Duval STATE FL  
 APPLICATION BY: Southern State Utilities  
 SHEET 1 OF 10 DATE 7/21

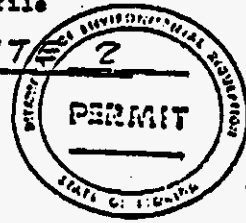
DER Form 13-1.203(1) Effective November 30, 1987



SCALE: HORIZ. = 1" = 20'  
 VERT. = 1" = 10'

PURPOSE: Sewer 2 Waco, Plan, Profile

DATUM: NGVD

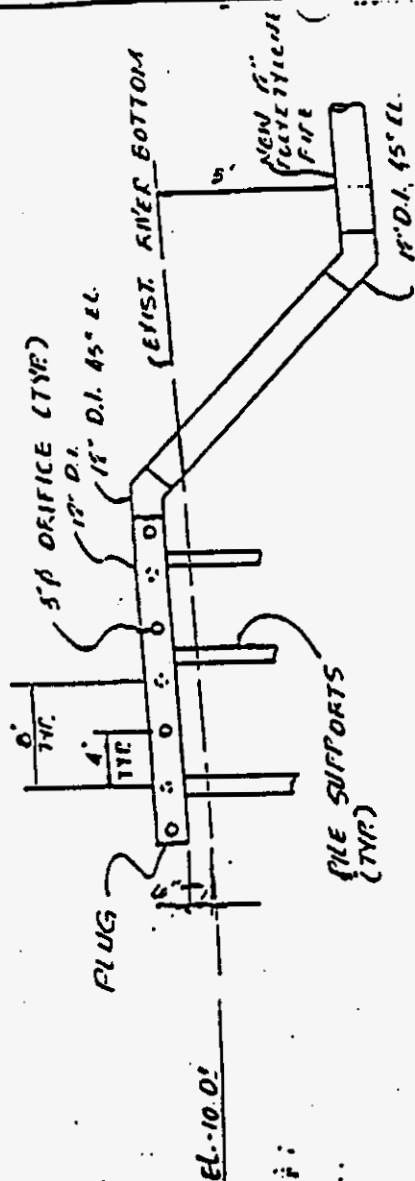


NORTHEAST DISTRICT  
 REC  
 AUG 15 1988  
 REGIONAL

1. Adjacent Property Owners:
- 2.

JACKSONVILLE  
 AT St. Johns River  
 COUNTY OF Duval STATE FL  
 APPLICATION BY: Southern States Utilities  
 SHEET 4 OF 10 DATE 7/21/

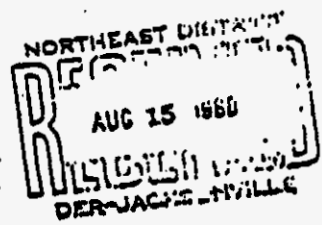
OCR Form 33-1, 2011, LT, effective November 30, 1982



**OUTFALL DIFFUSER**

- N.T.S. -

PURPOSE: Outfall Diffuser  
 DATUM: NCVD  
 Adjacent Property Owners:  
 1.  
 2.



IN Jacksonville  
 AT St. Johns River  
 COUNTY OF Duval STATE FL  
 APPLICATION BY Southern States  
 Utilities  
 SHEET 6 OF 10 DATE 7/21/88

**Wootens - 446**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## WOOTENS

According to Water Management District Rule 40 C - 2.041 (1) (d) Permits Required, systems with wells having a diameter of four (4) inches or less are exempted from obtaining a consumptive use permit.

Wootens has a 2" diameter well.

**Zephyr Shores - 1427**

**Pasco County (SSU)**

**Water**

**- 1992 FPSC Filing -**



**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT  
(SWFWMD)  
CONSUMPTIVE USE PERMIT**

PERMIT GRANTED TO:  <u>Zephyr Shores Utilities Inc.</u>  <u>2730 Hwy 54 W</u>  <u>Zephyrhills, FL 34248</u> (Legal Name and Address)	PERMIT NO.: <u>203819</u> DATE PERMIT GRANTED: <u>April 4, 1984</u> DATE PERMIT APPLICATION FILED: <u>December 2, 1983</u> PERMIT EXPIRES ON: <u>April 4, 1994</u> SOURCE CLASSIFICATION: <u>Groundwater</u> USE CLASSIFICATION: <u>Public Supply</u> S17, T26S, R21E
-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**TERMS AND CONDITIONS OF THIS PERMIT ARE AS FOLLOWS:**

1. That all statements in the application and in supporting data are true and accurate and based upon the best information available, and that all conditions set forth herein will be complied with. If any of the statements in the application and in the supporting data are found to be untrue and inaccurate, or if applicant fails to comply with all of the conditions set forth herein, then this Permit shall automatically become null and void.
2. This Permit is predicated upon the assertion by applicant that the use of water applied for and granted is and continues to be a reasonable beneficial use as defined in Section 373.019(5), Florida Statutes, is and continues to be consistent with the public interest, and will not interfere with any legal use of water existing on the date this Permit is granted.
3. In granting this Permit, SWFWMD has, by regulation, reserved from use by applicant, water in such locations and quantities, for such seasons of the year, as it determines may be required for the protection of fish and wildlife and the public health and safety. Such reservations are subject to periodic review and revision in light of changed conditions.
4. Based upon the application and supporting documents, SWFWMD finds that the applicant's consumptive use of water of 18,400 gallons per day was in existence before January 1, 1975 at the average annual withdrawal rate of 46,000 gallons per day.
5. Nothing in this Permit should be construed to limit the authority of Southwest Florida Water Management District to declare water shortages and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage pursuant to Section 373.246, Florida Statutes.
6. This Permit authorizes the applicant named above to make a combined average annual withdrawal of 50,000 gallons of water per day with a maximum combined withdrawal rate not to exceed 100,000 during a single day. Withdrawals are authorized as shown in the table below.

7.	WITHDRAWAL POINT		GALLONS PER DAY AVERAGE	GALLONS PER DAY MAXIMUM
	LATITUDE	LONGITUDE		
1.	28 13 31	82 14 04	10,000	20,000
2.	28 13 31	82 14 00	10,000 Standby	20,000
3.	28 13 37	82 14 04	40,000	80,000

FILED IN FILE OF \_\_\_\_\_  
 REC. BY SWFWMD  
 GWS-14 BY \_\_\_\_\_

*Enter data by H/D 000 N/S*

Consumptive Use Permit No. 203819  
Zephyr Shores Utilities Inc.  
Page 2

8. The use of said water is restricted to the use classification set forth above. Any change in the use of said water will require a modification of this Permit.
9. In the event an emergency water shortage should be declared, the District may alter, modify or declare to be inactive, all or parts of this Permit. An authorized District Representative may, at any reasonable time, enter the property to inspect the facilities and may require that this Permit be shown.
10. The District reserves the right to require Permittee to submit "monthly" pumpage records for any or all withdrawal points listed in the permit.
11. The District reserves the right, at all reasonable times, to collect water samples from any withdrawal point listed in the Permit, or may, at the option of the District, provide mailable containers to the Permittee to forward samples from any withdrawal point within a reasonable prescribed period of time.
12. The District may, at a future date, establish a minimum water level in the aquifer or aquifers hydrologically associated with these withdrawals, which may require Permittee to limit withdrawal from these groundwater sources at times when water levels fall below these minimums.
13. Water conservation shall be practiced by Permittee to increase the efficiency of transport, application, and use, to decrease waste and to minimize runoff from the property. At such times as the Governing Board adopts specific conservation criteria for the Permittee's water use classification, this Permit will be subject to such criteria upon notice and after a reasonable period for compliance.

  
\_\_\_\_\_  
Authorized Signature, SWFWMD

Applicant hereby certifies that applicant is the owner of the property covered by this application, that the information contained in this application is true and accurate and, if applicant is a corporation or a partnership, that the undersigned has the legal authority to execute this application and affidavit on behalf of said corporation or partnership.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

DOCKET NO. 920199-WS  
VOLUME IV  
BOOK 8 OF 9

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WASTEWATER CONSTRUCTION AND OPERATING PERMIT

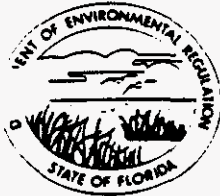
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**Amelia Island - 1518**

**Nassau County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite 200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577 • 904-448-4300

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Ernest Frey, Deputy Assistant Secretary

### PERMITTEE:

Mr. Rafael A. Terrero, Chief Engineer  
Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

I.D. Number: 3145P04322  
Permit/Cert Number: DC45-184910  
Date of Issue: November 1, 1990  
Expiration Date: June 21, 1995  
County: Nassau  
Lat/Long: 30°34'39"/81°27'15"  
Section/Township/Range:  
Project: Amelia Island STP Expansion  
(Amelia Island STP)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-301, 17-302, 17-4, 17-600, 17-601, 17-602, 17-610, 17-640, and 17-7. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

o expand the Amelia Island Sewage Treatment Plant (STP) from 0.6 MGD to 0.85 MGD and to upgrade the existing facility to Class I reliability. Included in this project are the addition of a new 0.85 MG aeration basin, a 0.17 MG flow equalization basin, a new clarifier, a 0.15 MG digester, dual filters, modified chlorine contact chamber, a 2.56 MG holding pond, and a 1 MG reject water pond. Reclaimed water disposal is by reuse to golf course irrigation.

Located at Amelia City, South A1A, Nassau County, Florida.

In accordance with application received on August 13, 1990, and additional information received through September 20, 1990.

PERMITTEE:  
Southern States Utilities  
Tia Island STP Expansion

I.D. Number: 3145P04522  
Permit Number: DC45-184910  
Date of Issue: November 1, 1990  
Expiration Date: June 21, 1995

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

PERMITTEE:  
Southern States Utilities  
Melina Island STP Expansion

I.D. Number: 3145P04522  
Permit Number: DC45-184910  
Date of Issue: November 1, 1990  
Expiration Date: June 21, 1995

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

PERMITTEE:  
Southern States Utilities  
Iia Island STP Expansion

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Date of Issue: November 1, 1990  
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13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards
- ( ) (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.



PERMITTEE:  
Southern States Utilities  
Jellia Island STP Expansion

I.D. Number: 3145P04522  
Permit Number: DC45-184910  
Date of Issue: November 1, 1990  
Expiration Date: June 21, 1995

**SPECIFIC CONDITIONS:**

1. Waste sludge or other solid wastes shall not be discharged into surface waters either directly or indirectly. These shall be disposed of in a manner approved by DER.
2. The reclaimed water from this source shall be adequately chlorinated at all times so as to meet the disinfection requirements of Rule 17-600.440, FAC.
3. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of Chapter 17-602, FAC. Sampling and monitoring of this facility will be in accordance with Chapter 17-601, FAC.
4. The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in Chapter 17-301, FAC.
5. No additional connections shall be made to this facility without prior approval of this agency.
6. The permit holder shall also comply with county, municipal, federal and other state regulations.
7. During the period of operation allowed by this permit, the Permittee shall furnish one copy of the monthly operation report on the operation of the pollution control plant. Such report shall also contain information on the daily quantities of waste sludge generated at the source, type and degree of its treatment and the site of its ultimate disposal. Reports shall be submitted on a monthly basis to the Department of Environmental Regulation, Northeast District Office, 7825 Baymeadows Way, Suite B-200, Jacksonville, Florida 32256-7577.
8. An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the Department in accordance with Rule 17-600.720(2), FAC.
9. Waste sludge disposal shall be in accordance with Part IV of Chapter 17-7, FAC. Sludge which has not been analyzed pursuant to Rule 17-7.54(2), FAC, shall be disposed of at permitted or exempted solid waste disposal sites pursuant to Rule 17-7.03(2), FAC, or as otherwise provided in Rule 17-7.54(6), FAC.
10. A log book shall be maintained as a record of the operation and maintenance activities as well as attendance and shall be submitted to the Department upon request.
11. A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner, so as to comply with General Condition No. 12 above.

PERMITTEE:  
 Southern States Utilities  
 Palia Island STP Expansion

I.D. Number: 3145P04522  
 Permit Number: DC45-184910  
 Date of Issue: November 1, 1990  
 Expiration Date: June 21, 1995

12. The operating parameters for this facility, as indicated in Permit No. DO45-180686, remain in effect and are fully enforceable. The compliance schedule in that permit must be followed.
13. The monitoring requirements and reclaimed water limitations for this plant are as follows:

PARAMETER	ANNUAL AVERAGE	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
Flow (mgd)	0.85	Continuous	See A.	Influent or Effluent
*BOD <sub>5</sub> (mg/l)	20	Weekly	8-Hour Composite	Influent and Effluent
*TSS (mg/l)	5	Weekly	8-Hour Composite	Influent and Effluent
NO <sub>3</sub> -N (mg/l)	12	Weekly	8-Hour Composite	Effluent
pH Units	6.0 - 8.5	Daily, 5/week	Grab	Effluent
Chlorine Residual (mg/l)	1.0 Minimum	Daily, 5/week	Continuous	Effluent
Fecal Coliform: Rule 17-600.440 no./100 (ml)	No detectable	Daily, 5/week	Grab	Effluent

\* or 90% removal, whichever is more stringent.

	ANNUAL	MONTHLY	WEEKLY	ONE TIME MAXIMUM
BOD <sub>5</sub>	20	30**	45**	60**
TSS	5	6.25**	7.5**	10**

\*\* Rule 17-600.740, FAC

A. Recording flow meter and totalizer required.

14. Prior to sixty (60) days before the expiration of this Permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department, Section 17-4.09, FAC.
15. According to Chapter 17-602, FAC, this is a Class C, Level III treatment process that requires the services of a certified operator (Class C or higher) six (6) hours per day for seven (7) days per week. The operating protocol for this facility shall be reviewed and updated by the permittee and is subject to Department review.
16. The facility shall provide continuous on-line monitoring for turbidity and continuous on-line monitoring of total chlorine residual. These devices shall be routinely calibrated and maintained.

PERMITTEE:  
Southern States Utilities  
Amelia Island STP Expansion

I.D. Number: 3145P04522  
Permit Number: DC45-184910  
Date of Issue: November 1, 1990  
Expiration Date: June 21, 1995

17. Pursuant to the ground water monitoring plan submitted as required by Rule 17-28.700(7), FAC, the Permittee shall comply with the following monitoring program:

- a. The zone of discharge extends horizontally to 100 feet beyond the margin of each disposal site and vertically to the base of the shallow water table aquifer, in accordance with Rule 17-28.700(3)(a), FAC. This will remain in effect unless, pursuant to Rule 17-28.700(5)(b), FAC, it becomes necessary to seek a change.
- b. As a "new" facility, the Permittee's discharge shall at no time cause a violation of any primary or secondary drinking water standard set forth in FAC Rules 17-550.310 and 17-550.320, except within the established zone of discharge. Neither shall the Permittee's discharge, at any time or place, cause a violation of the minimum criteria for ground water set forth in FAC Rule 17-3.402.
- c. The following ground water sampling points are established as related in the submittal "Groundwater Monitoring Plan, Southern States Utilities, Amelia Island Wastewater Treatment Facility," received on August 31, 1990, with revisions received on October 5, 1990:

<u>MONITOR WELL TYPE</u>	<u>WELL DESIGNATION</u>	<u>WELL LOCATION</u>
Background	MW-6	Existing well, located approximately 100 feet north of the Sea Dunes Hotel at Plantation.
Compliance	MW-1	Existing well, located just southwest of the 11th tee at Summer Beach Golf Course.
Compliance	MW-2	Within 100 feet of southern boundary of Amelia Island WWTF effluent pond.
Compliance	MW-3	Within 100 feet of southeast corner of Amelia Island WWTF effluent pond.
Compliance	MW-4	Within 100 feet of northwest corner of Amelia Island WWTF effluent pond.
Compliance	MW-5	Northeast of the 8th green at the Plantation Golf Course.
Compliance	MW-7	Existing well, located approximately 100 feet northeast of the 9th green at the Long Point Golf Course.

PERMITTEE:  
Southern States Utilities  
Ia Island STP Expansion

I.D. Number: 3145PD4522  
Permit Number: DC45-184910  
Date of Issue: November 1, 1990  
Expiration Date: June 21, 1995

17. d. All monitor wells described above shall be installed within forty-five (45) days of permit issuance. Well construction, installation and development shall be in accordance with the specifications provided in the approved ground water monitoring plan.
- e. Permittee shall submit, within thirty (30) days of any future monitor well installation(s), a map of such aerial extent as to accurately and legibly show the locations of all monitor wells in relation to the property boundaries, facility structures, roads and other appropriate landmarks.
- f. Permittee shall, within thirty (30) days of permit issuance and after any subsequent well installation(s), submit a report containing the following information for each monitor well:
- |                           |                             |
|---------------------------|-----------------------------|
| Well identification       | Screen type and slot size   |
| Driller's log             | Elevation at top and bottom |
| Total depth of well       | of screened interval        |
| Elevation at land surface | Water Management District   |
| Aquifer monitored         | construction permit number  |
- g. Water levels shall be recorded following well installations and prior to evacuating the well for sample collections. Measurements of water elevation shall be referenced to MSL at a precision of plus or minus 0.01 foot. This information shall be submitted with each quarter's analytical results.
- h. In the event an approved monitor well becomes damaged or inoperable, the Permittee shall notify the Department, and within seven (7) days, provide a written report which details what problem has occurred and what remedial actions have been taken to prevent a recurrence. All monitor wells shall be approved by the Department prior to construction.
- i. All monitor wells shall have an initial sampling conducted within ninety (90) days of permit issuance for the following parameters:
- Primary and Secondary Drinking Water Standards
  - Total Organic Carbon (TOC)
  - Total Kjeldahl Nitrogen (TKN)
  - Total Phosphorous
  - Ortho Phosphorous
  - Fecal Coliform
  - Specific Conductance
- j. Following the initial monitor well analysis described in specific condition "i" above, the monitor wells shall be sampled and analyzed each quarter for the following parameters:

PERMITTEE:  
Southern States Utilities  
Melina Island STP Expansion

I.D. Number: 3145PO4522  
Permit Number: DC45-184910  
Date of Issue: November 1, 1990  
Expiration Date: June 21, 1995

17.           Specific Conductance                           Total Organic Carbon (TOC)  
              Total Kjeldahl Nitrogen (TKN)               Nitrate (as N)  
              Total Phosphorous                           Fecal Coliform  
              pH                                               Sodium  
              Sulfate                                        Chloride

- k. Following receipt and evaluation of the initial monitor well analysis, the Department shall amend or adopt for continued quarterly monitoring, the parameters listed in specific condition "j" above. If for any reason it becomes necessary to amend the quarterly parameter list, this permit shall be modified to reflect the changes.
- l. Compliance with groundwater standards shall be determined by analysis of unfiltered samples.
- m. Should any analysis reveal a water quality standard to be exceeded, the Permittee shall have fifteen (15) days in which to resample and verify the sample results. Should the Permittee choose not to resample, the Department will consider the analysis to be representative of current ground water conditions.
- n. All field and sample collection procedures shall be in accordance with the document "Standard Operating Procedures and Quality Assurance Manual, April 1, 1986," U.S. Environmental Protection Agency, Region IV.
- o. Permittee shall submit to the Department, within fifteen (15) days of its receipt by the Permittee, the analytical results for any sampling conducted pursuant to this permit. Ground water analyses shall be submitted on DER Form 17-1.216(2), and shall include a statement of the current nature of any discharge plume with regard to its size, direction and rate of movement.
- p. Following the first year of quarterly monitoring, Permittee may request the Department to re-evaluate the monitoring parameters and monitoring frequency specified in this permit.
- q. Permittee shall, sixty (60) days prior to the expiration date of this permit, sample all monitor wells for the following parameters:

Primary and Secondary Drinking Water Standards  
Fecal Coliform  
Specific Conductance  
Total Organic Carbon (TOC)  
Total Kjeldahl Nitrogen (TKN)  
Total Phosphorous

PERMITTEE:  
Southern States Utilities  
Lia Island STP Expansion

I.D. Number: 3145P04522  
Permit Number: DC45-184910  
Date of Issue: November 1, 1990  
Expiration Date: June 21, 1995

18. In accordance with Department Rule 17-610.460(3), FAC, chemical feed facilities shall be provided as standby in the event the TSS limitation is not met through normal plant operation.
19. After completion of the construction modification, a "Certificate of Completion of Construction", DER Form 17-1.205(3) (11/30/82), shall be submitted for Department approval.

*OPW*

*8/3/90*

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION



Ernest E. Frey, P.E.  
Deputy Assistant Secretary

FILED AND ACKNOWLEDGEMENT  
FILED on this date, pursuant to §120.52, Florida  
Statutes, with the designated Department Clerk,  
receipt of which is hereby acknowledged.

Walter B. Bessie 11/1/90  
Clerk Date



## Florida Department of Environmental Regulation

Northeast District • 3426 Bills Road • Jacksonville, Florida 32207 • 904-798-4200

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Ernest Frev, Deputy Assistant Secretary

### PERMITTEE:

Charles S. Sweat  
Vice President of Operation  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

I.D. Number: 3145P04522  
Permit/Cert Number: D045-180686  
Date of Issue: June 21, 1990  
Expiration Date: June 21, 1995  
County: Nassau  
Lat/Long: 30°34'38"N/81°27'15"W  
Section/Township/Range: 14/2N/28E  
Project: Southern States Utilities STP

*Amelia ISLAND*

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-19, 17-600, 17-602. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

To operate a 0.600 MGD extended aeration complete mix activated sludge sewage treatment plant with chlorinated effluent disposal to two (2) golf courses: (1) Amelia Plantation Golf course with an area of 200 acres and (2) a new 70 acre golf course called Long Point. The Long Point Golf Course will receive 0.400 MGD treated effluent from Southern States sewage treatment plant.

The sewage treatment plant and both golf courses are located off S.R. 11A, Amelia Island, Nassau County, Florida.

In accordance with the application received May 18, 1990.

This permit replaces permit No. D045-124913.

**PERMITTEE:**

Western States Utilities STP

I.D. Number: 3145P04522

Permit Number: D045-180686

Date of Issue: June 21, 1990

Expiration Date: June 21, 1995

**GENERAL CONDITIONS:**

The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.

This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.

As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.

This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.

This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.

The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.

The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:



**PERMITTEE:**

Southern States Utilities STP

I.D. Number: 3145P04522

Permit Number: DO45-180686

Date of Issue: June. 21, 1990

Expiration Date: June 21, 1995

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

**PERMITTEE:**

Urban States Utilities STP

I.D. Number: 3145P04522

Permit Number: DO45-180686

Date of Issue: June 21, 1990

Expiration Date: June 21, 1995

. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards
- ( ) (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

1. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
  - b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
  - c. Records of monitoring information shall include:
    - the date, exact place, and time of sampling or measurements;
    - the person responsible for performing the sampling or measurements;
    - the date(s) analyses were performed;
    - the person responsible for performing the analyses;
    - the analytical techniques or methods used; and
    - the results of such analyses.
5. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

Southern States Utilities STP

Permit Number: DO45-180686  
Date of Issue: June 21, 1990  
Expiration Date: June 21, 1995

**PECIFIC CONDITIONS:**

1. Waste sludge or other solid wastes shall not be discharged into surface waters either directly or indirectly. These shall be disposed of in a manner approved by DER.
2. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of Chapter 17-602, FAC. Sampling and monitoring of this facility will be in accordance with Chapter 17-19, FAC.
3. The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in Chapter 17-3, FAC.
4. An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the department in accordance with Rule 17-600.710(2), FAC.
5. The effluent from this source shall be adequately chlorinated at all times so as to meet the disinfection requirements of Rule 17-600.440(5), FAC.
6. No additional connections shall be made to this facility without prior approval of this agency.
7. During the period of operation allowed by this permit, the permittee shall furnish one copy of the monthly operation report on the operation of the pollution control plant. Such report shall also contain information on the daily quantities of waste sludge generated at the source, type and degree of its treatment and the site of its ultimate disposal. Reports shall be submitted on a monthly basis to the Department of Environmental Regulation, Northeast District Office, 3426 Bills Road, Jacksonville, Florida 32207.
8. The permit holder shall also comply with county, municipal, federal and other state regulations.
9. Waste sludge disposal shall be in accordance with Part IV of Chapter 17-7, FAC. Sludge which has not been analyzed pursuant to Rule 17-7.54(2), FAC, shall be disposed of at permitted or exempted solid waste disposal sites pursuant to Rule 17-7.03(2), FAC, or as otherwise provided in Rule 17-7.54(6), FAC.
10. Appropriate warning signs shall be posted around the site boundaries to designate the nature of the project area.
11. A log book shall be maintained as a record of the operation and maintenance activities as well as attendance and shall be submitted to the department upon request.
12. A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner, so as to comply with General Condition No. 12 above.

PERMITTEE:

Urban States Utilities STP

I.D. Number: 3145P04522

Permit Number: DO45-180686

Date of Issue: June 21, 1990

Expiration Date: June 21, 1995

The monitoring requirements and effluent limitations for this plant are as follows:

PARAMETER	ANNUAL AVERAGE	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
Flow (mgd)	0.6	Daily, 5/week	See A	Influent or Effluent
*BOD <sub>5</sub> (mg/l)	20	Weekly	8-hour Composite	Influent and Effluent
*TSS (mg/l)	5	weekly	8-hour Composite	Influent and Effluent
NO <sub>3</sub> -N (mg/l)	12	Weekly	8-hour Composite	Effluent
pH Units	6.0 - 8.5	Daily, 5/week	Grab	Effluent
Chlorine				
Residual(mg/l)	1.0 Minimum	Daily, 5/week	Grab	Effluent
Fecal Coliform:				
no./100 (ml)	No detectable	Daily, 5/week	Grab	Effluent

\* or 90% removal, whichever is more stringent.

	ANNUAL	MONTHLY	WEEKLY	ONE TIME MAXIMUM
BOD <sub>5</sub>	20	30**	45**	60**
TSS	5	6.25**	7.5**	10**

\*\* Rule 17-600.740, FAC

A - Recording flow meter and totalizer required

- Prior to sixty (60) days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department, Section 17-4.09, FAC.
- According to Chapter 17-16, FAC, this is a Class C, Level III treatment process that requires the services of a certified operator (Class C or higher) six (6) hours a day for five (5) days per week and one visit on each weekend day.

PERMITTEE:

Southern States Utilities STP

I.D. Number: 3145P04522

Permit Number: D045-180686

Date of Issue: June 21, 1990

Expiration Date: June 21, 1995

- 16. The sludge shall be sampled after final treatment in accordance with Rule 17-7.540(2)(e), FAC, but prior to utilization or disposal for the parameters listed below every three (3) months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:

Total Nitrogen	-	¢	dry weight
Total Phosphorus	-	¢	dry weight
Total Potassium	-	¢	dry weight
Total Solids	-	¢	dry weight
Cadmium	-	mg/kg	- dry weight
Copper	-	mg/kg	- dry weight
Lead	-	mg/kg	- dry weight
Nickel	-	mg/kg	- dry weight
Zinc	-	mg/kg	- dry weight
pH	-		standard units

- 17. Within 45 days of permit issuance, permittee shall provide a revised ground water monitoring plan for Long Point and Amelia Plantation Golf Courses, in accordance with Consent Order No. 90-0388. Upon receipt and approval of the GWMP, this permit will be modified for incorporation of the plan and conditions.

*OPW  
CWT*

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

*Ernest E. Frey*  
 Ernest E. Frey, P.E.  
 Deputy Assistant Secretary

FILING AND ACKNOWLEDGEMENT  
 FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, the receipt of which is hereby acknowledged.  
*J. M. Maggiano* Date 6/26/90  
 Clerk

**Apache Shores - 990**

**Citrus County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347  
Lawton Chiles, Governor • 813-623-5561 • Cecil M. Browner, Secretary

### PERMITTEE:

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attn: Rafael A. Terrero, P.E.  
Chief Engineer

### PERMIT/CERTIFICATION

GMS ID No: 4009P01183  
Permit No: DC09-198701  
Date of Issue: 10/18/91  
Expiration Date: 05/01/92  
County: Citrus  
Lat/Long: 28° 55' 10"  
82° 21' 57"  
Sec/Town/Range: 13/18S/19E  
Project: Apache Shores WWTP  
Expansion  
Processor: A. D. McLaurin

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-600 Series. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construction of a 0.17 MGD Type III extended aeration sewage treatment plant with chlorinated effluent to a distribution system within a percolation/evaporation pond system of 3,048 square feet total bottom area.

Location: Wells Street and Lake Shores Drive, Hernando, Florida

Replaces Permit No.: N.A. Expired: N.A.



PERMITTEE:  
Southern States Utilities

GMS ID NO. 4009P01183  
PERMIT NO. DC09-198701

SPECIFIC CONDITIONS:

1. Drawings, plans, documents or specifications submitted by the permittee, not attached hereto, but retained on file at the Southwest District Office, are made a part hereof.

ENGR  
2. The zone of discharge boundary shall extend horizontally 100 feet from the site boundary or to the installation's property boundary, whichever is less, and vertically to the base of the shallow water table aquifer. (Rule 17-28.700, F.A.C.)

OPS  
3. The water quality standards for Class G-II groundwater shall not be exceeded at the boundary of the zone of discharge. (Rule 17-3.402, Rule 17-3.404, F.A.C.)

OPS  
4. In accordance with Chapter 17-602, F.A.C., the required certified operator on site time is:

a. A Class D or better operator for 3 non-consecutive visits per week for 1 1/2 hours per week.

OPS  
5. The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-601, F.A.C. and shall meet the following limitations:

Parameter	Unit	Min-imum	Maximum	Type Sample	Frequency
CBOD5 & Suspended Solids	mg/L	0	20 annual avg. 30 monthly avg. 45 weekly avg. 60 any one sample	grab	Monthly
Fecal coliform	#/100	0	200 annual avg. 200 monthly avg.	grab	Monthly
Nitrate (as N)	mg/L	0	12	grab	Monthly
Flow	mgd	.000	0.017		Daily, 5/wk
pH	STD UN	6.00	8.50	grab	Daily, 5/wk
CL2	mg/L	1.00	-	grab	Daily, 5/wk

The results shall be reported monthly on DER Form 17-601.900(1).

OPS  
6. The sludge shall be sampled after final treatment in accordance with Rule 17-640.700(1)(b) F.A.C. but prior to land application for the parameters listed below every 12 months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:



PERMITTEE:  
Southern States Utilities

GMS ID NO. 4009P01183  
PERMIT NO. DC09-198701

SPECIFIC CONDITIONS: (cont'd)

6. (con't):

Total Nitrogen - % dry weight  
Total Phosphorus - % dry weight  
Total Potassium - % dry weight  
Cadmium - mg/kg dry weight  
Copper - mg/kg dry weight  
Lead - mg/kg dry weight  
Nickel - mg/kg dry weight  
Zinc - mg/kg dry weight  
pH - standard units  
Total Solids - %

OPS

7. Direct discharge from the percolation/evaporation ponds to area surface waters is not allowed. Surface discharge shall be considered a violation of this permit and the permittee shall immediately report any such discharge to the SW District Office of the Department of Environmental Regulation.

OPS

8. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site, the permittee shall notify the DER Southwest District office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R.A. Gray Building, Tallahassee, Florida 32301, telephone number (904) 487-2073.

OPS  
EX-GR

9. The domestic wastewater residuals for this facility are classified as stabilization Class C.

OPS

a. The domestic wastewater residuals shall be land applied only at Horace Allen Farms (as identified in the agricultural site plan or dedicated site plan submitted with the application).

OPS

b. Annual update reports, summaries, and revised agricultural site plans are due not later than one year from the issuance of the permit. The reports shall be submitted to the Department and the Local Program (if applicable).

ENG

c. The permittee shall comply with all provisions of Chapter 17-640, F.A.C. and shall report any non-compliance or changes from the approved site plan to the Department and Local Program (if applicable).

OPS

10. Upon completion of construction and prior to placing the treatment plant or effluent disposal system into operation for any purpose other than testing for leaks and equipment operation, the permittee shall submit a Notification That a Domestic Wastewater Facility Will Be Placed Into Operation [DER Form 17-600.910(3)] and, if applicable, submit an Application To Place a Public Access Reuse System in Operation [DER Form 17-610.910(3)], signed and sealed by a Registered Professional Engineer, to the DER Southwest District Office.

ENG

PERMITTEE:  
Southern States Utilities

GMS ID NO. 4009P01183  
PERMIT NO. DC09-198701

- EN16 11. With the expiration of this permit, the evaporation/percolation pond system will be considered as a part of the Operation Permit.
- OPS 12. The permittee shall construct, operate and maintain this evaporation/ percolation pond system in strict accordance with Chapter 17-600, F.A.C.
- OPS 13. The permittee shall locate flow meters on the sewage treatment plant to monitor flow. These meters shall be calibrated annually with evidence of calibration kept at the meter and submitted to the Department upon request.
- OPS 14. The permittee shall provide a weatherproof location for an on/site log book to monitor the daily activities of the certified operator. This log book shall record sign in/out times of the certified operator, list any maintenance performed and contain the signature and certification number of the operator.
- OPS 15. The permittee shall maintain all audible and visual alarm systems on the lift station(s) in operating condition at all times.
- OPS 16. A reduced pressure zone backflow preventer shall be installed on any potable water supply to the treatment facility. No potable water outlet intended for human contact shall be located down-line of the backflow preventer.
- OPS 17. The disinfection system shall be operated to maintain a minimum chlorine residual of 1.00 mg/l at the outfall from the chlorine contact chamber. A metering device for dosing chlorine to the effluent shall be utilized and the chlorine supply tank shall be inspected regularly to ensure proper operation.
- EN16 18. Prior to sixty days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department of Environmental Regulation.
- OPS 19. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent five (5) days per week for all Class C and D plants pursuant to Rule 17-602.375(1), F.A.C.
- EN16 20. Requests for changes of negligible impact must be made in writing by the permittee, endorsed by the Program Manager and incorporated into this permit.

PERMITTEE: Southern States Utilities  
GMS ID NO. 4009P01183  
PERMIT NO. DC09-198701

21. The permittee shall be aware of and operate under the attached "General Permit Conditions #1 thru #15". General Permit Conditions are binding upon the permittee and enforceable pursuant to Chapter 403 of the Florida Statutes.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION



Richard D. Garrity, Ph.D.  
Director of District Management

ATTACHMENT - GENERAL CONDITIONS:

The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.

3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, State, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.

4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.

6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

- (a) Have access to and copy any records that must be kept under conditions of the permit;
- (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and

- (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

- (a) A description of and cause of noncompliance; and
- (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Sections 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-730.300, Florida Administrative Code, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of compliance with State Water Quality Standards (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14 The permittee shall comply with the following:

- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least five years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
- (c) Records of monitoring information shall include:
  - 1. the date, exact place, and time of sampling or measurements;
  - 2. the person responsible for performing the sampling or measurements;
  - 3. the dates analyses were performed;
  - 4. the person responsible for performing the analyses;
  - 5. the analytical techniques or methods used;
  - 6. the results of such analyses.

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Job Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Garrity, Deputy Assistant Secretary

PERMITTEE:  
Southern States Utilities  
1000 Color Place  
Apopla, FL 32703

Attn: Charles L. Sweat  
President

PERMIT/CERTIFICATION  
GMS ID No: 4009P01183  
Permit No: DO09-168015  
Date of Issue: 8/28/89  
Expiration Date: 8/24/94  
County: Citrus  
Lat/Long: 28°55'10"  
82°21'57"  
Sec/Town/Range: 13/18S/19E  
Project: Apache Shores WWTP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Operation of a 0.007 MGD Type III extended aeration sewage treatment plant with chlorinated effluent to a percolation/evaporation pond of 9,800 square feet bottom area

Location: Wells Street and Lake Shores Drive, Inverness, Florida

Replaces Permit No.: DO09-093467 Expires: 10/5/89

PERMITTEE:

Southern States Utilities  
 APACHE SHORES WWTP

GMS ID NO.: 4009P01183  
 PERMIT NO.: DO09-168015

SPECIFIC CONDITIONS:

1. Drawings, plans, documents or specifications submitted by the permittee, not attached hereto, but retained on file at the Southwest District Office, are made a part hereof.

2. The zone of discharge boundary shall extend horizontally 100 feet from the site boundary or to the installation's property boundary, whichever is less, and vertically to the base of the shallow water table aquifer. (17-28.700, F.A.C.)

3. The water quality standards for Class G-II groundwater shall not be exceeded at the boundary of the zone of discharge. (17-3.402, 17-3.404, F.A.C.)

4. In accordance with Chapter 17-602, F.A.C., the required certified operator on site time is: A Class D or better operator for 2 non-consecutive visits per week for 1 hour per week.

5. The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-19 F.A.C. and shall meet the following limitations:

Parameter	Unit	Min-imum	Maximum	Type Sample	Frequency
BOD & Suspended Solids	mg/l	0	20 annual avg.	grab	Every
			30 monthly avg.		other
			45 weekly avg.		month
			60 any one sample		
Fecal coliform	#/100	0	200 annual avg.	grab	Quarterly
			200 monthly avg.		
Nitrate	mg/l	0	12	grab	Every other month
Flow	mgd	.000	0.007		Daily, 5/wk
pH	STD UN	6.00	8.50	grab	Daily, 5/wk

The results shall be reported monthly on DER Form 17-1.205(7).

6. The sludge shall be sampled after final treatment in accordance with 17-7.540(2)(e) F.A.C. but prior to land application for the parameters listed below every 12 months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:



PERMITTEE:  
Southern States Utilities  
APACHE SHORES WWTP

GMS ID NO.: 4009P01183  
PERMIT NO.: DO09-168015

SPECIFIC CONDITIONS: (cont'd)

6. (con't):

Total Nitrogen -	%	dry weight
Total Phosphorus -	%	dry weight
Total Potassium -	%	dry weight
Cadmium -	mg/kg	dry weight
Copper -	mg/kg	dry weight
Lead -	mg/kg	dry weight
Nickel -	mg/kg	dry weight
Zinc -	mg/kg	dry weight
pH -		standard units
Total Solids -	%	

7. Direct discharge from the percolation/evaporation ponds to area surface waters is not allowed. Surface discharge shall be considered a violation of this permit and the permittee shall immediately report any such discharge to the SW District Office of the Department of Environmental Regulation.

8. Prior to sixty days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department of Environmental Regulation.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION



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Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary

**Apple Valley - 332**

**Seminole County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

## APPLE VALLEY

An Operating Permit is not included because wastewater is treated by the City of Altamonte Springs.

**Beacon Hills - 886**

**Duval County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • 3426 Bills Road • Jacksonville, Florida 32207 • 904-798-4200

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Ernest Frey, Deputy Assistant Secretary

**PERMITTEE:**

Frank L. Novak, P.E., Vice President  
Planning And Engineering  
SSU Services  
1000 Color Place  
Apopka, Florida 32703

I.D. Number: 3116P01328  
Permit/Cert Number: DC16-181026  
Date of Issue: November 5, 1990  
- Expiration Date: March 1, 1991  
County: Duval  
Lat/Long: 30°23'20"N/81°31'15"W  
Section/Township/Range:  
Project: Beacon Hills Wastewater  
Facility (WWF) Effluent  
Dechlorination

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-301, 17-302, 17-4, 17-600, 17-601, 17-602 and 17-604. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

For the construction and operation of a 1.78 MGD effluent dechlorination facility utilizing a proposed sulfur dioxide (SO<sub>2</sub>) mass application rate of approximately forty five (45) pounds per day, serving the existing Beacon Hills Wastewater Facility which discharges to the St. Johns River.

Located on Beacon Drive, Jacksonville, Duval County, Florida.

In accordance with the application received May 21, 1990 and amended June 29 and July 16, 1990.

PERMITTEE:

Frank L. Novak, P.E.  
Beacon Hills WWF  
Dechlorination

I.D. Number: 3116P01328  
Permit Number: DC16-181026  
Date of Issue: November 5, 1990  
Expiration Date: March 1, 1991

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

PERMITTEE:

Frank L. Novak, P.E.  
Beacon Hills WWF  
Dechlorination

I.D. Number: 3116P01328  
Permit Number: DC16-181026  
Date of Issue: November 5, 1990  
Expiration Date: March 1, 1991

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

PERMITTEE:

Frank L. Novak, P.E.  
Beacon Hills WWF  
Dechlorination

I.D. Number: 3116PO1328  
Permit Number: DC16-181026  
Date of Issue: November 5, 1990  
Expiration Date: March 1, 1991

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards  
( ) (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.



**PERMITTEE:**

Frank L. Novak, P.E.  
Beacon Hills WWF  
Dechlorination

**I.D. NUMBER:** 3116P01328

**PERMIT/CERT NUMBER:** DC16-181026

**DATE OF ISSUE:** November 5, 1990

**EXPIRATION DATE:** March 1, 1991

**SPECIFIC CONDITIONS:**

1. During the period of operation allowed by this permit, the permittee shall furnish one copy of the monthly operations report on the operation of the pollution control facility. Such report shall also contain information on the daily quantities of waste sludge generated at the source, type and degree of its treatment and the site of its ultimate disposal. Reports shall be submitted on a monthly basis to the Department; for the purposes of this permit, the Department shall mean (1) the State of Florida Department of Environmental Regulation (DER), 7825 Baymeadows Way, Suite B-200, Jacksonville, Florida 32256-7577 and (2) the City of Jacksonville Bio-Environmental Services Division (BESD), 421 West Church Street, Suite 412, Jacksonville, Florida 32202.
2. The effluent from this source shall be adequately chlorinated at all times so as to provide a basic level of disinfection as required by Florida Administrative Code (FAC) Rule 17-600.440(4).
3. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of FAC Rule 17-602. Sampling and monitoring of this facility will be in accordance with FAC Rule 17-601.
4. The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in FAC Rule 17-3.
5. No additional connection shall be made to this facility without prior approval of the Department.
6. The permit holder shall also comply with county, municipal, federal or other state regulations.
7. An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the Department in accordance with FAC Rule 17-600.720(2).
8. A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner, so as to comply with General Condition No. 12 above.

**PERMITTED:**

Frank L. Novak, P.E.  
Beacon Hills WWF  
Dechlorination

I.D. NUMBER: 3116P01328  
PERMIT/CERT NUMBER: DC16-181026  
DATE OF ISSUE: November 5, 1990  
EXPIRATION DATE: March 1, 1991

**SPECIFIC CONDITIONS:**

9. Upon commencement of dechlorination operations, the Permittee shall ensure that the effluent total residual chlorine (TRC) content does not exceed 0.01 mg/l prior to its discharge to the St. Johns River, as required by Florida Administrative Code (FAC) Rule 17-302.560(10). This limit is necessary to prevent toxic effects from chlorine in the receiving body of water. Dechlorination requirements shall thereafter be met for the remaining service life of the WWF. Note that dechlorination requirements must be met independently of all effluent disinfection requirements of FAC Rule 17-600.440(4).
10. Throughout all effluent dechlorination operations, the Permittee shall ensure that the following requirements are met:
  - a. The mass application ratio between SO<sub>2</sub> and chlorine (Cl<sub>2</sub>) shall be approximately one (1) pound SO<sub>2</sub> applied per one (1) pound Cl<sub>2</sub> removed.
  - b. In no case shall SO<sub>2</sub> be applied in such quantities as to reduce the dissolved oxygen content of the treated effluent prior to its discharge to surface waters.

Compliance with the requirements of Permit Specific Condition No. 10 shall be maintained for the remaining service life of the subject WWF.

11. Upon commencement of dechlorination operations, and throughout all subsequent operations of the subject WWF, the Permittee shall maintain separate records of total residual chlorine content with respect to effluent chlorination (disinfection) and dechlorination prior to discharge to surface waters. The information shall be submitted as a part of the Monthly Operating Reports (MORs).

Note that effluent TRC content following dechlorination shall be measured in accordance with the minimum frequency and sample type required for effluent TRC content measurements following chlorination (disinfection), re Operation Permit No. D016-132425, Specific Condition No. 11.

Until further notice from the Department, effluent TRC content (test results) following dechlorination shall be recorded in the column (spaces) beneath the heading "TOTAL P (mg/l)" on DER Form 17-1.205(7)[effective November 30, 1982], Page 1 of 2. Note that the column heading shall be appropriately revised to indicate that data for effluent TRC content is being recorded.

**PERMITTEE:**

Frank L. Novak, P.E.  
Beacon Hills WWF  
Dechlorination

I.D. Number: 3116P01328

Permit/Carl Number: DC16-181026

Date of Issue: November 5, 1990

Expiration Date: March 1, 1991

**SPECIFIC CONDITIONS:**

12. Upon commencement of dechlorination operations, and continuing throughout all subsequent operations of the subject WWF, effluent shall be sampled for pH, five (5)-day biochemical oxygen demand (BOD<sub>5</sub>), total suspended solids (TSS) and fecal coliform following its dechlorination and prior to its discharge to surface waters.

Note that the Department may require that effluent be sampled for additional parameters (following dechlorination and prior to discharge to surface waters) at a future date.

13. Construction Permit No. DC16-181026 is issued subject to the following conditions:
- a. During construction and prior to commencement of dechlorination operations, the monitoring requirements and effluent limitations contained in Operation Permit No. D016-132425, Specific Condition No. 11 shall remain in effect and fully enforceable.
  - b. Upon commencement of effluent dechlorination operations and continuing for the remaining service life of Beacon Hills WWF, the monitoring requirements and effluent stated in Operation Permit No. D016-132425, Specific Condition No. 11 are modified only to the extent stated in Construction Permit No. DC16-181026, Specific Condition No. 12. All other monitoring requirements and effluent limitations stated in Specific Condition No. 11 of Operation Permit No. D016-132425 remain in effect and fully enforceable.
  - c. This Specific Condition applies only to modifications regarding compliance with Operation Permit No. D016-132425, Specific Condition No. 11. All other conditions and requirements of Operation Permit No. D016-132425 remain unchanged, in effect and fully enforceable.
14. The compliance milestones for Construction Permit No. DC16-181026 are as follows:
- a. Commence project construction no later than sixty (60) days following permit date of issuance.

Permittee:  
Frank L. Novak, P.E.  
Beacon Hills WWF  
Dechlorination

I.D. Number: 3116P01328  
Permit/Certification Number: DC16-181026  
Date of Issue: November 5, 1990  
Expiration Date: March 1, 1991

**SPECIFIC CONDITIONS:**

- b. Complete all construction and commence effluent dechlorination operations no later than 120 days following permit date of issuance.
- c. Submit a Domestic Wastewater Treatment And Disposal Systems Certification of Completion of Construction using DER Form 17-1.205(3) no later than thirty (30) days following completion of all project construction and commencement of effluent dechlorination operations. Submittal shall be made to BESD and must include a separate letter (bearing the original signature and embossed seal of a Florida-registered professional engineer) verifying that there is reasonable assurance that the subject WWF complies with the effluent dechlorination requirements of FAC Rule 17-302.560(10).

FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION  
Permit/Certification Number: DC16-181026  
Date of Issue: November 5, 1990  
Expiration Date: March 1, 1991  
*[Signature]*  
Date

*BPW*  
*RS-246*  
Issued this 7 day of Nov 1990

CITY OF JACKSONVILLE  
DEPARTMENT OF HEALTH, WELFARE AND  
BIO-ENVIRONMENTAL SERVICES

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

*[Signature]*  
James L. Manning P. E.  
Deputy Director

*[Signature]*  
Ernest E. Frey, P.E.  
Deputy Assistant Secretary

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

NORTHEAST DISTRICT

3426 BILLS ROAD  
JACKSONVILLE, FLORIDA 32207  
904/758-4200



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY  
ERNEST E. FREY  
DISTRICT MANAGER  
GARY L. SHAFER  
ASSISTANT DISTRICT MANAGER

PERMITTEE:

Charles L. Sweat, President  
Southern States Utilities, Inc.  
750 West Colonial Drive  
Orlando, Florida 32804

I.D. Number: 3116P01328  
Permit/Cert Number: DO16-132425  
Date of Issue: June 10, 1987  
Expiration Date: June 1, 1992  
County: Duval  
Lat/Long: 30°23'20"N/81°31'15"W  
Section/Township/Range:  
Project: Beacon Hills STP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-6, 17-7, 17-16 and 17-19. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

For the operation of a 1.78 MGD Contact Stabilization Sewage Treatment Plant with chlorination, serving Beacon Hills Subdivision and discharging to St. Johns River.

Located at Beacon Drive, Jacksonville, Duval County, Florida.

In accordance with the application received March 27, 1987.

PERMITTEE:

Charles L. Sweat, President  
Reacon Hills STP

I.D. Number: 3116P01328  
Permit/Cert Number: E016-132425  
Date of Issue: June 10, 1987  
Expiration Date: June 1, 1992

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.  
  
This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

PERMITTEE:

Charles L. Sweat, President  
Tacon Hills STP

I.D. Number: 3116P01328  
Permit/Cert Number: DQ16-132425  
Date of Issue: June 10, 1987  
Expiration Date: June 1, 1992

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

PERMITTEE:

Charles L. Sweat, President  
Peecon Hills STP

I.D. Number: 3116P01328  
Permit/Cert Number: D016-132425  
Date of Issue: June 10, 1987  
Expiration Date: June 1, 1992

13. This permit also constitutes:

- Determination of Best Available Control Technology (BACT)
- Determination of Prevention of Significant Deterioration (PSD)
- Certification of Compliance with State Water Quality Standards  
(Section 401, PL 92-500)
- Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.



PERMITTEE:

Charles L. Sweat, President  
Hills STP

I.D. Number: 3116P01328  
Permit/Cert Number: DO16-132425  
Date of Issue: June 10, 1987  
Expiration Date: June 1, 1992

SPECIFIC CONDITIONS:

1. Waste sludge or other solid wastes shall not be discharged into the receiving waters either directly or indirectly and the same shall be disposed of in a manner approved by DER.
2. The effluent from this source shall be adequately chlorinated at all times so as to meet the disinfection requirements of Section 17-6.060(1)(c), F.A.C.
3. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of Chapter 17-16, F.A.C. Sampling and monitoring of this facility will be in accordance with Chapter 17-19, F.A.C.
4. The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in Chapter 17-3, F.A.C.
5. No additional connection shall be made to this facility without prior approval of this agency.
6. The permit holder shall also comply with county, municipal, federal or other state regulations.
7. During the period of operation allowed by this permit, the permittee shall furnish one copy of the monthly operations report on the operation of the pollution control plant. Such report shall also contain information on the daily quantities of waste sludge generated at the source, type and degree of its treatment and the site of its ultimate disposal. Reports shall be submitted on a monthly basis to the Department of Environmental Regulation, Northeast District Office, 3426 Bills Road, Jacksonville, Florida 32207; and to Jacksonville Bio-Environmental Services, 515 W. 6th Street, Jacksonville, Florida 32206.
8. An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the department in accordance with Section 17-6.150(2), F.A.C.
9. A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner.
10. Waste sludge disposal shall be in accordance with Part IV of Chapter 17-7, F.A.C. Sludge which has not been analyzed pursuant to Section 17-7.54(2) F.A.C., shall be disposed of at permitted or exempt solid waste disposal sites pursuant to Section 17-7.03(2) F.A.C., or as otherwise provided in Section 17-7.54(6), F.A.C.

Permittee:  
Charles L. Sweat, President  
Beacon Hills STP

I.D. Number: 3116P01328  
Permit/Certification Number: D016-132425  
Date of Issue: June 10, 1987  
Expiration Date: June 1, 1992

**SPECIFIC CONDITIONS:**

11. The monitoring requirements and effluent limitations for this plant are as follows:

PARAMETER	EFFLUENT LIMIT	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
Flow	1.78 MGD	Continuous	Recording meter	Influent
BOD <sub>5</sub>	(a) mg/l	Weekly	16 hr. composite	Influent/ Effluent
TSS	(a) mg/l	Weekly	16 hr. composite	Influent/ Effluent
TKN	(a) mg/l	N/A	N/A	Effluent
pH units	6.0 to 8.5	Continuous	Recording meter(d)	Effluent
Chlorine Residual	Min. 0.5 mg/l Max. (c)	Continuous	Recording meter(d)	Effluent
Fecal Coliform	Avg. 200/100 ml Max. 800/100 ml	Weekly	grab(b)	Effluent

(a) Limits (mg/l)  
annual                      monthly                      weekly                      one time grab max

BOD <sub>5</sub>	20	30	45	60
TSS	20	30	45	60

(b) Grab samples will be collected during periods of minimal treatment plant pollutant removal efficiencies, or maximum organic loading in the effluent.

(c) For the period from the date of issue until two years from the date of issue, the maxima for chlorine residual are: Annual - 1.0 mg/l; monthly 1.3 mg/l; weekly - 1.5 mg/l; one time grab sample - 2.0 mg/l. Beginning two years from the date of issue of this permit, the permittee shall either:

(1) Complete and have in operation dechlorination facilities which reduce the total residual chlorine (TRC) content of the effluent to below 0.01 mg/l, or

(2) Apply for a mixing zone for TRC in the receiving stream pursuant to the Department's applicable mixing zone regulations in effect at the time of application for the specific mixing zone. The Department's current mixing zone regulations are contained in Florida Administrative Code Rule Section 17-4.244. A revision of these regulations to apply to TRC is being pursued by the Department.

(d) Hourly composite samples may be substituted during hours of required operator attendance.

PERMITTEE:

Charles L. Sweat, President  
Beacon Hills STP

I.D. Number: 3116P01328  
Permit/Cert Number: D016-132425  
Date of Issue: June 10, 1987  
Expiration Date: June 1, 1992

SPECIFIC CONDITIONS:

12. Pursuant to Environmental Protection Board Rule 3.401.C., not later than January 15, 1989 the utility will submit a Master Plan for addressing growth and phasing out non-regional STPs and designated septic tank problem areas within its service area, for addressing water reuse requirements of the St. Johns River Water Management District, for sewer system rehabilitation, and for industrial pretreatment.

13. Permit monitoring requirements and effluent limitations for this plant are subject to being changed to meet Water Quality Based-Effluent Limits (WQBEL) FAC Rule 17-6.06(2)(a)1 and FAC Sections 17-6.401, 17-6.402 and 17-6.403.

CITY OF JACKSONVILLE  
BIO-ENVIRONMENTAL SERVICES DIVISION

Donald C. Bayly  
Donald C. Bayly, Division Chief

*APW*  
*EFK*  
Issued this 10th day of June, 1987

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

*Frank Wathen Jr*  
for Ernest E. Frey, District Manager

PERMIT NO. FL0026778  
Minor non-POTW

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION IV

AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Clean Water Act, as amended (33 U.S.C. 1251 et seq.; the "Act"),

Southern States Utilities

is authorized to discharge from a facility located at

4680 Fulton Drive  
Duval County  
Jacksonville, Florida

to receiving waters named


St. Johns River

in accordance with effluent limitations, monitoring requirements and other conditions set forth herein. The permit consists of this cover sheet, Part I 5 pages, Part II 16 pages, Part III 1 page, and Part IV 2 pages.

This permit shall become effective on September 1, 1990.

This permit and the authorization to discharge shall expire at midnight, July 31, 1995.

July 31, 1990  
Date Issued

  
W. Ray Cunningham, Director  
Water Management Division

#880

**Beecher's Point - 472**

**Putnam County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
APPLICATION FOR TRANSFER OF PERMIT

Permit No. D054-62695 Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_

NOTIFICATION OF SALE OR LEGAL TRANSFER

Source Name: Beecher's Point STP County: Putnam  
Source Location: Wa Wa Yonda City: Near Welaka  
Permittee Name: Ms. Shirli Smith Title: President  
Mailing Address: Welaka Utilities, Inc., P.O. Box 1157  
Sharbes, Florida 32959

The undersigned hereby notifies the department of the sale or legal transfer of this pollution source. He further agrees to assign his rights as permittee to the applicant in the event the department agrees to the transfer of permit.

Sworn to and subscribed before me at Orange Shirli W. Smith  
Country: Fla Signature of Permittee  
this 23rd day of July 1988 Title: President  
Harvey Insurance and Bonds, Inc. Date: 7/22/88

Notary Public  
NOTARY PUBLIC, STATE OF FLORIDA.  
My Commission Expires: DEC. 10, 1991.  
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

REQUEST FOR TRANSFER OF PERMIT

Source Name: Beecher's Point STP, Welaka, FL  
Applicant Name: Charles L. Sweat Title: President  
Mailing Address: Southern State Utilities, Inc., 1000 Color Place  
Apopka, FL Telephone: 800 432-4501  
Project Engineer Name: M. Vincent Protheroe, P.E., Consulting Engineer  
Mailing Address: 123 N.W. 23rd Street  
Gainesville, FL 32607 Telephone: 904 374-4397

The undersigned hereby notifies the department of his having acquired title to this pollution source. He further states that he has examined the application and documents submitted by the current permittee the basis on which Permit No. D054-62695 was issued by the department, and states that they accurately and completely describe the permitted activity or project. He further states that he is familiar with the permit, agrees to comply with its terms and conditions, and agrees to assume the rights and liabilities contained therein. He also agrees to promptly notify the department of any future change in ownership of, or responsibility for, the permitted activity or project.

Sworn to and subscribed before me at Orange Charles L. Sweat President  
Country: Fla Signature of Applicant  
this 1st day of August 1988 Title: PRESIDENT  
Carol P. Falk Date: August 1, 1988

Notary Public  
Notary Public, State of Florida at Large  
My Commission Expires July 24, 1990  
\*Action is void if taken by other than owner or corporate officer.  
Harvey Insurance and Bonds, Inc.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

NORTHEAST DISTRICT  
3426 BILLS ROAD  
JACKSONVILLE, FLORIDA 32207  
904/796-4200



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY  
ERNEST E. FREY  
DISTRICT MANAGER  
GARY L. SHAFER  
ASSISTANT DISTRICT MANAGER

PERMITTEE:

Ms. Shirli Smith, President  
Welaka Utilities, Inc.  
Post Office Box 1157  
Sharpes, Florida 32959

I.D. Number: 3154P04659  
Permit/Cert Number: D054-147243  
Date of Issue: June 22, 1988  
Expiration Date: June 22, 1993  
County: Putnam  
Lat/Long: 29°29'00"/81°41'00"  
Section/Township/Range:  
Project: Beecker's Point STP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-6, 17-7, 17-16 and 17-19. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

To operate a 0.015 mgd extended aeration sewage treatment plant with chlorination and effluent discharge to two evaporation/percolation ponds serving Beecher's Point Sewage Treatment Plant.

Located at Wa Wa Yonda, south of Welaka, Putnam County, Florida.

In accordance with the application received March 28, 1988. This permit is replacing operation permit number D054-62695.

**PERMITTEE:**

Beecher's Point STP

**I.D. Number:** 3154P04659

**Permit Number:** D054-147243

**Date of Issue:** June 22, 1988

**Expiration Date:** June 22, 1993

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:



PERMITTEE:

Beecher's Point STP

I.D. Number: 3154P04659

Permit Number: DO54-147243

Date of Issue: June 22, 1988

Expiration Date: June 22, 1993

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

PERMITTEE:

Beecher's Point STP

I.D. Number: 3154P04659

Permit Number: DO54-147243

Date of Issue: June 22, 1988

Expiration Date: June 22, 1993

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards
- ( ) (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:

Beecher's Point STP

I.D. Number: 3154P04659

Permit Number: D054-147243

Date of Issue: June 22, 1988

Expiration Date: June 22, 1993

SPECIFIC CONDITIONS:

1. Waste sludge or other solid wastes shall not be discharged into surface waters either directly or indirectly. These shall be disposed of in a manner approved by DER.
2. The effluent from this source shall be adequately chlorinated at all times so as to meet the disinfection requirements of FAC Rule 17-6.060(1)(c).
3. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of Chapter 17-16, FAC. Sampling and monitoring of this facility will be in accordance with Chapter 17-19, FAC.
4. The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in Chapter 17-3, FAC.
5. No additional connections shall be made to this facility without prior approval of this agency.
6. The permit holder shall also comply with county, municipal, federal and other state regulations.

During the period of operation allowed by this permit, the permittee shall furnish one copy of the monthly operations report on the operation of the pollution control plant. Such report shall also contain information on the daily quantities of waste sludge generated at the source, type and degree of its treatment and the site of its ultimate disposal. Reports shall be submitted on a monthly basis to the Department of Environmental Regulation, Northeast District Office, 3426 Bills Road, Jacksonville, Florida 32207.

8. An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the department in accordance with FAC Rule 17-6.150(2).
9. Waste sludge disposal shall be in accordance with Part IV of Chapter 17-7, FAC. Sludge which has not been analyzed pursuant to FAC Rule 17-7.54(2) shall be disposed of at permitted or exempted solid waste disposal sites pursuant to FAC Rule 17-7.03(2), or as otherwise provided in FAC Rule 17-7.54(6).
10. A log book shall be maintained as a record of the operation and maintenance activities as well as attendance and shall be submitted to the department upon request.
11. A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner, so as to comply with General Condition No. 12 above.

PERMITTEE:

Beecher's Point STP

I.D. Number: 3154P04659  
 Permit Number: DC54-147243  
 Date of Issue: June 22, 1988  
 Expiration Date: June 22, 1993

The monitoring requirements and effluent limitations for this plant are as follows:

PARAMETER	ANNUAL AVERAGE	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
Flow (mgd)	0.015	Daily, 5/week	Elapsed Time Measurement	Influent or Effluent
*BOD <sub>5</sub> (mg/l)	20	Monthly	Grab	Influent and Effluent
*TSS (mg/l)	20	Monthly	Grab	Influent and Effluent
NO <sub>3</sub> -N (mg/l)	12	Monthly	Grab	Effluent
pH Units	6.0 - 8.5	Daily, 5/week	Grab	Effluent
Chlorine Residual (mg/l)	0.5 Minimum 1.0 Maximum	Daily, 5/week	Grab	Effluent
Fecal Coliform: no./100 (ml)	200	Quarterly	Grab	Effluent

\* or 90% removal, whichever is more stringent.

	ANNUAL	MONTHLY	WEEKLY	ONE TIME MAXIMUM
BOD <sub>5</sub>	20	30**	45**	60**
TSS	20	30**	45**	60**
NO <sub>3</sub> -N	12	15	18	24

\*\* Rule 17-6.180

13. Prior to sixty (60) days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department, Section 17-4.09, FAC.
14. According to FAC Chapter 17-16, this is a Class D, Level III treatment process that requires the services of a certified operator (Class D or higher) three (3) nonconsecutive visits per week for 1-1/2 hours per week.
15. No new connections to this facility shall be allowed.

PERMITTEE:

Beecher's Point STP

I.D. Number: 3154P04659

Permit Number: D054-147243

Date of Issue: June 22, 1988

Expiration Date: June 22, 1993

5. The permittee shall provide regular cleaning of the pond to ensure its continued effective operation without overflowing. Within 60 days the permittee shall provide this office with a maintenance schedule confirming that the pond will be adequately cleaned on a regular basis.

If maintenance practices can not be taken to ensure that the pond will adequately dispose of effluent on a continuous basis, modification to a two cell evaporation/percolation pond system will be required. This will require a construction permit from this department, based on a design by and an application certified by a Florida registered engineer.

*EDM* Issued this 22nd day of June 1988

*EDM*

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

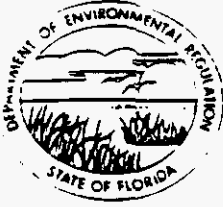
*Ernest E. Frey*  
Ernest E. Frey, District Manager

**Burnt Store - 2202**

**Charlotte/Lee County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



*Florida Department of Environmental Regulation*

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-55

Rob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Garrity, Deputy Assistant Secretary

**PERMITTEE**

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attn: Mr. Charles L. Sweat  
Vice President  
Operations

**PERMIT/CERTIFICATION**

GMS ID No: 4008P00462  
Permit No: D008-168047  
Date of Issue: April 11, 1990  
Expiration Date: April 4, 1995  
County: Charlotte  
Lat/Long: 26°46'18"  
82°02'00"  
Sec/Town/Range: 34/42S/23E  
Project: Burnt Store WWTP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Operation of a 0.250 MGD Type II extended aeration sewage treatment plant with chlorinated effluent to dual percolation/evaporation ponds of 267,750 square feet total bottom area.

Location: Burnt Store Road, Charlotte County, Florida

Replaces Permit No.: D008-093335 Expired: 9/28/89

PERMITTEE

SOUTHERN STATES UTILITIES, INC.  
 BURNT STORE WWTP

GMS ID NO.: 4008P00462  
 PERMIT NO.: DO08-168047

SPECIFIC CONDITIONS:

1. Drawings, plans, documents or specifications submitted by the permittee, not attached hereto, but retained on file at the Southwest District Office, are made a part hereof.

2. The Zone of discharge boundary shall extend horizontally 100 feet from the site boundary or to the installation's property boundary, whichever is less, and vertically to the base of the shallow water table aquifer. (17-4.245(4), F.A.C.)

3. The water quality standards for Class G-II groundwater shall not be exceeded at the boundary of the zone of discharge. (17-3.402, 17-3.404, F.A.C.)

4. In accordance with Chapter 17-16 F.A.C., the required certified operator on site time is: a Class C or better operator for 3 hours/day for 5 days/week and one weekend visit.

5. The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-19 F.A.C. and shall meet the following limitations:

Parameter	Unit	Min-imum	Maximum	Type Sample	Frequency
BOD & Suspended Solids	mg/l	0	20 annual avg. 30 monthly avg. 45 weekly avg. 60 any one sample	grab	Every two weeks
Fecal coliform	#/100	0	200 annual avg. 200 monthly avg.	grab	Quarterly
Nitrate	mg/l	0	12	grab	Every two weeks
Flow	mgd	.000	0.250		Daily 5/wk
pH	STD UN	6.00	8.50	grab	Daily 5/wk

The results shall be reported monthly on DER Form 17-1.205(7).

6. The sludge shall be sampled after final treatment in accordance with 17-7.540(2)(e) F.A.C. but prior to land application for the parameters listed below every 6 months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:

- Total Nitrogen - % dry weight
- Total Phosphorus - % dry weight
- Total Potassium - % dry weight
- Cadmium - mg/kg dry weight
- Copper - mg/kg dry weight
- Lead - mg/kg dry weight
- Nickel - mg/kg dry weight
- Zinc - mg/kg dry weight
- pH - standard units
- Total Solids - %



PERMITTEE

SOUTHERN STATES UTILITIES, INC.  
BURNT STORE WWTP

GMS ID NO.: 4008P00462  
PERMIT NO.: DO08-168047

SPECIFIC CONDITIONS (con't):

7. Direct discharge from the percolation/evaporation ponds to area surface waters is not allowed. Surface discharge shall be considered a violation of this permit and the permittee shall immediately report any such discharge to the SW District Office of the Department of Environmental Regulation.

8. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R. A. Gray Building, Tallahassee, Florida 32301, Telephone number (904) 487-2073.

9. The permittee shall operate and maintain this wastewater treatment plant in strict accordance with Chapters 17-600 and 17-610, F.A.C.

10. The permittee shall locate flow meters on the sewage treatment plant to monitor flow to this effluent disposal system for operation and efficiency evaluation.

11. Back flow preventers shall be installed on all potable water supplies at the treatment facility.

12. The permittee shall maintain all audible and visual alarm systems on the lift station(s) in operating condition at all times.

13. The permittee shall maintain an on/site log book to monitor the daily activities of the certified operator. This log book shall record sign in/out times of the certified operator, list any maintenance performed and contain the signature and certification number of the operator.

14. The disinfection system shall be operated to maintain a minimum chlorine residual of 0.5 mg/L at the outfall from the chlorine contact chamber. A metering device for dosing chlorine to the effluent shall be utilized and the chlorine supply tank shall be inspected regularly to ensure proper operation.

15. Prior to sixty days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department of Environmental Regulation.

16. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent five (5) days per week for all Class C and D plants pursuant to Chapter 17-602.375(1), F.A.C.

17. The permittee shall be aware of and operate under the attached "General Permit Conditions #1 thru #15". General Permit Conditions are binding upon the permittee and enforceable pursuant to Chapter 403 of the Florida Statutes.

DER Form 117-1.201(5) Page 3 of 6.

PERMITTEE  
SOUTHERN STATES UTILITIES, INC.  
BURNT STORE WWTP

GMS ID NO.: 4008P00462  
PERMIT NO.: D008-168047

GROUND WATER MONITORING PLAN:

1. In accordance with Chapter 17-28.700, Florida Administrative Code (F.A.C.), the Groundwater Monitoring System shall be constructed by the permittee within ninety (90) days of the issuance of this permit.
2. The Groundwater Monitoring System shall be designed and constructed by the permittee in accordance with the plans submitted and on file in the Southwest District Office.
3. The groundwater monitoring wells shall be tentatively located as follows:

<u>Well Number</u>	<u>Aquifer</u>	<u>Location</u>
MW-2	Surficial	As per 3/15/90 revised site plan.
*MW-3		
+MW-7		
+MW-8		
+MW-9		

- Background well
- + New wells

Monitor wells 1, 4, 5 and 6 capped and retained for possible future use.

4. A surveyed drawing shall be submitted showing the location of all monitoring wells (active and abandoned) which will be horizontally located by metes and bounds or equivalent surveying techniques. The surveyed drawing shall include the monitor well identification number as well as location and elevation of all permanent benchmark(s) and/or corner monument marker(s) at the site. The survey shall be conducted by a Florida Registered Surveyor. The wells are to be clearly labelled and easily visible at all times.

5. Within thirty (30) days of completion of construction of the ground water monitor wells, well completion reports shall be sent to the FDER Ground Water Section, Southwest District Office. The information is to be submitted on the attached Monitor Well Completion Report form for each well.

6. Upon completion of construction of the groundwater monitoring system, the permittee shall sample all groundwater monitor wells for the Primary and Secondary Drinking Water parameters included in Chapter 17-550, Florida Administrative Code, Public Drinking Water Systems, Fecal Coliform and EPA Method 608.

PERMITTEE  
SOUTHERN STATES UTILITIES, INC.  
BURNT STORE WWTP

GMS ID NO.: 4008P00462  
PERMIT NO.: DO08-168047

GROUND WATER MONITORING PLAN: (cont'd)

7. Upon completion of construction of the groundwater monitoring system, or within six months of startup for new facilities, the permittee shall provide a twenty-four (24) hour composite effluent sample prior to discharge to the plant percolation ponds. The composite sample shall be analyzed for the Primary and Secondary Drinking Water Standards, in accordance with Chapter 17-550, F.A.C., fecal coliform and the EPA Priority Pollutants.

8. The sampling and analysis of all groundwater monitor wells shall begin upon commencement of the application of reclaimed water to the site. The wells shall be sampled quarterly for the following parameters. However, additional samples, wells and parameters may be required based upon subsequent analysis.

PRIMARY STANDARDS

Nitrate (as Nitrogen)	mg/L
Sodium	mg/L
Turbidity	NTU
Benzene	ug/l

SECONDARY STANDARDS

Chloride	mg/L
Total Dissolved Solids (TDS)	mg/L
pH	std. units

OTHERS

Temperature	°C
Total Organic Carbon (TOC)	mg/L
Specific Conductance	umhos/cm
Fecal Coliform	cts/100 ml
Water Levels (N.G.V.D.)	feet
Sulfide	mg/l

9. Following the initial analysis of the ground water monitor wells and the effluent, the wells shall be sampled and results reported in accordance with the following schedule:

<u>Sample Period</u>	<u>Report Due Date</u>
1st Quarter (January-March)	April 15
2nd Quarter (April-June)	July 15
3rd Quarter (July-September)	October 15
4th Quarter (October-December)	January 15

The permittee shall submit to the Department the results of the water quality analyses no later than the fifteenth (15) day of the month immediately following the end of the sampling period.

DER Form 117-1.201(5) Page 5 of 6.

PERMITTEE  
SOUTHERN STATES UTILITIES, INC.  
BURNT STORE WWTP

GMS ID NO.: 4008P00462  
PERMIT NO.: DO08-168047

GROUND WATER MONITORING PLAN: (cont'd)

10. Ground water sampling shall be reported on the attached Monitoring Report Forms [DER Form 17-1.216(2)]. In order to facilitate entry of this data into the State computer system, these forms or an exact replica must be used and must not be altered as to content. The original copies should be retained so that the necessary information is available to properly complete future reports. The report forms received from the laboratory must be submitted along with the DER Parameter Monitoring Report Forms described above.

11. If, at any time, groundwater standards are exceeded at the edge of the zone of discharge, the permittee has fifteen (15) days in which to resample the monitor well(s) to verify the original analysis. The monitoring test results must be submitted to the Department within fifteen days of receipt of the analysis from the laboratory. Should the permittee choose not to resample, the Department will consider the water quality analysis as representative of current groundwater conditions at the facility.

12. The field testing, sample collection, preservation and laboratory testing, including quality control procedures, shall be in accordance with methods approved by the Department in accordance with Chapter 17-4.246 and 17-3.401, F.A.C. Approved methods for chemical analyses are summarized in the Federal Register, December 1, 1976 (41FR52780) except that turbidity shall be measured by the Nephelometric Method.

13. Within sixty (60) days of issuance of this permit, all piezometers and wells not a part of the approved groundwater monitoring plan are to be plugged and abandoned in accordance with Chapter 17-21.10(4), F.A.C. and the Southwest Florida Water Management District. The permittee shall submit a written report to the Department providing verification of the plugging program. A written request for exemption to the plugging of a well must be submitted to the Department's Groundwater Section for approval. Irrigation wells located within an approved effluent spray application area are exempt from plugging provided that a minimum twenty-five (25) foot buffer surrounds the wells.

14. All required submittals shall be sent to the Department of Environmental Regulation, 4520 Oak Fair Boulevard, Tampa, Florida 33610. Upon receipt and review of the required data, any required modification(s) of the Groundwater Monitor System will be given.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION



Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION IV  
345 COURTLAND STREET  
ATLANTA, GEORGIA 30363

AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Clean Water Act, as amended (33 U.S.C. 1251 et. seq; the "Act"),

Southern States Utilities, Inc.

is authorized to discharge from a facility located at

1635 West Marion Avenue  
Punta Gorda, Florida 33950

to receiving waters named


Charlotte Harbor

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, and III hereof.. The permit consists of this cover sheet, Part I 2 page(s), Part II 15 page(s), and Part III 1 page.

This permit shall become effective on November 1, 1988.

This permit and the authorization to discharge shall expire at midnight, October 31, 1993.

September 30, 1988  
Date Signed

  
Bruce R. Barrett, Director  
Water Management Division

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1. During the period beginning on the effective date of the permit and lasting through expiration, the permittee is authorized to discharge from outfall serial number 001, reject water from a reverse osmosis operation.

Such discharges shall be limited and monitored by the permittee as specified below:

<u>PARAMETERS</u>	<u>DISCHARGE LIMITATIONS</u>		<u>MONITORING REQUIREMENTS</u>	
	<u>Daily Average</u>	<u>Daily Maximum</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>
Flow, GGD	Report	Report	1/Month	*
Total Suspended Solids	30 mg/l	50 mg/l	1/Month	Grab
Total Phosphorus (as P)	10 mg/l	15 mg/l	1/Month	Grab

2. The pH shall not be less than 6.5 standard units nor greater than 8.5 standard units and shall be monitored once per month by grab sample.
3. There shall be no discharge of floating solids or visible foam in other than trace amounts.
4. Samples taken in compliance with the effluent monitoring requirements specified above shall be taken at the following location(s): nearest accessible point after final treatment but prior to actual discharge or mixing with the receiving waters.

\* A standard weir, Parshall flume, or any other method which will accurately measure the volume of wastewater discharged may be used. In lieu of providing an additional flow measurement device, flow values may be computed using the elapsed time recorder and flow meters provided integrally with the reverse osmosis unit. The R. O. unit, including all associated meters, valves, and piping shall, in this case, be maintained and operated in such a manner that accurate flow determinations may be obtained throughout the service life of the R.O. membrane.

0578

B. SCHEDULE OF COMPLIANCE

1. The permittee shall achieve compliance with the effluent limitations specified for discharges in accordance with the following schedule:

Operational level Attained. . . . . Effective Date of Permit

2. No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In a latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

Part II

STANDARD CONDITIONS FOR NPDES PERMITS

SECTION A. GENERAL CONDITIONS

1. Duty to Comply

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or for denial of a permit renewal application.

2. Penalties for Violations of Permit Conditions

Any person who violates a permit condition is subject to a civil penalty not to exceed \$25,000 per day of such violation. Any person who willfully violates permit conditions is subject to a fine of not less than \$5000 nor more than \$50,000 per day of violation, or by imprisonment for not more than 3 years, or both. Any person who negligently violates permit conditions is subject to a fine of not less than \$2,500 nor more than \$25,000 per day of violation, or by imprisonment for not more than 1 year, or both.

3. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or prevent any discharge in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.

4. Permit Modification

After notice and opportunity for a hearing, this permit may be modified, terminated, or revoked for cause including, but not limited to, the following:

- a. Violation of any terms or conditions of this permit;
- b. Obtaining this permit by misrepresentation or failure to disclose fully all relevant facts;
- c. A change in any conditions that requires either temporary interruption or elimination of the permitted discharge; or
- d. Information newly acquired by the Agency indicating the discharge poses a threat to human health or the environment.



If the permittee believes that any past or planned activity would be cause for modification or revocation and reissuance under 40 CFR 122.62, the permittee must report such information to the Permit Issuing Authority. The submittal of a new application may be required of the permittee. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

#### 5. Toxic Pollutants

Notwithstanding Paragraph A-4, above, if a toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the Act for a toxic pollutant which is present in the discharge and such standard or prohibition is more stringent than any limitation of such pollutant in this permit, this permit shall be modified or revoked and reissued to conform to the toxic effluent standard or prohibition and the permittee so notified.

#### 6. Civil and Criminal Liability

Except as provided in permit conditions on "Bypassing" Section B, Paragraph B-3, and "Upsets" Section B, Paragraph B-4, nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance.

#### 7. Oil and Hazardous Substance Liability

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject under Section 311 of the Act.

#### 8. State Laws

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties established pursuant to any applicable State law or regulation under authority preserved by Section 510 of the Act.

#### 9. Property Rights

The issuance of this permit does not convey any property rights of any sort, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations.

10. Cnshore or Offshore Construction

This permit does not authorize or approve the construction of any onshore or offshore physical structures or facilities or the undertaking of any work in any waters of the United States.

11. Severability

The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstance, is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

12. Duty to Provide Information

The permittee shall furnish to the Permit Issuing Authority, within a reasonable time, any information which the Permit Issuing Authority may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit or to determine compliance with this permit. The permittee shall also furnish to the Permit Issuing Authority upon request, copies of records required to be kept by this permit.

SECTION B. OPERATION AND MAINTENANCE OF POLLUTION CONTROLS

1. Proper Operation and Maintenance

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit.

2. Need to Halt or Reduce not a Defense

It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the condition of this permit.

3. Bypass of Treatment Facilities

a. Definitions

- (1) "Bypass" means the intentional diversion of waste streams from any portion of a treatment facility, which is not a designed or established operating mode for the facility.

- (2) "Severe property damage" means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

b. Bypass not exceeding limitations.

The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Paragraphs c. and d. of this section.

c. Notice

- (1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass; including an evaluation of the anticipated quality and effect of the bypass.
- (2) Unanticipated bypass. The permittee shall submit notice of an unanticipated bypass as required in Section D, Paragraph D-8 (24-hour notice).

d. Prohibition of bypass

- (1) Bypass is prohibited and the Permit Issuing Authority may take enforcement action against a permittee for bypass, unless:
  - (a) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;
  - (b) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied in adequate backup equipment should have been installed in the exercise of reasonable engineering judgement to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
  - (c) The permittee submitted notices as required under Paragraph c. of this section.

- (2) The Permit Issuing Authority may approve an anticipated bypass, after considering its adverse effects, if the Permit Issuing Authority determines that it will meet the three conditions listed above in Paragraph d.(1) of this section.

#### 4. Upsets

"Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, lack of preventive maintenance, or careless or improper operation. An upset constitutes an affirmative defense to an action brought for non-compliance with such technology based permit limitation if the requirements of 40 CFR 122.41(n)(3) are met.

#### 5. Removed Substances

This permit does not authorize discharge of solids, sludge, filter backwash, or other pollutants removed in the course of treatment or control of wastewaters of the United States unless specifically limited in Part 1.

### SECTION C. MONITORING AND RECORDS

#### 1. Representative Sampling

Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge. All samples shall be taken at the monitoring points specified in this permit and, unless otherwise specified, before the effluent joins or is diluted by any other wastestream, body of water, or substance. Monitoring points shall not be changed without notification to and the approval of the Permit Issuing Authority.

## 2. Flow Measurements

appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to insure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated and maintained to insure that the accuracy of the measurements are consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than  $\pm 10\%$  from the true discharge rates throughout the range of expected discharge volumes. Once-through condenser cooling water flow which is monitored by pump logs, or pump hour meters as specified in Part I of this permit and based on the manufacture's pump curves shall not be subject to this requirement. Guidance in selection, installation, calibration, and operation of acceptable flow measurement devices can be obtained from the following references:

- (1) "A Guide of Methods and Standards for the Measurement of Water Flow", U.S. Department of Commerce, National Bureau of Standards, NBS Special Publication 421, May 1975, 97 pp. (Available from the U.S. Government Printing Office, Washington, D.C. 20402. Order by SD catalog No. C13.10:421.)
- (2) "Water Measurement Manual", U.S. Department of Interior, Bureau of Reclamation, Second Edition, Revised Reprint, 1974, 327 pp. (Available from the U.S. Government Printing Office, Washington, D.C. 20402. Order by catalog No. 127.19/2:W29/2, Stock No. S/N 24003-0027.)
- (3) "Flow Measurement in Open Channels and Closed Conduits", U.S. Department of Commerce, National Bureau of Standards, NBS Special Publication 484, October 1977, 982 pp. (Available in paper copy or microfiche from National Technical Information Service (NTIS), Springfield, VA 22151. Order by NTIS No. PB-273 535/5ST.)
- (4) "NPDES Compliance Flow Measurement Manual", U.S. Environmental Protection Agency, Office of Water Enforcement, Publication MCD-77, September 1981, 135 pp. (Available from the General Services Administration (8BRC), Centralized Mailing Lists Services, Building 41, Denver Federal Center, Denver, CO 80255.)

## 3. Monitoring Procedures

Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.

4. Penalties for Tampering

The Clean Water Act provides that any person who falsifies, tampers with, or knowingly renders inaccurate, any monitoring device or method required to be maintained under this permit shall, upon conviction, be punished by a fine of not more than \$10,000 per violation, or by imprisonment for not more than 6 months per violation, or both.

5. Retention of Records

The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit, for a period of at least 3 years from the date of the sample, measurement, report, or application. This period may be extended by the Permit Issuing Authority at any time.

6. Record Contents

Records of monitoring information shall include:

- a. The date, exact place, and time of sampling or measurements;
- b. The individual(s) who performed the sampling of measurements;
- c. The date(s) analyses were performed;
- d. The individual(s) who performed the analyses;
- e. The analytical techniques or methods used; and
- f. The results of such analyses.

7. Inspection and Entry

The permittee shall allow the Permit Issuing Authority, or an authorized representative, upon the presentation of credentials and other documents as may be required by law, to;

- a. Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
- b. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit.

- c. Inspect at reasonable time any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
- d. Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the Clean Water Act, any substances or parameters at any location.

#### SECTION D. REPORTING REQUIREMENTS

##### 1. Change in Discharge

The permittee shall give notice to the Permit Issuing Authority as soon as possible of any planned physical alterations or additions to the permitted facility. Notice is required only when:

- a. The alteration or addition to a permitted facility may meet one of the criteria for determining whether a facility is a new source; or
- b. The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements under Section D, Paragraph D-10(a).

##### 2. Anticipated Noncompliance

The permittee shall give advance notice to the Permit Issuing Authority of any planned change in the permitted facility or activity which may result in noncompliance with permit requirements. Any maintenance of facilities, which might necessitate unavoidable interruption of operation and degradation of effluent quality, shall be scheduled during noncritical water quality periods and carried out in a manner approved by the Permit Issuing Authority.

##### 3. Transfer of Ownership or Control

A permit may be automatically transferred to another if:

- a. The permittee notifies the Permit Issuing Authority of the proposed transfer at least 30 days in advance of the proposed transfer date;
- b. The notice includes a written agreement between the existing and new permittees containing a specific date for transfer of permit responsibility, coverage, and liability between them; and

- c. The Permit Issuing Authority does not notify the existing permittee of his or her intent to modify or revoke and reissue the permit. If this notice is not received, the transfer is effective on the date specified in the agreement mentioned in paragraph b.

4. Monitoring Reports

See Part III of this permit.

5. Additional Monitoring by the Permittee

If the permittee monitors any pollutant more frequently than required by this permit, using test procedures approved under 40 CFR 136 or as specified in this permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the Discharge Monitoring Report (DMR). Such increased frequency shall also be indicated.

6. Averaging of Measurements

Calculations for limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Permit Issuing Authority in the permit.

7. Compliance Schedules

Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of this permit shall be submitted no later than 14 days following each schedule date. Any reports of noncompliance shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

8. Twenty-Four Hour Reporting

The permittee shall orally report any noncompliance which may endanger health or the environment, within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause, the period of noncompliance, including the exact dates and times; and if the noncompliance has not been corrected, the anticipated time it is expected to continue, and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance. The Permit Issuing Authority may verbally waive the written report, on a case-by-case basis, when the oral report is made.



The following violations shall be included in the 24 hour report when they might endanger health or the environment:

- a. An unanticipated bypass which exceeds any effluent limitation in the permit.
- b. Any upset which exceeds any effluent limitation in the permit.

9. Other Noncompliance

The permittee shall report in narrative form, all instances of noncompliance not previously reported under Section D, Paragraphs D-2, D-4, D-7, and D-8 at the time monitoring reports are submitted. The reports shall contain the information listed in Paragraph D-8.

10. Changes in Discharges of Toxic Substances

The permittee shall notify the Permit Issuing Authority as soon as it knows or has reason to believe:

- a. That any activity has occurred or will occur which would result in the discharge, on a routine or frequent basis, of any toxic pollutant (listed at 40 CFR 122, Appendix D, Table II and III) which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels":
  - (1) One hundred micrograms per liter (100 ug/l);
  - (2) Two hundred micrograms per liter (200 ug/l) for acrolein and acrylonitrile; five hundred micrograms per liter (500 ug) for 2,4-dinitrophenol and for 2-methyl-4,6-dinitrophenol; and one milligram per liter (1 mg/l) for antimony; or
  - (3) Five (5) times the maximum concentration value reported for that pollutant(s) in the application.
- b. That any activity has occurred or will occur which would result in any discharge, on a routine or infrequent basis, of a toxic pollutant (listed at 40 CFR 122, Appendix D, Table II and III) which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels":
  - (1) Five hundred micrograms per liter (500 ug/l);
  - (2) One milligram per liter (1 mg/l) for antimony; or
  - (3) Ten (10) times the maximum concentration value reported for that pollutant(s) in the permit application.

11. Renewal

If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply for and obtain a new permit. The application should be submitted at least 180 days before the expiration date of this permit. The Permit Issuing Authority may grant permission to submit an application less than 180 days in advance but not later than the permit expiration date.

Where EPA is the Permit Issuing Authority, the terms and conditions of this permit are automatically continued in accordance with 40 CFR 122.6, only where the permittee has submitted a timely and complete application for a renewal permit and the Permit Issuing Authority is unable through no fault of the permittee to issue a new permit before the expiration date.

12. Signatory Requirements

All applications, reports, or information submitted to the Permit Issuing Authority shall be signed and certified.

- a. All permit applications shall be signed as follows:
  - (1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or (2) the manager of one or more manufacturing production facilities employing more than 250 persons or having gross annual sales or expenditures exceeding 25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
  - (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
  - (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official.
- b. All reports required by the permit and other information requested by the Permit Issuing Authority shall be signed by a person described above or by a duly authorized representative of that person. A person is a duly authorized representative only if:
  - (1) The authorization is made in writing by a person described above;

- (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and
  - (3) The written authorization is submitted to the Permit Issuing Authority.
- c. Certification. Any person signing a document under paragraphs (a) or (b) of this section shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

#### 13. Availability of Reports

Except for data determined to be confidential under 40 CFR Part 2, all reports prepared in accordance with the terms of this permit shall be available for public inspection at the offices of the Permit Issuing Authority. As required by the Act, permit applications, permits and effluent data shall not be considered confidential.

#### 14. Penalties for Falsification of Reports

The Clean Water Act provides that any person who knowingly makes any false material statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance, or who knowingly falsifies, tampers with, or renders inaccurate any monitoring device or method required to be maintained under the Clean Water Act, shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment for not more than 2 years, or both.

Section 2. NPPDES Permit

1. Permit Issuing Authority

The Regional Administrator of EPA Region IV or his designee, unless at some time in the future the State receives authority to administer the NPPDES program and assumes jurisdiction over the permit; at which time, the Director of the State program receiving the authorization becomes the issuing authority.

2. Act

"Act" means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act) Public Law 92-500, as amended by Public Law 95-217 and Public Law 95-576, 33 U.S.C. 1251 et seq.

3. Mass/Day Measurements

- a. The "average monthly discharge" is defined as the total mass of all daily discharges sampled and/or measured during a calendar month on which daily discharges are sampled and measured, divided by the number of daily discharges sampled and/or measured during such month. It is therefore, an arithmetic mean found by adding the weights of the pollutant found each day of the month and then dividing this sum by the number of days the tests were reported. The limitation is identified as "Daily Average" or "Monthly Average" in Part I of the permit and the average monthly discharge value is reported in the "Average" column under "Quantity" on the Discharge Monitoring Report (DMR).
- b. The "average weekly discharge" is defined as the total mass of all daily discharges sampled and/or measured during the calendar week on which daily discharges are sampled and measured, divided by the number of daily discharges sampled and/or measured during such week. It is, therefore, an arithmetic mean found by adding the weights of pollutants found each day of the week and then dividing this sum by the number of days the tests were reported. This limitation is identified as "Weekly Average" in Part I of the permit and the average weekly discharge value is reported in the "Maximum" column under "Quantity" on the DMR.
- c. The "maximum daily discharge" is the total mass (weight) of a pollutant discharged during a calendar day. If only one sample is taken during any calendar day the weight of pollutant calculated from it is the "maximum daily discharge". This limitation is identified as "Daily Maximum", in Part I of the permit and the highest such value recorded during the reporting period is reported in the "Maximum" column under "Quantity" on the DMR.

- d. The "average annual discharge" is a rolling average equal to the arithmetic mean of the mass measured in all discharges sampled and/or measured during consecutive reporting periods which comprise one year. For parameters that are measured at least once per month, the annual average shall be computed at the end of each month and is equal to the arithmetic mean of the monthly average of the month being reported and the monthly average of each of the previous eleven months. This limitation is defined as "Annual Average" in Part I of the permit and the average annual discharge value is reported in the "Average" column under "Quantity" on the DMR.

4. Concentration Measurements

- a. The "average monthly concentration", other than for fecal coliform bacteria, is the sum of the concentrations of all daily discharges sampled and/or measured during a calendar month on which daily discharges are sampled and measured, divided by the number of daily discharges sampled and/or measured during such month (arithmetic mean of the daily concentration values). The daily concentration value is equal to the concentration of a composite sample or in the case of grab samples is the arithmetic mean (weighted by flow value) of all the samples collected during that calendar day. This limitation is identified as "Monthly Average" or "Daily Average" under "Other Limits" in Part I of the permit and the average monthly concentration value is reported under the "Average" column under "Quality" of the DMR.
- b. The "average weekly concentration", other than for fecal coliform bacteria, is the sum of the concentrations of all daily discharges sampled and/or measured during a calendar week on which daily discharges are sampled and measured divided by the number of daily discharges sampled and/or measured during such week (arithmetic mean of the daily concentration values). The daily concentration value is equal to the concentration of a composite sample or in the the case of grab samples is the arithmetic mean (weighted by flow value) of all the samples collected during that calendar day. This limitation is identified as "Weekly Average" under "Other Limits" in Part I of the permit and the average weekly concentration value is reported under the "Maximum" column under "Quality" on the DMR.

- c. The "maximum daily concentration" is the concentration of a pollutant discharged during a calendar day. It is identified as "Daily Maximum" under "Other Limits" in Part I of the permit and the highest such value recorded during the reporting period is reported under the "Maximum" column under "Quality" on the DMR.
- d. The "average annual concentration", other than for fecal coliform bacteria, is a rolling average equal to the arithmetic mean of the effluent or influent samples collected during consecutive reporting periods which comprise one year. For parameters that are measured at least once per month, the annual average shall be computed at the end of each month and is equal to the arithmetic mean of the monthly average of the month being reported and the monthly average of each of the previous eleven months. This limitation is identified as "Annual Average" under "Other Limits" in Part I of the permit and the average annual concentration value is reported under the "Average" column under "Quality" on the DMR.

5. Other Measurements

- a. The effluent flow expressed as million gallons per day (MGD) is the 24 hour average flow averaged monthly. It is the arithmetic mean of the total daily flows recorded during the calendar month. Where monitoring requirements for flow are specified in Part I of the permit the flow rate values are reported in the "Average" column under "Quantity" on the DMR.
- b. An "instantaneous flow measurement" is a measure of flow taken at the time of sampling, when both the sample and flow will be representative of the total discharge.
- c. Where monitoring requirements for pH, dissolved oxygen or fecal coliform bacteria are specified in Part I of the permit, the values are generally reported in the "Quality or Concentration" column on the DMR.
- d. The "average annual discharge" for fecal coliform bacteria shall be calculated in the same manner as that for mass limitations (see item II.E.3.d.).

6. Types of Samples

- a. **Composite Sample:** A "composite sample" is a combination of not less than 8 influent or effluent portions, of at least 100 ml, collected over the full time period specified in Part I.A. The composite sample must be flow proportioned by either time interval between each aliquot or by volume as it relates to effluent flow at the time of sampling or total flow since collection of the previous aliquot. Aliquots may be collected manually or automatically.
- b. **Grab Sample:** A "grab sample" is a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the total discharge.

7. Calculation of Means

- a. **Arithmetic Mean:** The "arithmetic mean" of any set of values is the summation of the individual values divided by the number of individual values.
- b. **Geometric Mean:** The "geometric mean" of any set of values is the  $N^{\text{th}}$  root of the product of the individual values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered to be one (1).
- c. **Weighted by Flow Value:** "Weighted by flow value" means the summation of each concentration times its respective flow divided by the summation of the respective flows.

8. Calendar Day

A "calendar day" is defined as the period from midnight of one day until midnight of the next day. However, for purposes of this permit, any consecutive 24-hour period that reasonably represents the calendar day may be used for sampling.

9. Hazardous Substance

A "hazardous substance" means any substance designated under 40 CFR Part 116 pursuant to Section 311 of the Clean Water Act.

10. Toxic Pollutants

A "toxic pollutant" is any pollutant listed as toxic under Section 307(a)(1) of the Clean Water Act.

PART III

OTHER REQUIREMENTS

A. Reporting of Monitoring Results

Monitoring results obtained during the previous calendar quarter including annual average calculations where required, shall be summarized for each month (each quarter if monitoring frequency is quarterly) and must be reported on a Discharge Monitoring Report Form (EPA No. 3320-1), postmarked no later than the 28th day of the month following the completed quarter (For example, data for January-March shall be submitted by April 28.) Duplicate signed copies of these, and all other reports required by Section D of Part II, Reporting Requirements, shall be submitted to the Permit Issuing Authority and the State at the following addresses:

Environmental Protection Agency  
Region IV  
Facilities Performance Branch  
Water Management Division  
345 Courtland Street, N.E.  
Atlanta, Georgia 30365

Florida Dept. of Environmental Regulation  
South Florida District  
2269 Bay Street  
Fort Myers, Florida 33901

B. Repealer Clause

This permit shall be modified, or alternatively revoked and reissued, to comply with any applicable effluent standard or limitation issued or approved under Sections 301(b)(2)(C), and (D), 304(b)(2) and 307(a)(2) of the Clean Water Act, if the effluent standard or limitation so issued or approved:

1. Contains different conditions or is otherwise more stringent than any condition in the permit; or
2. Controls any pollutant not limited in the permit.

The permit as modified or reissued under this paragraph shall also contain any other requirements of the Act then applicable.



**Chuluota - 335**

**Seminole County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utility Services  
1000 Color Place  
Apopka, FL 32703

I. D. Number: 3059F01117  
Permit Number: D059-187652  
Expiration Date: 02/16/96  
County: Seminole  
Project: Chuluota, S.T.P.

Attention: Charles L. Sweat  
Vice President-Operations

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-600, and 17-610 F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate: A 0.100 MGD design capacity extended aeration wastewater treatment facility with dual sand filters. The disinfected reclaimed water is discharged to groundwater via the on-site 3-day holding pond to a 38+ acre restricted access spray irrigation site (17.4+ acres wetted area) and no discharge to surface waters.

Location: (1) The new wastewater treatment plant is located at 10th Street and Avenue C, Chuluota; the location of the original wastewater facilities.  
(2) The irrigation site location is north of State Road 419, approximately one (1) mile west of Chuluota, Seminole County, Florida.

Treatment Required: Secondary treatment and basic disinfection.

Operators Required: This is a Category III, Class C, treatment plant which requires the service of Class C (or higher) shall be on-site for one-half (1/2) hour per day, five (5) days per week and a weekend visit, as a minimum.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 6



0598

**GENERAL CONDITIONS:**

1. *The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.*
2. *This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.*
3. *As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.*
4. *This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.*
5. *This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.*

*The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.*
7. *The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:*
  - (a) *Have access to and copy any records that must be kept under conditions of the permit;*
  - (b) *Inspect the facility, equipment, practices, or operations regulated or required under this permit; and*
  - (c) *Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.*

*Reasonable time may depend on the nature of the concern being investigated.*
8. *If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:*
  - (a) *A description of and cause of noncompliance; and*
  - (b) *The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.*

*The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.*

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance StandardsThe permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall, within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utility Services  
Attention: Charles L. Sweat  
Vice President-Operations

I. D. Number: 3059P01117  
Permit Number: D059-i87652  
Expiration Date: 02/16/96

SPECIFIC CONDITIONS:

ops

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
Flow	daily, 5 days per week
Chlorine residual	daily, 5 days per week
pH	daily, 5 days per week
BOD <sub>5</sub>	once every 2 weeks
TSS	once every 2 weeks
Fecal coliform	quarterly
Nitrate as N	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office, by the 15th day of the following month.

o.

2. The reclaimed water delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).

ops

3. Groundwater monitoring shall be performed in accordance with the previously approved groundwater monitoring plan, with the following modifications:

Reporting Frequency: The ground water monitoring data shall be reported according to the following schedule:

<u>Sample Period</u>	<u>Report Due Date</u>
1st Quarter (January-March)	April 15
2nd Quarter (April-June)	July 15
3rd Quarter (July-September)	October 15
4th Quarter (October-December)	January 15

Samples can be taken any time within the quarter. All analyses, however, shall be submitted to the department no later than the fifteenth (15) day after the end of each quarter.

PERMITTEE:  
Southern States Utility Services

I. D. Number: 3059P01117  
Permit Number: D059-187652  
Expiration Date: 02/16/96

Attention: Charles L. Sweat  
Vice President-Operations

SPECIFIC CONDITIONS:

Reporting Format: Complete the "Ground Water Monitoring Yearly Report" and prepare data graphs for each monitoring well. The first yearly report and graphs shall be submitted along with your next Quarterly groundwater monitoring reports. Future yearly reports shall be due once each year thereafter.

- OPS 4. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
- OPS 5. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
- OPS 6. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
- OPS 7. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.
- ENGR 8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.
- OPS/ENG 9. Domestic residual (sludge) disposal shall be in accordance with Rule 17-640, F.A.C. Residuals shall be analyzed semi-annually and submitted to the department. Agricultural land use plans shall be submitted annually on forms approved by the department.

PERMITTEE:  
Southern States Utility Services  
Attention: Charles L. Sweat  
Vice President-Operations

I. D. Number: 3059P01117  
Permit Number: D059-187652  
Expiration Date: 02/16/96

SPECIFIC CONDITIONS:

- OPS 10. Pond maintenance shall include periodically removing, emergent vegetation and silt deposits. Vegetation along the berms shall be kept mowed for aesthetic purposes and to allow visual inspection of the berm slopes for erosion and deterioration.

ISSUED 6/7/91

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

*Carl Rivers de Sglé per*

A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

PERMIT NO. FL0036943  
Minor Non-POTW

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION IV

AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Clean Water Act, as amended (33 U.S.C. 1251 et seq.; the "Act"),

Southern States Utilities -  *Chuluota* *NWTF*

is not authorized to discharge from a facility located at

10th Street and C Avenue  
Seminole County  
Chuluota, Florida

to waters of the United States, except as provided in Part II.B of this permit.

The reporting requirements and other conditions are set forth herein. The permit consists of this cover sheet, Part I 2 page(s), Part II 9 page(s) and Part III 1 page(s).

This permit shall become effective on August 1, 1989.

This permit shall expire at midnight June 30, 1994.

6/27/89  
Date Signed

*B. R. Barrett*  
Bruce R. Barrett, Director  
Water Management Division

#335



**Citrus Park - 1117**

**Marion County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Permittee:  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703  
  
Attention: Charles Sweat, President

I. D. Number: 3042PO4826  
Permit/Certification  
Number: DO42-161926  
Date of Issue:  
Expiration Date: May 5, 1994  
County: Marion  
Project: Citrus Park, S.T.P.

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6, F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate: A 0.100 MGD design capacity contact stabilization wastewater treatment facility with surge control. The disinfected reclaimed water is discharged to ground water via two (2) holding ponds (ten (10) days storage) then pumped to a 20± acre spray site (16.5± acres wetted area) and no discharge to surface waters. Flows to the facility are limited to 64,000 GPD, the design capacity of the spray site.

Location: S.E. 49th St. Road and 22nd Ave., Ocala, Marion County, Florida.

Treatment Required: Secondary treatment and basic disinfection.

Operators Required: This is a Class C, Category II treatment facility. In accordance with Chapter 17-16, F.A.C. an operator of minimum certification Class C shall be on-site for one-half (1/2) hour per day for five (5) days per week and one (1) visit each weekend, as a minimum.

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 5

PERMITTEE:

I.C. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.

This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.

6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit;
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

b. the period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.

The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.

This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.

This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State water Quality Standards (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

The permittee shall comply with the following monitoring and record keeping requirements:

1. Upon request, the permittee shall furnish all records and signs required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
2. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
3. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts not submitted or were incorrect in the permit application or in any report to the department, such facts or action shall be submitted or corrected promptly.

PERMITTEE:  
Southern States Utilities, Inc.  
Attention: Charles Sweat, President

I. D. Number: 3042PO4826  
Permit/Certification Number:  
DO42-161926  
Date of Issue:  
Expiration Date: May 5, 1994

**SPECIFIC CONDITIONS:**

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
TSS	monthly
BOD <sub>5</sub>	monthly
pH	monthly
Chlorine residual	daily, 5 days per week
Flow	daily, 5 days per week
Fecal coliform	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office on a monthly basis, by the 15th day of the following month.

2. This facility which has a design capacity less than 100,000 GPD is exempt from groundwater monitoring as set forth in Rule 17-4.245, F.A.C.
3. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
4. The maintenance and operation log required pursuant to Rule 17-16.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
5. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
6. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.
7. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit.

PERMITTEE:  
Southern States Utilities, Inc.  
Attention: Charles Sweat, President

I. D. Number: 3042PO4826  
Permit/Certification Number:  
0042-161926  
Date of Issue:  
Expiration Date: May 5, 1994

SPECIFIC CONDITIONS:

8. The reclaimed water delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
9. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge which has not been analyzed pursuant to Rule 17-7.540(1) and (2), F.A.C. shall be disposed of at approved sanitary landfills or as otherwise provided in Rule 17-7.540(6), F.A.C.

ISSUED 6-16-89

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

Alexander  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

# **Citrus Springs Utilities - 9001**

**Citrus County (UFU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

### PERMITTEE

United Florida Utilities Corp.  
3250 S.W. Third Avenue  
Miami, FL 33129

Attn: Mr. Arsenio Milian  
President

### PERMIT/CERTIFICATION

GMS ID No: 09P02863  
Permit No: DO09-147228  
Date of Issue: 8/8/88  
Expiration Date: 5/24/93  
County: Citrus  
Lat/Long: 29°00'34"  
82°27'44"  
Sec/Town/Range: 24/17S/18E  
Project: Citrus Springs WWTP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Operation of a 0.2 MGD Type II extended aeration sewage treatment plant with chlorinated effluent to a percolation/evaporation pond of 95,832 square feet then to a spray field of 253,650 square feet.

Location: Alhambra Road at Biscayne Avenue, Citrus Springs,  
Florida

Replaces Permit No.: DO09-69432      Expired: 5/18/88

DER FORM 17-1.201(5) PAGE 1 of 6.



PERMITTEE:

United Florida Utilities Corp. GMS ID NO.: 09P02863  
 CITRUS SPRINGS WWTP PERMIT NO.: DO09-147228

SPECIFIC CONDITIONS:

1. Drawings, plans, documents or specifications submitted by the permittee, not attached hereto, but retained on file at the Southwest District Office, are made a part hereof.
2. The Zone of discharge boundary shall extend horizontally 100 feet from the site boundary or to the installation's property boundary, whichever is less, and vertically to the base of the shallow water table aquifer. (17-4.245(4), F.A.C.)
3. The water quality standards for Class G-II groundwater shall not be exceeded at the boundary of the zone of discharge. (17-3.402, 17-3.404, F.A.C.)
4. In accordance with Chapter 17-16, F.A.C., the required certified operator on site time is: A Class C or better operator for 1/2 hour, 5 days a week and a weekend visit.
5. The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-19 F.A.C. and shall meet the following limitations:

Parameter	Unit	Min-imum	Maximum	Type Sample	Frequency
BOD & Suspended Solids	mg/l	0	20 annual avg.	8 hr.	Every two composite weeks
			30 monthly avg.		
			45 weekly avg.		
			60 any one sample		
Fecal coliform	#/100	0	200 annual avg. 200 monthly avg.	grab	Quarterly
Nitrate	mg/l	0	12	8 hr.	Every two composite weeks
Flow	mgd	.000			Daily 5/wk
pH	STD UN	6.00	8.50	grab	Daily 5/wk

The results shall be reported monthly on DER Form 17-1.205(7).

6. The sludge shall be sampled after final treatment accordance with 17-7.540(2)(e) F.A.C. but prior to utilization or disposal for the parameters listed below every 6 months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:

- Total Nitrogen - % dry weight
- Total Phosphorus - % dry weight
- Total Potassium - % dry weight
- Cadmium - mg/kg dry weight
- Copper - mg/kg dry weight
- Lead - mg/kg dry weight
- Nickel - mg/kg dry weight
- Zinc - mg/kg dry weight
- pH - standard units
- Total Solids - %

PERMITTEE:

United Florida Utilities Corp. GMS ID NO.: 09P02863  
CITRUS SPRINGS WWTP PERMIT NO.: DO09-147228

SPECIFIC CONDITIONS: (cont'd)

7. Direct discharge from the percolation/evaporation pond or the spray field to area surface waters is not allowed. Surface discharge shall be considered a violation of this permit and the permittee shall immediately report any such discharge to the SW District Office of the Department of Environmental Regulation.
8. The permittee shall operate and maintain this evaporation/percolation pond system in strict accordance with Chapter 17-6, F.A.C.
9. The spray irrigation site shall be properly fenced giving access control to the area. Vegetation on the spray site shall be cropped regularly and the soil surface maintained in order to prevent ponding. Spray nozzles are to be regularly inspected for proper operation and the spray zone shall be entirely within the fenced compound.
10. The permittee shall ensure that neither ponding nor run-off from the spray site occurs as a result of the spray irrigation of the wastewater. The Department considers ponding to be any residual which remains on the surface sufficient time to contaminate stormwater runoff or otherwise be environmentally objectionable due to odor or public health criteria.
11. The permittee shall maintain an on/site log book to monitor the daily activities of the certified operator. This log book shall record sign in/out times of the certified operator, list any maintenance performed and contain the signature and certification number of the operator.
12. The permittee shall maintain all audible and visual alarm systems on the lift station(s) in operating condition at all times.
13. The disinfection system shall be operated to maintain a minimum chlorine residual of 0.5 mg/l at the outfall from the chlorine contact chamber. A metering device for dosing chlorine to the effluent shall be utilized and the chlorine supply tank shall be inspected regularly to ensure proper operation.
14. Prior to sixty days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department of Environmental Regulation.
15. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent five (5) days per week for all Class C and D plants pursuant to Chapter 17-16.375(1), F.A.C.

**PERMITTEE:**

United Florida Utilities Corp. GMS ID NO.: 09P02863  
CITRUS SPRINGS WWTP PERMIT NO.: DO09-147228

**SPECIFIC CONDITIONS (con't):**

16. The permittee shall be aware of and operate under the attached "General Permit Conditions #1 thru #15". General Permit Conditions are binding upon the permittee and enforceable pursuant to Chapter 403 of the Florida Statutes.

**GROUNDWATER MONITORING PLAN:**

1. In accordance with Chapter 17-4, Florida Administrative Code (F.A.C.), the permittee has installed and placed into operation a Groundwater Monitoring System. The Groundwater Monitoring System is designed and constructed in accordance with the plans submitted on June 21, 1985 and the additional information submitted August 21, 1985.

2. The groundwater monitoring wells are located as follows:

The wells are to be clearly labelled and easily visible at all times.

<u>Well Number</u>	<u>Aquifer</u>	<u>Location</u>
*MW-1A	Floridan	Reference drawing attached
MW-2A	Floridan	Reference drawing attached
MW-3A	Floridan	Reference drawing attached

\* background well

3. If any monitoring well becomes damaged or inoperable, the permittee shall notify the Department immediately and a detailed written report shall follow within seven (7) days. The written report shall detail what problem has occurred and remedial measures that have been taken to prevent the recurrence. All monitoring well design and replacement shall be approved by the Department prior to installation.

4. Sixty (60) days prior to the renewal of this permit, the permittee shall sample all groundwater monitoring wells for the Primary and Secondary Drinking Water parameters included in Chapter 17-22, Florida Administrative Code, Public Drinking Water Systems, fecal coliform and EPA Method 608. The specific parameters for the Primary [17-22.220] and Secondary [17-22.210] Drinking Water Standards are listed in Part II, Quality Standards, Analytical Methods, Sampling.

PERMITTEE:  
United Florida Utilities Corp. GMS ID NO.: 09P02863  
CITRUS SPRINGS WWTP PERMIT NO.: D009-147228

GROUNDWATER MONITORING PLAN (con't):

5. Sixty (60) days prior to the renewal of this permit, the permittee shall provide a twenty-four (24) hour composite effluent sample prior to discharge to the plant percolation ponds. The composite sample shall be analyzed for the Primary and Secondary Drinking Water Standards in accordance with 17-22, F.A.C., the EPA Priority Pollutants and fecal coliform.

6. All groundwater monitor wells shall be sampled quarterly for the following parameters. However, additional sample(s), well(s), and parameter(s) may be required based upon subsequent analyses.

PRIMARY STANDARDS

Nitrate (as Nitrogen)	mg/L
Sodium	mg/L
Turbidity	NTU
Cadmium	ug/L

SECONDARY STANDARDS

Chloride	mg/L
Total Dissolved Solids (TDS)	mg/L
pH	std. units
Iron	ug/L
Manganese	ug/L

OTHERS

Temperature	°C
Total Organic Carbon (TOC)	mg/L
Specific Conductance	umhos/cm
Water Levels (N.G.V.D.)	feet
Fecal Coliform	cts/100 ml

7. Ground water sampling shall be reported on the attached Parameter Monitoring Report Forms [DER Form 17-1.216(2)]. In order to facilitate entry of this data into the state computer system, these forms or an exact replica must be used and must not be altered as to content. The original copies should be retained so that the necessary information is available to properly complete future reports. The report forms received from the laboratory must be submitted along with the DER Parameter Monitoring Report Forms described above.

PERMITTEE:

United Florida Utilities Corp. GMS ID NO.: 09P02863  
CITRUS SPRINGS WWTP PERMIT NO.: DO09-147228

GROUNDWATER MONITORING PLAN (con't):

8. If, at any time, groundwater standards are exceeded at the edge of the zone of discharge, the permittee has fifteen (15) days in which to resample the monitor well(s) to verify the original analysis. Should the permittee choose not to resample, the Department will consider the water quality analysis as representative of current groundwater conditions at the facility.

9. The field testing, sample collection and preservation and laboratory testing, including quality control procedures, shall be in accordance with methods approved by the Department in accordance with Chapter 17-4.246 and 17-3.401, F.A.C. Approved methods as published by the Department or as published in Standard Methods, A.S.T.M. or EPA methods shall be used. Approved methods for chemical analyses are summarized in the Federal Register, December 1, 1976 (41FR52780) except that turbidity shall be measured by the Nephelometric Method.

10. All groundwater monitoring analysis shall be reported on the Department Form 17-1.216(2), Quarterly Report on Groundwater Monitoring. The Permittee shall submit to the Department the results of the groundwater monitoring well water quality analysis no later than the fifteenth (15) day of the month immediately following the end of the sampling period. The results shall be sent to the Department of Environmental Regulation, Southwest District Office, 4520 Oak Fair Boulevard, Tampa, FL 33610.

11. The permittee shall ensure that the water quality standards for Class G-II groundwaters will not be exceeded at the boundary of the zone of discharge according to Sections 17-3.402 and 17-3.404, F.A.C.

12. The permittee shall ensure that the minimum criteria for groundwater specified in Section 17-3.402, F.A.C. shall not be violated within the zone of discharge.

Issued this 6<sup>th</sup> day of  
August, 1988

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION

  
for Richard D. Garry, Ph.D.  
Deputy Assistant Secretary

**Deltona Utilities - 18001**

**Volusia County (DUI)**

**Sewer**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Trachmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

**Permittee:**  
Deltona Utility Consultants, Inc.  
1000 Color Place  
Apopka, Fl 32703

**Attention:** Rafael A. Terrero, P.E.,  
Chief Engineer

**I. D. Number:**  
Permit Number: DC64-174341  
Expiration Date: April 30, 1991  
County: Volusia  
Latitude/Longitude:  
28°52'31"/81°15'07"  
Section/Township/Range  
1 / 19S / 30E  
Project: Deltona Lakes WWTP Reuse  
Modifications

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-600. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

**Construct:** ~~Wastewater treatment plant for Deltona Lakes Wastewater Treatment Plant, Deltona, Florida~~

The improvements include two (2) tertiary filters, two (2) chlorine contact chambers, chemical feed facilities, modifications to the existing chlorination system, standby power and two (2) reclaimed water pumping stations. Class I reliability will be provided. This permit does not include any reuse sites.

**Location:** 401 Fisher Road, Deltona, Volusia County, Florida.

**Treatment Required:** Treatment beyond secondary which results in Total Suspended Solids (TSS) reduction to 5.0 mg/l and high level disinfection. Nitrate Nitrogen in the reclaimed water shall not exceed 12.0 mg/l.

**Operators Required:** This is a Category II, Class C, wastewater treatment plant which requires the service of Class B Certified Lead Operator, and Class C (or higher) certified operator on-site 24 hours per day, seven (7) days per week, as a minimum.

**Other Permits:** Modified Consent Order OGC File No. 84-0172.

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 6

**PERMITTEE:**

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. *The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.*
2. *This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.*
3. *As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.*
4. *This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.*
5. *This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.*
6. *The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.*
7. *The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:*
  - a. *Having access to and copying any records that must be kept under the conditions of the permit.*
  - b. *Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and*
  - c. *Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.*

*Reasonable time may depend on the nature of the concern being investigated.*
8. *If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:*
  - a. *a description of and cause of non-compliance; and*



PERMITTEE:

I.D. Number:  
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Date of Issue:  
Expiration Date:

- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Section 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
13. This permit also constitutes:
- ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of Compliance with State Water Quality Standards  
(Section 40), P.L. 92-500
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following monitoring and record keeping requirements:
- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
- the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.
15. When requested by the department, the permittee shall within a reasonable time furnished any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Deltona Utility Consultants, Inc.

I. D. Number:  
Permit Number: DC64-174341  
Expiration Date: April 30, 1991

Attention: Rafael A. Terrero, P.E.,  
Chief Engineer

SPECIFIC CONDITIONS:

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Sample Point</u>	<u>Recording or sampling Frequency</u>
Flow	A	continuous
Chlorine residual	A	continuous
Turbidity	B	continuous
pH	A	continuous
TSS	B	daily
Fecal coliform	A	daily
BOD <sub>5</sub>	A	weekly
Nitrate (as N)	A	weekly
Total Nitrogen (as N)	A	weekly

"A" = After Disinfection.

"B" = Before Disinfection.

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted to this office on a monthly basis and to Volusia County Environmental Management, by the 15th day of the following month.

2. An operating protocol designed to ensure that the high-level disinfection and TSS treatment requirements will be met before the reclaimed water is released to the public access reclaimed water reuse system shall be developed and submitted to the department for approval within ninety (90) days of permit issuance and every year thereafter.
3. Reclaimed water that fails to meet the minimum treatment requirements as determined by the operating protocol shall not be released into the public access reuse system. Such substandard reclaimed water (reject water) shall be discharged into the appropriate cell of the on-site percolation pond, then discharged to an alternate disposal system or recycled back to the treatment plant for further treatment.
4. Reclaimed water delivered to the public access reuse system shall be adequately chlorinated at all times so as to maintain a minimum total chlorine residual of 1.0 mg/l after a minimum contact period of fifteen (15) minutes (based upon peak flow).

PERMITTEE:  
Deltona Utility Consultants, Inc.

I. D. Number:  
Permit Number: DC64-174341  
Expiration Date: April 30, 1991

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Chief Engineer

**SPECIFIC CONDITIONS:**

5. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge shall be analyzed quarterly and submitted to the department in accordance with Rule 17-7.540(1) and (2), F.A.C., or if not analyzed shall be disposed of at approved sanitary landfills.
6. Operational difficulties shall be immediately reported to both the local pollution control program and the Department of Environmental Regulation.
7. Operation of the treatment plant shall be under the control of Certified Operators, in accordance with Rule 17-602.370, F.A.C., who shall perform the duties required by Rule 17-602.360, F.A.C.
8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit. At this time the permittee shall also submit an operation and maintenance manual for the reuse program and the required cross connection control and inspection program to the department for approval.
9. The applicant shall retain a professional engineer registered in the State of Florida, to observe construction of the project and to assure conformity to the application, plans and specifications as approved. Upon completion of construction, the engineer shall provide the department with a certification of completion of construction on DER Form 17-1.205(3) and record drawings in accordance with Rule 17-600 (Part V), F.A.C. This project, as permitted, shall not be placed in operation until written acceptance of the Certification of Completion has been received from the department.
10. This permit will allow a period of operation during modification and/or following completion of construction, to make minor changes, adjustments etc., to obtain test data to verify that the facility meets design standards, and to obtain an operation permit.
11. A weather resistant structure shall be provided on-site to house the maintenance and operation log for the plant, as required by Rule 17-602.360(e), F.A.C.
12. This permit does not cover any of the structural engineering aspects of this project.

PERMITTEE:  
Deltona Utility Consultants, Inc.

Attention: Rafael A. Terrero, P.E.,  
Chief Engineer

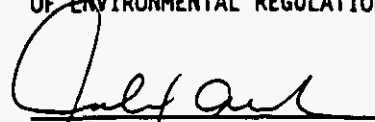
I. D. Number:  
Permit Number: DC64-174341  
Expiration Date: April 30, 1991

**SPECIFIC CONDITIONS:**

13. Where water and sewer mains cross with less than eighteen inches vertical clearance, the sewer will be twenty feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer or reuse main, a separation of at least ten feet or five feet respectively, should be maintained when practical.
14. Maximum obtainable separation of public access reclaimed water lines and domestic water lines shall be maintained. A minimum horizontal separation of five (5) feet (center to center) or three (3) feet (outside to outside) shall be maintained between reclaimed water lines and either potable water lines or sewage collection lines.
15. Where reclaimed water and potable water lines cross with less than eighteen (18) inches vertical clearance, the sewer will be twenty (20) feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing.
16. All reclaimed water valves and outlets shall be appropriately tagged or labeled to warn the public and employees that the water is not intended for drinking. All piping, pipelines, valves, and outlets shall be color coded, or otherwise marked, to differentiate reclaimed water from potable or other water.

ISSUED 5-14-90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION



A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



## Florida Department of Environmental Regulation

Central District • 4319 Maguire Boulevard, Suite 242 • Orlando, Florida 32804-3767 • 407-894-7555

Bob Martinez, Governor

Dele Twachtman, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Permittee:  
Deltona Utilities, Inc.  
1000 Celor Place  
Apopka, FL 32703

Permit/Certification  
Number: CS64-174193R  
Date of Issue:  
Expiration Date: 01/15/92  
County: Volusia  
Section/Township/Range:  
6 / 19S / 31E  
Project: Deltona Hills Golf  
Course Reuse Pumps/Storage Tank  
Connected to: Deltona S.T.P.

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-600. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construction of a reclaimed wastewater transmission system for the Deltona Hills Golf Course Reuse Pumps/Storage Tank, an infrastructure improvement to a new reuse site.

The reclaimed wastewater transmission system shall consist of: (A) 840 L.F. 8" PVC reuse main, (B) a lift station with triplex pumps operating at 1,200 gpm and (C) a 100,000 gallon in-ground storage tank.

Location: Enterprise Road, Deltona Lakes, Volusia County, Florida.

General Conditions are attached to be distributed to the permittee only.

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Section 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
13. This permit also constitutes:
- ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of Compliance with State Water Quality Standards (Section 40), P.L. 92-500
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following monitoring and record keeping requirements:
- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
- the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.
15. When requested by the department, the permittee shall within a reasonable time furnished any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Deltona Utilities, Inc.

Attention: Rafael A. Terrero,  
Chief Engineer


I. D. Number:  
Permit/Certification Number:  
CS64-174193R  
Date of Issue:  
Expiration Date: 01/15/92

SPECIFIC CONDITIONS:

1. Where water and sewer mains cross with less than eighteen inches vertical clearance, the sewer will be twenty feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main, a separation of at least ten feet should be maintained when practical.
2. This construction permit is only for the construction of the sewage collection/transmission system. It does not pertain to any potable water, dredge and fill, or stormwater aspects of this project; additional permits may be required from this office.
3. The applicant shall retain a professional engineer registered in the State of Florida, to observe construction of the project and to assure conformity to the application, plans and specifications as approved. Upon completion of construction, the engineer shall provide the department with a certification of completion of construction on DER Form 17-1.205(8) and record drawings in accordance with Rule 17-604, F.A.C. This project, as permitted, shall not be placed in operation until written acceptance of the Certification of Completion has been received from the department.

ISSUED 1-8-90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803





## Florida Department of Environmental Regulation

Central District • 4419 Maguire Boulevard, Suite 242 • Orlando, Florida 32804-4707 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Permittee:  
Deltona Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

Attention: Rafael A. Terrero, P.E.,  
Chief Engineer

I. D. Number:  
Permit/Certification  
Number: CS64-174192R  
Date of Issue: 1-16-90  
Expiration Date: 02/15/91  
County: Volusia  
Section/Township/Range:  
6 / 19S / 31E  
Project: Deltona Hills Golf  
Course Reuse Main  
Connected to: Deltona Utilities  
Wastewater Treatment Plant

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-600. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construction of a reclaimed water reuse main to convey reclaimed water from the Deltona Utilities wastewater treatment plant, to the Deltona Hills Golf Course and a stub out for future use at the Glen Abbey Golf Course and Florida Power and Light Esaments.

The reclaimed water transmission system shall consist of approximately 17,000 feet of 16" PVC or DIP pipe, 5,000 feet of 12" PVC pipe, associated valves and appertences.

Location: From the Deltona Utilities wastewater treatment plant via Anderson Street, Alexander Avenue, 1st Street West, Abigail Drive, Troy Drive, Abeline Drive, Bailey Drive, Alladin Drive, Baton Drive, Saxon Boulevard and Sumatra Avenue to the vicinity of Stratton Street and then northeast on a Florida Power and Light Company right-of-way to the vicinity of Elkcam Boulevard, Volusia County, Florida.

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 5

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
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  - a. a description of and cause of non-compliance; and

PERMITTEE:

I.D. Number:  
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- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.
- The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.
9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Section 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
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- ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of Compliance with State Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following monitoring and record keeping requirements:
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- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
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- the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.
15. When requested by the department, the permittee shall within a reasonable time furnished any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

ISSUED 1-16-90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

Charles M. Collins

for A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-376 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Permittee:  
Deltona Utility Consultants, Inc.  
1000 Color Place  
Apopka, FL 32703

Attention: Rafael A. Terrero, P.E.,  
Chief Engineer

I. D. Number:  
Permit Number: DC64-174187  
Expiration Date: April 30, 1991  
County: Volusia  
Latitude/Longitude:  
28°52'30"/81°15'0"  
Section/Township/Range  
6 / 19S / 31E  
Project: Deltona Lakes WWTP  
Deltona Hills Golf Course  
Irrigation

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-600. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construct: A 100,000 gallon reclaimed water storage tank, irrigation pump station, and irrigation system improvements necessary for reuse by spray irrigation on the Deltona Hills Golf Course. The design capacity of the site is 0.67 MGD on an annual average daily flow basis.

Location: 1120 Elkcam Road, Deltona, Volusia County, Florida.

Treatment Required: The Deltona Lakes Wastewater Treatment Plant, treatment beyond secondary treatment which results in Total Suspended Solids (TSS) reduction to 5.0 mg/l and high-level disinfection. Nitrate-nitrogen in the reclaimed water shall not exceed 12 mg/l.

Operators Required: The Deltona Lakes Wastewater Treatment Plant, is a Category II, Class C, treatment plant, which requires the service of a Class B Certified Lead Operator, and Class C (or higher) certified operator on-site 24 hours per day, 7 days per week, as a minimum.

Other Permits: Modified Consent Order OGC No. 84-0172.

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 6

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. *The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.*
2. *This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.*
3. *As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.*
4. *This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.*
5. *This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.*
6. *The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.*
7. *The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:*
  - a. *Having access to and copying any records that must be kept under the conditions of the permit.*
  - b. *Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and*
  - c. *Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.*

*Reasonable time may depend on the nature of the concern being investigated.*
8. *If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:*
  - a. *a description of and cause of non-compliance; and*

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Section 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
13. This permit also constitutes:
- Determination of Best Available Control Technology (BACT)
  - Determination of Prevention of Significant Deterioration (PSD)
  - Certification of Compliance with State Water Quality Standards  
(Section 401, PL 92-500)
  - Compliance with New Source Performance Standards
14. The permittee shall comply with the following monitoring and record keeping requirements:
- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
- the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.
15. When requested by the department, the permittee shall within a reasonable time furnished any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Deltona Utility Consultants, Inc.

I. D. Number:  
Permit Number: DC64-174187  
Expiration Date: April 30, 1991

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

**SPECIFIC CONDITIONS:**

1. The required sampling of the reclaimed water at the Deltona Lakes Wastewater Treatment Plant shall be as follows:

<u>Parameter</u>	<u>Sample Point</u>	<u>Recording or sampling Frequency</u>
Flow	A	continuous
Chlorine residual	A	continuous
Turbidity	B	continuous
pH	A	continuous
TSS	B	daily
Fecal coliform	A	daily
BOD <sub>5</sub>	A	weekly
Nitrate Nitrogen as N	A	weekly
Total Nitrogen as N	A	weekly

"A" = After Disinfection.

"B" = Before Disinfection.

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted to this office on a monthly basis and to Volusia County Environmental Management, by the 15th day of the following month.

2. Reclaimed water that fails to meet the minimum treatment requirements as determined by the operating protocol shall not be released into the public access reuse system. Such substandard reclaimed water (reject water) shall be discharged into an alternate disposal system or recycled back to the treatment plant for further treatment.
3. Reclaimed water delivered to the public access reuse system shall be adequately chlorinated at all times so as to maintain a minimum total chlorine residual of 1.0 mg/l after a minimum contact period of fifteen (15) minutes (based upon peak flow).
4. Daily flow records shall be maintained for all reclaimed water reuse sites, and submitted to the department with the Monthly Operation Reports.
5. Groundwater monitoring shall be performed in accordance with the attached Groundwater Monitoring Plan Implementation Schedule.
6. Facilities discharging to groundwater shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.

DER FORM 17-1.201 (5) Effective November 30, 1982 Page 4 of 6



PERMITTEE:  
Deltona Utility Consultants, Inc.

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

I. D. Number:  
Permit Number: DC64-174187  
Expiration Date: April 30, 1991

SPECIFIC CONDITIONS:

7. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
8. Operational difficulties shall be immediately reported to both the local pollution control program and the Department of Environmental Regulation.
9. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit. At this time an operation and maintenance manual for the reuse system shall be submitted to the department for approval.
10. This reuse irrigation system shall not be placed in operation until the Deltona Lakes Wastewater Treatment Plant has demonstrated compliance operation with the treatment and disinfection requirements of Rule 17-600.440(5), and until written approval has been received from the department.
11. The applicant shall retain a professional engineer registered in the State of Florida, to observe construction of the project and to assure conformity to the application, plans and specifications as approved. Upon completion of construction, the engineer shall provide the department with a certification of completion of construction on DER Form 17-1.205(3) and record drawings in accordance with Rule 17-600 (Part V), F.A.C. This project, as permitted, shall not be placed in operation until written acceptance of the Certification of Completion has been received from the department.
12. This permit does not cover any of the structural engineering aspects of this project.
13. This permit will allow a period of operation during modification and/or following completion of construction, to make minor changes, adjustments etc., to obtain test data to verify that the facility meets design standards, and to obtain an operation permit.
14. Maximum obtainable separation of public access reclaimed water lines and domestic water lines shall be maintained. A minimum horizontal separation of five (5) feet (center to center) or three (3) feet (outside to outside) shall be maintained between reclaimed water lines and either potable water lines or sewage collection lines.

PERMITTEE:  
Deltona Utility Consultants, Inc.

I. D. Number:  
Permit Number: DC64-174187  
Expiration Date: April 30, 1991

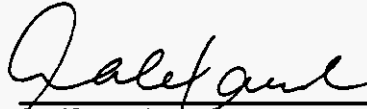
Attention: Rafael A. Terrero, P.E.  
Chief Engineer

SPECIFIC CONDITIONS:

15. Where reclaimed water and potable water lines cross with less than eighteen (18) inches vertical clearance, the sewer will be twenty (20) feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing.
16. All reclaimed water valves and outlets shall be appropriately tagged or labeled to warn the public and employees that the water is not intended for drinking. All piping, pipelines, valves, and outlets shall be color coded, or otherwise marked, to differentiate reclaimed water from potable or other water.
17. Signs shall be posted in the vicinity of the reclaimed water reuse irrigation system advising the public that reuse is practiced.

ISSUED 4-26-90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION



A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

C. Chris A.  
Robert R.



# Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32805-3767  
Lawson Chiles, Governor Carol M. Browner, Secretary

JUL 18 1991  
RECORDED

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Attention: Rafael Terraro, P.E.

Volusia County - DW  
Glen Abbey Golf Course/Wet Weather Storage  
Permit No. DC64-177249  
Modification of Conditions

Dear Mr. Terraro:

We are in receipt of your request for modification of the permit conditions.  
The conditions are changed as follows:

Construct: An additional 9.0 million gallon wet weather storage pond at the  
Glen Abbey Golf Course for reclaimed water from the Deltona Lakes Wastewater  
Treatment Facility.

This letter must be attached to Permit DC64-177249 and becomes a part of that  
permit.

Sincerely,

A. Alexander  
District Director

DATE: 7-18-91

ccf  
AA/jp/am





## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

**Permittee:**  
Deltona Utility Consultants, Inc.  
1000 Color Place  
Apopka, FL 32703  
  
**Attention:** Rafael A. Terrero, P.E.,  
Chief Engineer

**I. D. Number:**  
Permit Number: DC64-177249  
Expiration Date: April 30, 1991  
County: Volusia  
Latitude/Longitude:  
28°52'30"/81°15'0"  
Section/Township/Range  
6 / 19S / 31E  
Project: Deltona Lakes WWTP  
Glen Abbey Golf Course  
Irrigation

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-600. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

**Construct:** Reclaimed water storage pond improvements and irrigation system improvements necessary for reuse by spray irrigation on the Glen Abbey Golf Course. The design capacity of the site is 0.42 MGD on an annual average daily flow basis.

**Location:** 391 North Pine Meadow Drive, Debary, Volusia County, Florida.

**Treatment Required:** At the Deltona Lakes Wastewater Treatment Plant, treatment beyond secondary treatment which results in Total Suspended Solids (TSS) reduction to 5.0 mg/l and high-level disinfection.

**Operators Required:** The Deltona Lakes Wastewater Treatment Plant, is a Category II, Class C, treatment plant, which requires the service of a Class B Certified Lead Operator, and Class C (or higher) certified operator on-site 24 hours per day, 7 days per week, as a minimum.

**Other Permits:** Modified Consent Order OGC No. 84-0172; DC64-174187 expires 4/30/91; DC64-174341 expires 4/30/91; DC64-174190 expires 4/30/91.

General Conditions are attached to be distributed to the permittee only.

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Section 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
13. This permit also constitutes:
- ( ) Determination of Best Available Control Technology (RACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of Compliance with State Water Quality Standards  
(Section 401, Pt. 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following monitoring and record keeping requirements:
- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
- the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.
15. When requested by the department, the permittee shall within a reasonable time furnished any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Deltona Utility Consultants, Inc.

I. D. Number:  
Permit Number: DC64-177249  
Expiration Date: April 30, 1991

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

SPECIFIC CONDITIONS:

1. The required sampling of the reclaimed water at the Deltona Lakes Wastewater Treatment Plant shall be as follows:

<u>Parameter</u>	<u>Sample Point</u>	<u>Recording or sampling Frequency</u>
Flow	A	continuous
Chlorine residual	A	continuous
Turbidity	B	continuous
pH	A	continuous
TSS	B	daily
Fecal coliform	A	daily
BOD <sub>5</sub>	A	weekly
Nitrate Nitrogen as N	A	weekly
Total Nitrogen as N	A	weekly

"A" - After Disinfection.

"B" - Before Disinfection.

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted to this office on a monthly basis and to Volusia County Environmental Management, by the 15th day of the following month.

2. By November 1, 1990 the permittee shall provide a minimum of 5 days flow or 4.5 million gallons of additional wet weather storage capacity which will satisfy the requirement for a total of 8 days flow or 7.2 million gallons.
3. Reclaimed water that fails to meet the minimum treatment requirements as determined by the operating protocol shall not be released into the public access reuse system. Such substandard reclaimed water (reject water) shall be discharged into an alternate disposal system or recycled back to the treatment plant for further treatment.
4. Reclaimed water delivered to the public access reuse system shall be adequately chlorinated at all times so as to maintain a minimum total chlorine residual of 1.0 mg/l after a minimum contact period of fifteen (15) minutes (based upon maximum daily flow).
5. Daily flow records shall be maintained for all reclaimed water reuse sites, and submitted to the department with the Monthly Operation Reports.

PERMITTEE:  
Deltona Utility Consultants, Inc.  
Attention: Rafael A. Terrero, P.E.  
Chief Engineer

I. D. Number:  
Permit Number: DC64-177249  
Expiration Date: April 30, 1991

SPECIFIC CONDITIONS:

6. Groundwater monitoring shall be performed in accordance with the attached Groundwater Monitoring Plan Implementation Schedule.
7. Facilities discharging to groundwater shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
8. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
9. Operational difficulties shall be immediately reported to both the local pollution control program and the Department of Environmental Regulation.
10. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit. At this time an operation and maintenance manual for the reuse system shall be submitted to the department for approval.
11. This reuse irrigation system shall not be placed in operation until an application for permission to place the public access reuse system in operation (Form 17-610.910(3)) has been received and approved by the department and until the Deltona Lakes Wastewater Treatment Plant has demonstrated compliance operation with the treatment and disinfection requirements of Rule 17-600.440(5).
12. The applicant shall retain a professional engineer registered in the State of Florida, to observe construction of the project and to assure conformity to the application, plans and specifications as approved. Upon completion of construction, the engineer shall provide the department with a certification of completion of construction on DER Form 17-610.910(6) and record drawings in accordance with Rule 17-600 (Part V), F.A.C. This project, as permitted, shall not be placed in operation until written acceptance of the Certification of Completion has been received from the department.
13. This permit does not cover any of the structural engineering aspects of this project.



PERMITTEE:  
Deltona Utility Consultants, Inc.

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

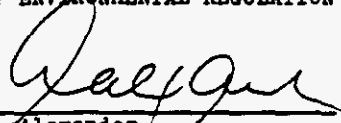
I. D. Number:  
Permit Number: DC64-177249  
Expiration Date: April 30, 1991

SPECIFIC CONDITIONS:

14. This permit will allow a period of operation following certification of completion of construction, to make minor changes, adjustments etc., to obtain test data to verify that the facility meets design standards, and to obtain an operation permit.
15. Maximum obtainable separation of public access reclaimed water lines and domestic water lines shall be maintained. A minimum horizontal separation of five (5) feet (center to center) or three (3) feet (outside to outside) shall be maintained between reclaimed water lines and either potable water lines or sewage collection lines.
16. Where reclaimed water and potable water lines cross with less than eighteen (18) inches vertical clearance, the sewer will be twenty (20) feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing.
17. All reclaimed water valves and outlets shall be appropriately tagged or labeled to warn the public and employees that the water is not intended for drinking. All piping, pipelines, valves, and outlets shall be color coded, or otherwise marked, to differentiate reclaimed water from potable or other water.
18. Signs shall be posted in the vicinity of the reclaimed water reuse irrigation system advising the public that reuse is practiced.

ISSUED 7-27-90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



# Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

**Permittee:**  
Southern States Utility Services  
1000 Color Place  
Apopka, FL 32703

**Attention:** Rafael A. Terrero, P.E.  
Chief Engineer

**I. D. Number:**  
Permit/Certification  
Number: CS64-177973R  
Date of Issue:  
Expiration Date: 07/01/92  
County: Volusia  
Section/Township/Range:  
19 / 18S / 31E  
24,25,26 / 18S / 30E  
Project: Glenn Abbey Golf Club  
Reclaimed Water  
Transmission Main  
Connected to: Deltona Lakes,  
S.T.P.

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-600. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

~~Construction of a Reclaimed Water Transmission System for the Glenn Abbey Golf Club, Deltona Lakes, S.T.P., for irrigation purposes.~~

The reclaimed water transmission system shall consist of: (A) 21,850 LF of 12" DIP reuse main and (B) associated hardware.

Location: Beginning at Sumatra Avenue in the Deltona Subdivision, running west and south to Glenn Abbey Golf Club, Volusia County, Florida.

General Conditions are attached to be distributed to the permittee only.

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. *The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.*
2. *This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.*
3. *As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.*
4. *This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.*
5. *This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.*
6. *The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.*
7. *The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:*
  - a. *Having access to and copying any records that must be kept under the conditions of the permit.*
  - b. *Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and*
  - c. *Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.*

*Reasonable time may depend on the nature of the concern being investigated.*
8. *If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:*
  - a. *a description of and cause of non-compliance; and*

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Section 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
13. This permit also constitutes:
- ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of Compliance with State Water Quality Standards  
(Section 401, P.L. 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following monitoring and record keeping requirements:
- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
- the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.
15. When requested by the department, the permittee shall within a reasonable time furnished any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Southern States Utility Services  
Attention: Rafael A. Terrero, P.E.  
Chief Engineer

I. D. Number:  
Permit/Certification Number:  
CS64-177973R  
Date of Issue:  
Expiration Date: 07/01/92

SPECIFIC CONDITIONS:

1. Where water and sewer mains cross with less than eighteen inches vertical clearance, the sewer will be twenty feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main, a separation of at least ten feet should be maintained when practical.
2. This construction permit is only for the construction of the sewage collection/transmission system. It does not pertain to any potable water, dredge and fill, or stormwater aspects of this project; additional permits may be required from this office.
3. The applicant shall retain a professional engineer registered in the State of Florida, to observe construction of the project and to assure conformity to the application, plans and specifications as approved. Upon completion of construction, the engineer shall provide the department with a certification of completion of construction on DER Form 17-1.205(8) and record drawings in accordance with Rule 17-604, F.A.C. This project, as permitted, shall not be placed in operation until written acceptance of the Certification of Completion has been received from the department.
4. Maximum obtainable separation of reclaimed water lines and domestic water lines shall be maintained. A minimum horizontal separation of five (5) feet (center to center or three (3) feet (outside to outside) shall be maintained between reclaimed water lines and either potable water mains or sewage collection lines.
5. Where reclaimed water and potable water lines cross with less than eighteen (18) inches vertical clearance, the sewer will be twenty (20) feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing.

6. All reclaimed water valves and outlets shall be appropriately tagged or labeled to warn the public and employees that the water is not intended for drinking. All piping, pipelines, valves and outlets shall be color coded, or otherwise marked, to differentiate reclaimed water from potable or other water.

ISSUED 4-26-90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION



A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Christine Arcand,  
Permit Coordinator

Volusia County - DW  
Deltona Lakes W.W.T.P.  
Permit No. DC64-165975  
Modification of Conditions

Dear Ms. Arcand:

We are in receipt of your request for modification of the permit conditions.  
The expiration date is changed as follows:

FROM

April 1, 1992

TO

February 1, 1993

This letter must be attached to Permit DC64-165975 and becomes a part of that permit.

Sincerely,

  
A. Alexander  
District Director

DATE: 2-5-92

WF  
AA/dj/am

cc: Volusia County  
Environmental Management

**RECEIVED**

FEB 6 1992

ENGINEERING DEPT.



0651



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utility Services  
1000 Color Place  
Apopka, FL 32703  
  
Attention: Charles Wood, Vice President

I. D. Number: 3064PO0443  
Permit Number: DC64-165975  
Expiration Date: 04/01/92  
County: Volusia  
Latitude/Longitude:  
28°52'31"/81°15'07"  
Section/Township/Range  
1 / 19S / 30E  
Project: Deltona Lakes, STP  
0.5 MGD Expansion

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-600 and 17-610. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construct: ~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~ through construction of new headworks, an oxidation ditch with intrachannel clarifier, sludge thickening, sludge drying bed and associated appurtenances.

Location: 401 Fisher Road, Deltona, Volusia County, Florida.

Treatment Required: Treatment beyond secondary which results in Total Suspended Solids (TSS) not to exceed 5.0 mg/l and high level disinfection. The concentration of Nitrate Nitrogen (NO<sub>3</sub>) in the reclaimed water shall not exceed 12.0 mg/l.

Operators Required: This is a Class B, Category II treatment facility. In accordance with Chapter 17-602, F.A.C. an operator of minimum certification Class C shall be on-site for twenty four (24) hours a day for seven (7) days a week. The lead/chief operator must be Class B, or higher.

Other Permits: DC64-174341, DC64-174187, DC64-177249, DC64-174190 and DC64-177248.

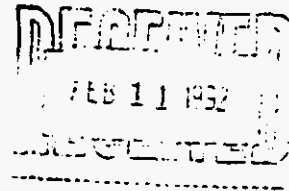
General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 6





(pnr)



PERMIT NOTIFICATION FORM

TO: Brian Armstrong  
Mel Fisher  
Frank Sanderson  
Project Engineer: Robert Regalado  
Area Supervisor: Joe Roberts

DATE: February 10, 1992

Attached for your use is a copy of the following:

FLORIDA DEPT. OF ENVIRONMENTAL REGULATION  
MODIFICATION OF PERMIT CONDITIONS  
DELTONA LAKES W.W.T.P.  
VOLUSIA COUNTY

PLEASE ATTACH THIS LETTER TO PERMIT DC64-165975.

Please let me know if you have any questions.

Christine Arcand  
Permit Coordinator  
(EXT. 439)

cc: Charles E. Wood  
Rafael Terrero  
Woody Hendricks

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. *The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.*
2. *This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.*
3. *As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.*
4. *This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.*
5. *This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.*
6. *The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.*
7. *The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:*
  - a. *Having access to and copying any records that must be kept under the conditions of the permit.*
  - b. *Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and*
  - c. *Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.*

*Reasonable time may depend on the nature of the concern being investigated.*
8. *If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:*
  - a. *a description of and cause of non-compliance; and*

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for a. and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Section 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
13. This permit also constitutes:
- ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of Compliance with State Water Quality Standards  
(Section 401, P.L. 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following monitoring and record keeping requirements:
- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
- the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.
15. When requested by the department, the permittee shall within a reasonable time furnished any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Southern States Utility Services  
Attention: Charles Wood, Vice President

I. D. Number: 3064PO0443  
Permit Number: DC64-165975  
Expiration Date: 04/01/92

SPECIFIC CONDITIONS:

1. The required sampling of the reclaimed water at the Deltona Lakes Treatment Plant shall be as follows:

ops

<u>Parameter</u>	<u>Sample Point</u>	<u>Recording or sampling Frequency</u>
Flow	(a)	continuous
Chlorine residual	(a)	continuous
Turbidity	(b)	continuous
pH	(a)	continuous
TSS	(b)	daily
Fecal coliform	(a)	daily
BOD <sub>5</sub>	(a)	weekly
Nitrate Nitrogen as N	(a)	weekly

(a) after disinfection (b) before disinfection

The sampling and analysis required above shall be in accordance with Chapter 17-601, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office and to Volusia County Environmental Management, by the 15th day of the following month.

- ops
3. Reclaimed water delivered to the public access reuse system shall be adequately chlorinated at all times so as to maintain a minimum total chlorine residual of 1.0 mg/l after a minimum contact period of fifteen (15) minutes (based upon maximum daily flow). Reclaimed water discharged to restricted access alternate disposal systems requires a minimum chlorine residual of 0.5 mg/l.
- ops
4. Daily flow records shall be maintained for all reclaimed water reuse/disposal sites and a summary submitted to the department with the Monthly Operating Reports.
- ops
5. The reclaimed water facilities discharging to ground waters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.

PERMITTEE:  
Southern States Utility Services  
Attention: Charles Wood, Vice President

I. D. Number: 3064PO0443  
Permit Number: DC64-165975  
Expiration Date: 04/01/92

SPECIFIC CONDITIONS:

6. Domestic residual (sludge) disposal shall be in accordance with Rule 17-640, F.A.C. Residuals shall be analyzed quarterly and submitted to the department. Agricultural land use plans shall be submitted annually on forms approved by the department.  
*OPS/ENG*
7. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.  
*ENG*
8. Operation of the treatment plant shall be under the control of Certified Operators, in accordance with Rule 17-602.370, F.A.C., who shall perform the duties required by Rule 17-602.360 F.A.C.  
*OPS*
9. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit.  
*ENG*
10. The applicant shall retain a professional engineer registered in the State of Florida, to observe construction of the project and to assure conformity to the application, plans and specifications as approved. Upon completion of construction, the engineer shall provide the department with a certification of completion of construction on DER Form 17-1.205(3) and record drawings in accordance with Rule 17-600 (Part V), F.A.C. This project, as permitted, shall not be placed in operation until written acceptance of the Certification of Completion has been received from the department.  
*ENG*
11. This permit will allow a period of operation following certification of completion of construction, to make minor changes, adjustments etc., to obtain test data to verify that the facility meets design standards, and to obtain an operation permit.  
*ENG*
12. A weather resistant structure shall be provided on-site to house the maintenance and operation log for the plant, as required by Rule 17-602.360(e), F.A.C.  
*OPS*
13. This permit does not cover any of the structural engineering aspects of this project.  
*ENG*

PERMITTEE:  
Southern States Utility Services  
Attention: Charles Wood, Vice President

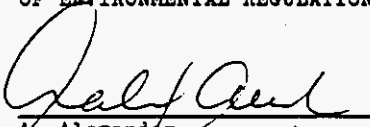
I. D. Number: 3064POO443  
Permit Number: DC64-165975  
Expiration Date: 04/01/92

SPECIFIC CONDITIONS:

- ENG 14. Where water and sewer mains cross with less than eighteen inches vertical clearance, the sewer will be twenty feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer or reuse main, a separation of at least ten feet or five feet respectively, should be maintained when practical.
- ENG 15. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

ISSUED 4-30-82

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
K. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utility Services  
1000 Color Place  
Apopka, FL 32703

I. D. Number: 3064P00443  
Permit Number: D064-196923  
Expiration Date: 01/07/97  
County: Volusia  
Project: Deltona Lakes Reuse  
Service Area, W.W.T.P.

Attention: Rafael A. Terraro, P.E.  
Chief Engineer

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-600, and 17-610 F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

Operate: A 0.900 MGD design capacity activated sludge (oxidation ditch) wastewater treatment facility with chemical feed facilities, tertiary filtration, and high-level disinfection. The disinfected reclaimed water is discharged to ground water via irrigation at the Glen Abby Golf Course (0.420 MGD) and Deltona Hills Golf Course (0.670 MGD), on-site percolation/reject pond (0.050 MGD) and no discharge to surface waters. Wet-weather storage includes on-site reuse holding pond (0.932 MG), reclaimed water holding tank (0.100 MG) and wet weather holding ponds (4.3 MG) at Deltona Hills Golf Course) and wet weather holding ponds at Glen Abbey Golf Course (7.2 MG). The on-site percolation/reject pond has a volume of 1.75 MG.

Treatment Plant Location: 401 Fisher Drive, Deltona Lakes Subdivision, Volusia County, Florida. The golf courses are located as shown on the attached service area map.

Treatment Required: Treatment beyond secondary such that Total Suspended Solids (TSS) not exceed 5.0 mg/L and high-level disinfection. For discharge to the on-site percolation/reject pond, secondary treatment and basic disinfection and Nitrate Nitrogen not to exceed 12.0 mg/L.

Operators Required: This is a Class C, Category II treatment facility. In accordance with Chapter 17-602, F.A.C. an operator of minimum certification Class C shall be on-site for 24 hours per day for seven (7) days per week.

Other Permits: DC64-177248, Florida Power Easement Irrigation, expires October 31, 1992; DC64-165975, 0.5 MGD Expansion/ Surge Tank, expires April 1, 1992.

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 7



0659

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.227, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
  - (a) Have access to and copy any records that must be kept under conditions of the permit;
  - (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
  - (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
  - (a) A description of and cause of noncompliance; and
  - (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.



GENERAL CONDITIONS:

1. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.113, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
2. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
3. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
4. This permit or a copy thereof shall be kept at the work site of the permitted activity.
5. This permit also constitutes:
  - (1) Determination of Best Available Control Technology (BACT)
  - (2) Determination of Prevention of Significant Deterioration (PSD)
  - (3) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - (4) Compliance with New Source Performance Standards
6. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
7. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utility Services

I. D. Number: 3064P00443  
Permit Number: 0064-196923  
Expiration Date: 07/07/97

Attention: Rafael A. Terraro, P.E.  
Chief Engineer

SPECIFIC CONDITIONS:

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Sample Point</u>	<u>Recording or sampling Frequency</u>
Flow	A	continuous
Chlorine residual	A	continuous
Turbidity	B	continuous
pH	A	continuous
CBOD <sub>5</sub>	A	weekly
TSS	B	daily
Fecal coliform	A	daily
Nitrate as N	A	weekly

A - After Disinfection

B - Before Disinfection

The sampling and analysis required above shall be in accordance with Chapter 17-601, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office and to Volusia County Environmental Management, by the 28th day of the following month.

2. Reclaimed water delivered to the public access reuse systems shall be adequately chlorinated at all times so as to maintain 1.0 mg/L total chlorine residual after a minimum contact period of 15 minutes (based upon peak hourly flow) or as required to comply with Rule 17-600.440(5), F.A.C.
3. Groundwater monitoring shall be performed in accordance with the previously approved groundwater monitoring plan, with the following modifications:

Reporting Frequency: The ground water monitoring data shall be reported according to the following schedule:

<u>Sample Period</u>	<u>Report Due Date</u>
1st Quarter (January-March)	April 15
2nd Quarter (April-June)	July 15
3rd Quarter (July-September)	October 15
4th Quarter (October-December)	January 15

Samples can be taken any time within the quarter. All analyses, however, shall be submitted to the department no later than the fifteenth (15) day after the end of each quarter.

Reporting Format: Complete the "Ground Water Monitoring Yearly Report" and prepare data graphs for each monitoring well. The yearly report and graphs shall be submitted along with your next Quarterly groundwater monitoring reports and once each year thereafter.

PERMITTEE:  
Southern States Utility Services

I. D. Number: 3064P00443  
Permit Number: D064-196923  
Expiration Date: 07/07/97

Attention: Rafael A. Terraro, P.E.  
Chief Engineer

SPECIFIC CONDITIONS:

- SPS 4. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
- SPS 5. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
- SPS 6. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
- SPS 7. Operational difficulties, which may cause or result in non-compliance with the requirements of this permit, shall be reported within 24 hours to both the local pollution control program and to the Department.
- ENGR 8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.
- ENGR 9. Domestic residual (sludge) disposal shall be in accordance with Rule 17-640, F.A.C. Residuals shall be analyzed quarterly and the results submitted to the Department. Agricultural Use Plans (AUP's) shall be submitted annually on forms approved by the Department beginning one year from the date of permit issuance. The present approved AUP's identify land spreading of residuals on 24 acres at the Henry 2 Site and 37.5 acres at the Huffman 1 Site in Volusia County. Dedicated areas are recommended at these sites to accurately complete the Residuals Record Form.
- SPS 10. Pond maintenance shall include periodically scraping the bottom to remove solids, emergent vegetation and silt deposits. Vegetation along the berms shall be kept mowed for aesthetic purposes and to allow visual inspection of the berm slopes for erosion and deterioration.

PERMITTEE:  
Southern States Utility Services

I. D. Number: 3064P00443  
Permit Number: D064-196923  
Expiration Date: 07/07/97

Attention: Rafael A. Terraro, P.E.  
Chief Engineer

SPECIFIC CONDITIONS:

- ENG OPS
11. Where water and sewer or reclaimed water mains cross with less than eighteen inches vertical clearance, the sewer will be twenty feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer or reuse main, a separation of at least ten feet or five feet respectively, should be maintained when practical.
- ENG OPS
12. Maximum obtainable separation of reclaimed water mains and domestic water mains shall be maintained. A minimum horizontal separation of five (5) feet (center to center) or three (3) feet (outside to outside) shall be maintained between reclaimed water mains and sewage mains. Where a horizontal separation of five (5) feet cannot be maintained between reclaimed water mains and either potable water mains or sewage mains, the reclaimed water main shall be either ductile iron pipe, concrete encased vitrified clay pipe or concrete encased PVC pipe.
- OPS
13. Reclaimed water that fails to meet minimum treatment requirements as determined by the operation protocol, shall not be released into system storage or the reuse systems. Such substandard reclaimed water (reject water) shall be discharged into the reject pond and returned to the plant for proper treatment. Operating protocols shall be updated annually and submitted to the Department for approval.
- OPS
14. All reclaimed water valves and outlets shall be contained in underground service vaults and shall be appropriately tagged or labeled to warn the public and employees that the water is not intended for drinking. All piping, pipelines, valves and outlets shall be color coded, or otherwise marked, to differentiate reclaimed water from potable or other water.
- ENG
15. Connection of additional reuse sites within the reuse service area (except edible crops) which are not shown on the attached table or authorized by this permit, will require submittal of Form 17-610.910(7) (copy enclosed) when the anticipated capacity exceeds 100,000 gpd. The Department recommend the utility provide notification and information on sites which capacities less than 100,000 gpd to enable tracking of total reuse capacity.
- OPS
16. Low trajectory nozzles are required within 100 feet of public eating drinking or bathing facilities.
- OPS
17. A minimum of residential dual check valve is required on potable water lines at each residential site which is serviced with reclaimed water.
- OPS
18. Signs shall be posted in the vicinity of public reclaimed water reuse irrigation systems, advising the public that reuse is practiced.

PERMITTEE:  
Southern States Utility Services

I. D. Number: 3064P00443  
Permit Number: D064-196923  
Expiration Date: 07/07/97

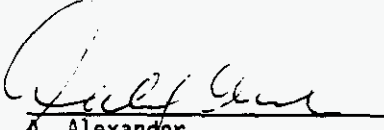
Attention: Rafael; A. Terraro, P.E.  
Chief Engineer

SPECIFIC CONDITIONS:

- OPS 19. Daily flow records for reclaimed water discharged to each golf course reuse system shall be maintained and a summary submitted each month with the MOR'S.
- ENG 20. Future reuse on sites with edible crops and reuse sites outside the designated service area, will require permit modification utilizing Form 17-610.910(1) (Copy enclosed).
- ENG 21. Future reuse sites exceeding 100,000 gpd may require a groundwater monitoring plan.
- OPS 22. Wastewater treatment facilities with a permitted capacity of 100,000 gpd or greater that discharge to ground waters via reuse and land application systems shall monitor reclaimed water or effluent for the primary and secondary drinking water standards contained in Chapter 17-550, F.A.C., except for turbidity, total coliforms, color and corrosivity. These monitoring results shall be submitted to this office annually, from the date of this permit, on the "Reclaimed Water or Effluent Analysis Report", Form 17-601.900(4), copy enclosed.

ISSUED 1-17-97

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
District Director  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803-3767



Permit No. FL0024546  
Minor Non-POTW

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION IV  
345 COURTLAND STREET  
ATLANTA, GEORGIA 30368

AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et. seq; the "Act"),

~~XXXXXXXXXXXXXXXXXXXX~~  
3250 S.W. Third Avenue  
Miami, Florida 33129

is authorized to discharge from a facility located at

Fisher Drive at Providence  
Volusia County  
Deltona, Florida

to receiving waters named

Lake Monroe

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, and III hereof. The permit consists of this cover sheet, Part I 4 pages, Part II 15 pages and Part III 1 page.

This permit shall become effective on October 1, 1988

This permit and the authorization to discharge shall expire at midnight,  
September 30, 1993

September 29, 1988  
Date Signed

  
Bruce R. Barretts, Director  
Water Management Division

#18001

**Fisherman's Haven - 673**

**Martin County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



Florida Department of Environmental Regulation

Southeast District • 1900 S. Congress Ave., Suite A • West Palm Beach, Florida 33410

Linton Chiles, Governor

Telephone: 407-433-2650

Carol M. Browner, Secretary

Fax: 407-433-2666

SEP 12 1991

SEP 18 1991

Martin County  
DW - Fisherman's Haven  
Wastewater Management  
Facility

~~CONFIDENTIAL~~  
PERMIT DC 43-150277

Mr. Charles Sweat, President  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

Dear Mr. Sweat:

The following is in response to the May 21, 1991, letter from Christine Arcand of SSU, Inc. Three items were presented in the letter. The following correspond to the item numbers of that letter.

~~The expiration date of permit DC 43-150277 will be extended to February 28, 1992, under a separate letter from the Department.~~

2. The Department has received a proposed groundwater monitoring plan for the facility. The Department has contacted your engineer by telephone on July 9 and August 16, 1991, and discussed the plan. To date the groundwater monitoring remains incomplete. The Department requests the groundwater issues be resolved. Please contact Indar Jagarine of this office at (407) 433-2650 for discussion of the groundwater issues.

Please note specific condition #15 of the permit states:

15. In the event the sampling results from the well indicate any parameters in violation of groundwater standards, the permittee will be required to choose one of the following alternatives:

- a) Upgrade the facility to provide a higher level of treatment in compliance with F.A.C. Chapter 17-610.
- b) Provide an alternate means of disposal within a distance of 500 feet or greater from the on-site potable water wells.
- c) Abandon potable water wells in accordance with F.A.C. Rule 17-21.10(4). A permit is necessary to be obtained from South Florida Water Management District for abandonment of wells.

Depending on the magnitude and nature of the potential violation it may be necessary to clean up the groundwater.







# Florida Department of Environmental Regulation

Southeast District • 1900 S. Congress Ave., Suite A • West Palm Beach, Florida 33406 • 407-964-9668

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Scott Benyon, Deputy Assistant Secretary

PERMITTEE:  
Mr. Charles L. Sweat, President  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

I.D. NUMBER: 5143PO3377  
PERMIT/CERTIFICATION NUMBERS: DC 43-150277  
DATE OF ISSUE: FEB 20 1990  
EXPIRATION DATE: FEB 20 1991  
COUNTY: Martin  
LATITUDE/LONGITUDE: 27°14'07"N/80°13'17"W  
SECTION/TOWNSHIP/RANGE: 27/37S/41E  
PROJECT: Fisherman's Haven Wastewater  
Management Facility Plant and Drainfield  
Modification

This permit is issued under the provisions of Chapter 403.087, Florida Statutes, and Florida Administrative Code Rules 17-4 & 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

**TO CONSTRUCT:** Modifications to an existing 0.025 MGD extended aeration wastewater management facility with effluent disposal via a percolation pond. Construction will consist of addition of a flow splitter box with a bar screen and new pumps and control panel to the existing 5,000 gallon aerated surge basin with a high level overflow to the aeration basins, conversion of the existing 500 gallon chlorine contact chamber to a filter dosing tank, addition of a filter dosing pump, two (2) three foot diameter multimedia gravity filters with filter backwash back to the surge basin, activation of existing 5,000 gallon baffled backwash holding/clearwell/chlorine contact chamber, a gas chlorination system with fiberglass housing and automatic switchover using recycled effluent for vehicle water, a recording/totalizer flow meter, a three (3) valve distribution box, and 4,325 sq. ft. of drainfield divided into two (2) calls to replace a previously installed temporary field. A ground water monitoring program will be implemented.

Existing treatment consists of 20,000 gallons (4 tanks) of aeration capacity, 2 blower/motor units each sized to supply plant air demand with the other unit out-of-service, 6,000 gallons of clarifier capacity with 71.8 sq. ft. of surface area and 10.67 ft. of weir and a 2,980 sq. ft. percolation pond with a proposed high level overflow to the north of the pond. Solids processing consist of a 5,000 gallon aerobic digester, stabilization by lime if stabilization criteria cannot be met by aerobic conditions and disposal is by offsite land application. A portable power generator can be obtained for periods of commercial power outages.

**IN ACCORDANCE WITH:** The application, DER Form 17-1.205(1), \$50.00 processing fee and plans received June 2, 1988 and the additional information received on August 29, 1988 (itemized response, engineering report, soils report), December 7, 1988 (itemized response, plans, sludge analysis, pg. 17 of 31), January 25, 1989 (itemized response), April 19, 1989 (itemized response, plans), July 20, 1989 (letter), September 20, 1989 (letter), December 19, 1989 (itemized response, plans) and the Public Notice published January 31, 1990 in the Stuart News.

**LOCATED AT:** The end of 19th Street in the Fisherman's Haven Subdivision, which is located approximately .33 miles north of Palmer Road (SR 707) on the west side of Dixie Highway in Jensen Beach, Florida.

**TO SERVE:** The Fisherman's Haven residential subdivision which consists of 137 connections of duplexes and small homes.

**SUBJECT TO:** General Conditions 1-15 and Specific Condition 1-17.

Page 1 of 7

DER Form 17-1.201(5)  
Effective November 30, 1982

0669

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections .03.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.

3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.

4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.

6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

- (a) Have access to and copy any records that must be kept under conditions of the permit;
- (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

- (a) A description of and cause of noncompliance; and
- (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following:

- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
- (c) Records of monitoring information shall include:
  - 1. the date, exact place, and time of sampling or measurements;
  - 2. the person responsible for performing the sampling or measurements;
  - 3. the dates analyses were performed;
  - 4. the person responsible for performing the analyses;
  - 5. the analytical techniques or methods used;
  - 6. the results of such analyses.

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Mr. Charles L. Sweat, President  
Southern States Utilities, Inc.

I.D. NUMBER: 5143PO3377  
PERMIT/CERTIFICATION NUMBERS: DC 43-150277  
DATE OF ISSUE: FEB 20 1990  
EXPIRATION DATE: FEB 20 1991

**SPECIFIC CONDITIONS:**

1. Sampling, reporting and effluent limitations for this Wastewater Treatment Plant (WWTP) for the period allowed to operate under this permit shall be in accordance with Florida Administrative Code (FAC) Chapters 17-19 and 17-600 and are as follows:

PARAMETER	EFFLUENT LIMIT	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
Flow	(b) MGD	Daily, 5/wk.	Recording Flow Meter	Effluent
BOD <sub>5</sub>	(a) mg/l	Monthly	(d) Grab	Effluent
TSS	(a) mg/l	Monthly	(d) Grab	Effluent
pH units	6.0 to 8.5	Daily, 5/wk.	Grab	Effluent
Chlorine Residual	(c) Min. 1.0 mg/l	Daily, 5/wk.	Grab	Effluent
Fecal Coliforms	Avg. 200/100 ml Max. 800/100 ml	Quarterly	(d) Grab	Effluent

(a) Limits, Maximum (mg/l).

	annual	monthly	weekly	one time grab
BOD <sub>5</sub>	20	30	45	60
TSS	10	10	10	10

(b) The average daily flow of the three maximum contiguous months shall not exceed 0.025 MGD.

(c) This minimum total chlorine residual shall be maintained after 15 minutes contact time at maximum daily flow or after 30 minutes contact time at average daily flow pursuant to F.A.C. Rule 17-600.440(5)(a).

(d) Grab samples will be collected during periods of peak hydraulic and/or organic loading.

2. The owner shall employ certified operators in accordance with the provisions of F.A.C. Rule 17-602.370. This facility is a Category III, Class C, and requires at a minimum a Class C, or higher operator on-site 1/2 hour(s) per day for 5 days per week and a weekend visit.

3. Construction of this facility shall be certified by the engineer of record as complete prior to placing the system in operation. This permit will allow a period of operation during modification and/or following completion of construction, to make minor changes, adjustments, etc., to obtain test data to verify that the facility meets design standards.

4. Written approval shall be received prior to placing this system into operation. To receive approval, the Engineer of Record shall submit:

1. Two (2) completed Certification of Completion of Construction Forms, DER Form 17-1.205(3).
2. Two (2) sets of Record Drawings and Specifications.
3. One Draft Copy of the Operation and Maintenance Manual.

PERMITTEE:  
Mr. Charles L. Sweat, President  
Southern States Utilities, Inc.

I.D. NUMBER: 5143PO3377  
PERMIT/CERTIFICATION NUMBERS: DC 43-150277  
DATE OF ISSUE: FEB 20 1990  
EXPIRATION DATE: FEB 20 1991

**SPECIFIC CONDITIONS:**

5. The permittee shall request an extension of the expiration date of this construction permit and/or make application for an operation permit at least sixty (60) days prior to the expiration of this permit pursuant to F.A.C. Rule 17-4.090.
6. The effluent disposal facilities shall be operated and maintained at all times so as to prevent overflow or seepage of effluent to adjacent ground surfaces or run-off to surface waters. The zone of discharge for this facility is the area of the ponds and drainfields and a 100 foot wide strip surrounding the ponds and drainfields or to the property limits, whichever is less, down to the base of the underlying unconfined aquifer.
7. All equipment of the facility shall be operated and maintained so as to function consistently as designed in removing pollutants and not cause a sanitary nuisance or potential health hazard.
8. The permittee shall insure that all waste sludge is disposed of in accordance with F.A.C. Chapter 17-7 and complies with the following:
- (a) Annual analysis of sludge shall be conducted each April as specified in F.A.C. Rule 17-7.540(1), to establish the sludge grade and the results submitted to Port St. Lucie DER office.
  - (b) Sludge volume added to the digesters shall be recorded daily on the monthly operation reports.
  - (c) If offsite sludge stabilization is utilized, a log shall be maintained at the WWTP and copies submitted with the sludge analysis to the Port St. Lucie DER office documenting the method of sludge stabilization (i.e. lime) and where, when, and how much sludge was transported off site.
  - (d) If on site sludge stabilization is utilized:
    - (I) A log shall be maintained at the WWTP that indicates a volatile solids reduction of at least 38 percent or lime stabilization conditions have been maintained by addition of sufficient lime to the sludge to produce a pH of 12 after 2 hours of contact prior to removing sludge from this site. Volatile solids reduction shall include a copy of the lab analysis and subsequent volatile solids reduction calculations. Pathogen reduction of the digested sludge may be required to verify compliance with 40 CFR Part 257, Appendix II.
    - (II) A log shall be maintained at the WWTP and copies submitted with the MOR to the Port St. Lucie DER office with an entry prior to each sludge disposal listing date of release, sludge quantity, sludge age, percent volatile solids reduction, sludge class, name and type of receiving site (Grade I Sludge Site, Grade II Sludge Site, Solid Waste Resource Recovery Site or Landfill).
    - (III) If the sludge is to be utilized via land application, a completed DER Form 17-7.130(4) (Grade I sludge), or 17-7.130(5) (Grade II sludge) shall be submitted to DER by the permittee prior to disposal. Copies shall be supplied to the hauler and the land owner.
9. Flow measurement devices shall be calibrated on a yearly basis and certification of calibration be submitted in January for each year.
10. This facility shall be operated in a manner to achieve high level disinfection (no greater than 5 TSS, 1 PPM chlorine residual, No - Detectible fecal coliform).
11. Excavation, backfill and drainfield construction shall be in accordance with the soils report dated July 25, 1988 by Jammal & Associates. Construction of the drainfield shall be supervised by a soils engineer with a report summarizing the construction prepared by him/her and submitted with Certification of Completion of Construction.

PERMITTEE:  
Mr. Charles L. Sweat, President  
Southern States Utilities, Inc.

I.D. NUMBER: 5143P03377  
PERMIT/CERTIFICATION NUMBERS: DC 43-150277  
DATE OF ISSUE: FEB 20 1990  
EXPIRATION DATE: FEB 20 1991

SPECIFIC CONDITIONS:

12. A ground water monitoring well shall be constructed within ninety (90) days of issuance of this permit. The monitoring well design and location shall be submitted prior to construction. The well shall be located within 100 feet and/or to the property line of the ponds/drainfields, whichever is less, and in the direction of the shallow potable water supply wells. Initial sampling and analysis of the well shall include primary and secondary water quality standards (F.A.C. Rule 17-550.330 and 17-550.331), and be submitted within thirty (30) days after completion of well construction. Quarterly sampling and analysis shall be conducted thereafter for the following parameters:

<u>Parameter Name</u>	<u>Storet Code</u>	<u>Units</u>
NH <sub>3</sub> as N	000610	mg/l
NO <sub>3</sub> as N	000620	mg/l
Fecal Coliform	031616	#/100 ml
TDS	070304	mg/l
Chlorides	000940	mg/l
Water Level (NGVD)	- -	feet

All above data shall be acquired and submitted quarterly thereafter (January, April, July, and October) on DER Form 17-1.216(2) to the Groundwater Section, West Palm Beach District Office. These parameters may change depending on the initial sampling.

13. If, at any time, groundwater standards are exceeded, the well may be resampled within fifteen (15) days to verify the original analysis. Should resampling not be conducted, the Department will consider the original water quality analysis as representative of current groundwater conditions at the site.

14. Within thirty (30) days of completion of the monitoring well, submit certification of completion, record drawings showing well location, and well construction details.

In the event the sampling results from the well indicate any parameters in violation of groundwater standards, the permittee will be required to choose one of the following alternatives:

- a) Upgrade the facility to provide a higher level of treatment in compliance with F.A.C. Chapter 17-610.
- b) Provide an alternate means of disposal within a distance of 500 feet or greater from the on-site potable water wells.
- c) Abandon potable water wells in accordance with F.A.C. Rule 17-21.10(4). A permit is necessary to be obtained from South Florida Water Management District for abandonment of wells.

Depending on the magnitude and nature of the potential violation it may be necessary to clean up the groundwater.

16. The existing percolation pond shall be cleaned and the contents shall be properly stabilized and disposed of in accordance with F.A.C. Chapter 17-7.

PERMITTEE:  
Mr. Charles L. Sweat, President  
Southern States Utilities, Inc.


I.D. NUMBER: 5143PO3377  
PERMIT/CERTIFICATION NUMBERS: DC 43-150277  
DATE OF ISSUE: FEB 20 1990  
EXPIRATION DATE: FEB 20 1991

SPECIFIC CONDITIONS:

17. The flow measurement device shall be located as to accurately measure the flow into and/or out of the facility and shall not be affected by any plant recirculation such as filter backwash, chlorination water, etc.

Issued this 20<sup>th</sup> day of February, 1990

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

  
J. Scott Benyon  
Deputy Assistant Secretary

Page 7 of 7

DER Form 17-1.201(5)  
Effective November 30, 1982

0675

**Florida Central Comm. Park - 340**

**Seminole County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**





## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Southern States Utility Services, Inc..  
c/o Christine Arcand  
1000 Color Place  
Apopka, FL 32703

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

Seminole County - DW  
Florida Central Commerce Park, STP  
Permit No. D059-195077  
Modification of Conditions



ENGINEERING DEPT.

Dear Mr. Terrero:

The referenced permit was recently issued without an expiration date condition. The condition is added as follows:

CONDITION

Expiration Date May 1, 1996

This letter must be attached to Permit D059-195077 and becomes a part of that permit.

Sincerely,

  
W. B. Alexander  
Deputy Assistant Secretary

DATE: MAY 22, 1991

CCF  
AA/aa/dv



0677



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utility Services, Inc.  
c/o Christine Arcand  
1000 Colar Place  
Apopka, FL

I. D. Number: 3059P01561  
Permit Number: D059-195077  
Expiration Date:  
County: Seminole  
Project: Florida Central  
Commerce Park, S.T.P.

Attention: Rafael A. Terrero, P.E.,  
Chief Engineer

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-600, and 17-610 F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate: A 0.095 MGD design capacity extended aeration wastewater treatment facility with flow equalization and tertiary filtration. The disinfected reclaimed water is discharged to ground water via 20+ acres of public access right-of-way and greenbelt areas and no discharge to surface waters. The facility also includes a lined 10-day wet-weather storage pond and a 3-day reject water storage pond with provisions to return substandard water to the head of the plant for proper treatment.

Location: Mingo Trail, Longwood, Seminole County, Florida.

Treatment Required: Treatment beyond secondary such that total suspended solids (TSS) not exceed 5.0 mg/l and high level disinfection.

Operators Required: This is a Class C, Category III treatment facility. In accordance with Chapter 17-602, F.A.C. an operator of minimum certification Class C shall be on-site for twelve (12) hours per day for six (6) days per week (Monday through Saturday) and one (1) visit each Sunday. All reclaimed water shall be diverted to the reject pond in the absence of a certified operator.

**General Conditions are attached to be distributed to the permittee only.**

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 5



0678

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
  - (a) Have access to and copy any records that must be kept under conditions of the permit;
  - (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
  - (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
  - (a) A description of and cause of noncompliance; and
  - (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

**GENERAL CONDITIONS:**

9. *in accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.*
10. *The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.*
11. *This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.*
12. *This permit or a copy thereof shall be kept at the work site of the permitted activity.*
13. *This permit also constitutes:*
  - ( ) *Determination of Best Available Control Technology (BACT)*
  - ( ) *Determination of Prevention of Significant Deterioration (PSD)*
  - ( ) *Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)*
  - ( ) *Compliance with New Source Performance Standards*
14. *The permittee shall comply with the following:*
  - (a) *Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.*
  - (b) *The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.*
  - (c) *Records of monitoring information shall include:*
    1. *the date, exact place, and time of sampling or measurements;*
    2. *the person responsible for performing the sampling or measurements;*
    3. *the dates analyses were performed;*
    4. *the person responsible for performing the analyses;*
    5. *the analytical techniques or methods used;*
    6. *the results of such analyses.*
15. *When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.*

PERMITTEE:  
Southern States Utility Services, Inc.

I. D. Number: 3059P01551  
Permit Number: D059-195077  
Expiration Date:

Attention: Rafael A. Terrero, P.E.,  
Chief Engineer

SPECIFIC CONDITIONS:

1. The required sampling for the reuse system shall be as follows:

<u>Parameter</u>	<u>Sample Point</u>	<u>Recording or sampling Frequency</u>
Flow	(a)	continuous
Chlorine residual	(a)	continuous
Turbidity	(b)	continuous
pH	(a)	daily, 5 days per week
TSS	(b)	daily, 4 days per week
BOD <sub>5</sub>	(a)	once every 2 weeks
Fecal coliform	(a)	daily, 4 days per week

(a) after disinfection                      (b) before disinfection

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office, by the 15th day of the following month.

2. Reclaimed water delivered to the reuse system shall be adequately chlorinated at all times so as to maintain a minimum total chlorine residual of 1.0 mg/l after a minimum contact period of fifteen (15) minutes (based upon peak flow), or as required to comply with Rule 17-600.440(5), F.A.C.

3. This facility which has a design capacity less than 100,000 GPD is exempt from groundwater monitoring as set forth in Rule 17-28.700, F.A.C.

4. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.

5. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C., shall be stored on-site in a weather resistant structure.

6. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.

7. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.

PERMITTEE:  
Southern States Utility Services, Inc.

I. D. Number: 3059P01561  
Permit Number: D059-195077  
Expiration Date:

Attention: Rafael A. Terrero, P.E.,  
Chief Engineer

- ENG. 8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.
- OPS/ENG 9. Domestic residual (sludge) disposal shall be in accordance with Rule 17-640, F.A.C. Residuals shall be analyzed annually and submitted to the department. Agricultural land use plans shall be submitted annually on forms approved by the department.
- OPS. 10. Pond maintenance shall include periodically scraping the bottom to remove solids, emergent vegetation and silt deposits. Vegetation along the berms shall be kept mowed for aesthetic purposes and to allow visual inspection of the berm slopes for erosion and deterioration.

ISSUED 5/3/91

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
R.A. Alexander

Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Fox Run - 679**

**Martin County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Southeast District • 1900 S. Congress Ave., Suite A • West Palm Beach, Florida 33406  
Lawton Chiles, Governor Telephone: 407/433-2650 Fax: 407/433-2666  
Carol M. Browner, Secretary

C. C. Licard  
J. Koach  
K. Ferrero

SEP 10 1991

Martin County  
DW - Fox Run Wastewater Management  
Facility

Mr. Charles L. Sweet, VP Operations  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

TEMPORARY  
OPERATING  
PERMIT

Dear Mr. Sweet:

This is to acknowledge receipt of your application, file number DT-43-193523, for a permit to: temporarily operate the subject facility.

- [X] This letter constitutes notice that a permit will be required for your project pursuant to Chapter(s) 403.087, Florida Statutes.
- [ ] Your application for permit is complete as of \_\_\_\_\_ and processing has begun. You are advised that the Department under Chapter 120, Florida Statutes, must take final action on your application within ninety (90) days unless the time is tolled by administrative hearing.
- [ ] Your application for permit is incomplete. Please provide the information listed on the attached sheet promptly. Evaluation of your proposed project will be delayed until all requested information has been received.
- [X] The additional information received on August 12, 1991 was reviewed, however, the items listed on the attached sheet remain incomplete. Evaluation of your proposed project will continue to be delayed until we receive all requested information.
- [ ] At this time no permit is required for your project by this Department. Any modifications in your plans should be submitted for review, as changes may result in permits being required. This letter does not relieve you from the need to obtain any other permits (local, state or federal) which may be required.

If you have any questions, please contact Steve Snyder at 407-433-2650 of this office. When referring to this project, please use the file number indicated.

Sincerely,

*Donald B. White*  
Donald B. White, P.E.  
Water Facilities Administrator

DBW:ssr/2

Enclosures:

cc: Rafael A. Terrero, P.E., Southern States Utilities Services, Inc.  
Mark A. Maederer, P.E., Commonwealth Engineering Assoc., Inc.

DER Form 17-1.201(4)  
Effective November 30, 1982



0684



STATE OF FLORIDA

FILE

DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHEAST FLORIDA DISTRICT  
BRANCH OFFICE  
2745 SOUTHEAST MORNINGSTAR BOULEVARD  
PORT ST. LUCIE, FLORIDA 33492



BOB GRAHAM  
GOVERNOR  
VICTORIA J. TSCHINKEL  
SECRETARY

PERMITTEE:

Mr. Chester W. Cook, Jr., President  
P.O. Box 2413  
Stuart, Florida 33495

Permit Number: DO-43-107799  
Date of Issue: September 6, 1985  
Expiration Date: September 6, 1990  
County: Martin  
Latitude/Longitude: 27°11'13"80°57'21"W  
Section/Township/Range: 12, 38S, 40E  
Project: Fox Run Utilities  
Sewage Treatment Facility

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

OPERATE:

A 0.04 MGD extended aeration sewage treatment facility with chlorination and effluent disposal via a 13,333 sq. ft. drainfield.

IN ACCORDANCE WITH:

The application DER Form 17-1.105(1) received August 5, 1985 (not attached).

LOCATED AT:

Pine Tree Lane, Palm City.

TO SERVE:

Fox Run (125 single family units with an average flow of 32,000 gpd).

SUBJECT TO:

GENERAL CONDITIONS one (1) through fifteen (15) and SPECIFIC CONDITIONS one (1) through nine (9).

DER Form 17-1.201(5) Effective November 30, 1982 Page 1 of 5.

*Protecting Florida and Your Quality of Life*

0685

I.D. Number:  
Permit/Certification Number:  
Date of Issue: September 6, 1985  
Expiration Date: September 6, 1990

GENERAL CONDITIONS:

The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and are such as binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, and 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.

This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.

As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.

This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or easement interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund express state opinion as to title.

This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permittee source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.

The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.

The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:

- a. a description of and cause of non-compliance; and



PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue: September 6, 1985  
Expiration Date: September 6, 1990

b. the period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
  10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
  11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Ru 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.
  12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
  13. This permit also constitutes:
    - ( ) Determination of Best Available Control Technology (BACT)
    - ( ) Determination of Prevention of Significant Deterioration (PSD)
    - ( ) Certification of Compliance with State Water Quality Standards (Section 401, PL 92-500)
    - ( ) Compliance with New Source Performance Standards
  4. The permittee shall comply with the following monitoring and record keeping requirements:
    - a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department during the course of any unresolved enforcement action.
    - b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings of continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
    - c. Records of monitoring information shall include:
      - the date, exact place, and time of sampling or measurements;
      - the person responsible for performing the sampling or measurements;
      - the date(s) analyses were performed;
      - the person responsible for performing the analyses;
      - the analytical techniques or methods used; and
      - the results of such analyses.
- When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts and information shall be submitted or corrected promptly.

PERMITTEE:

Chester W. Cook, Jr., President  
Fox Run Utilities  
P.O. Box 2413  
Stuart, Florida 33492

Permit Number: DO-43-107799  
Date of Issue: September 6, 1985  
Expiration Date: September 6, 1990  
Project: Fox Run Utilities

SPECIFIC CONDITIONS:

1. During the period of operation allowed by this permit, the permittee shall furnish two copies of the monthly operations report on the operation of the pollution control plant, in accordance with Chapter 17-19, Florida Administrative Code (F.A.C.).

Reports for each month shall be submitted to the Port St. Lucie Office of this Department no later than the fifteenth of the succeeding month.

2. The discharge authorized by this permit shall be consistent at all times with the technology based standards for secondary treatment set forth in Chapter 17-6, F.A.C.
3. The effluent from this source shall be adequately chlorinated at all times so as to yield a minimum total chlorine residual of 0.5 ppm after a minimum contact period of fifteen (15) minutes (based upon peak flow).
4. The effluent disposal facilities shall be operated and maintained at all times so as to prevent overflow or seepage of effluent to adjacent ground surfaces or run-off to surface waters.

The treatment facilities are to be operated continuously in such a manner that the maximum level of efficiency is maintained at all times. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of Chapter 17-16, (F.A.C.)

6. All waste sludge generated at this facility shall be adequately stabilized prior to disposal. A minimum of 10 days of biological digestion is required for stabilization. Quarterly analysis of sludge shall be conducted as specified in F.A.C. Section 17-7.54(1), to establish the sludge grade and the results submitted with the MOR for each January, April, July and October on a completed Section 1. of DER Form 17-1.206(4) or 17-1.206(5).
7. Sludge disposal shall be only to a permitted solid waste site unless the sludge is to be used in compliance with the land application criteria of F.A.C. Rule Section 17-7.54(4) or Section 17-7.54(5) and a completed Section 2. of DER Form 17-1.206(4) or Form 17-1.206(5) has been received from the land application owner and maintained on file. A copy of the current completed Section 1. of these forms shall be supplied to the owner of each application site for his records. A daily log shall be maintained with an entry for each off-site sludge disposal action listing date of release, sludge quantity (dry weight), name of receiving site, sludge hauler, and site type (Exempt, General Permit, or site permit number).

FILE

PERMITTEE:

Chester W. Cook, Jr., President  
Fox Run Utilities  
P.O. Box 2413  
Stuart, Florida 33492

Permit Number: DO-43-107799  
Date of Issue: September 6, 1985  
Expiration Date: September 6, 1990  
Project: Fox Run Utilities


SPECIFIC CONDITIONS:  
(Continued)

8. On-site land application of sludge is limited to the criteria and restrictions defined in F.A.C. Rule Section 17-7.54. Provision for stockpiling or storage of waste sludge is not included in this permit.
9. The boundary of the Zone of Discharge pursuant to F.A.C. Rule Section 17-4.245 for this installation is established as up to 100 feet from the boundary of the outer ponds or to the property boundary whichever is less, down to the base of the underlying unconfined aquifer.

Issued this 5th day of September, 1985

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

RMD:ppj/1

  
\_\_\_\_\_  
Roy M. Duke  
District Manager

5 Pages attached.

**Holiday Haven - 573**

**Lake County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767  
Lawton Chiles, Governor Carol M. Browner, Secretary

Southern States Utility Services  
1000 Color Place  
Apopka, FL 32703

Attention: Christine Arcand  
Permit Coordinator

Lake County - DW  
Holiday Haven, S.T.P.  
Permit No. DT35-148316  
Modification of Conditions


Dear Ms. Arcand:

We are in receipt of your request for modification of the permit conditions.  
The conditions are changed as follows:

- | <u>CONDITION</u>                                           | <u>FROM</u>    | <u>TO</u>         |
|------------------------------------------------------------|----------------|-------------------|
| A. Expiration Date                                         | March 30, 1992 | December 30, 1992 |
| B. Revised Compliance Schedule:                            |                |                   |
| 1. Commence construction by February 15, 1992.             |                |                   |
| 2. Complete construction by May 1, 1992.                   |                |                   |
| 3. Certify facilities to be in compliance by June 1, 1992. |                |                   |

This letter must be attached to Permit DT35-148316 and becomes a part of that permit.

Sincerely,

  
F. X. Alexander  
District Director

DATE JAN 10 1992

CCF  
AA/lm/am

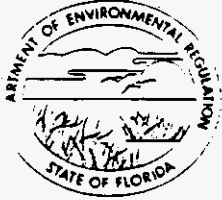
cc: Lake County Environmental Services



**RECEIVED**

JAN 24 1992

ENGINEERING DEPT.



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Permittee:  
Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat  
President

I. D. Number: 3035P10390  
Permit/Certification  
Number: DT35-148316  
Date of Issue:  
Expiration Date: July 30, 1990  
County: Lake  
Project: Holiday Haven Mobile Home  
Subdivision, S.T.P.

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6, F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Temporarily Operate: A 0.025 MGD design capacity extended aeration wastewater treatment facility. The disinfected effluent is discharged to ground water via a percolation pond (21,000± sq. feet total wetted area) with a temporary overflow to an adjacent ditch to the St. Johns River.

Location: Pearl and Lisa Street, Astor, Lake County, Florida.

Treatment Required: Secondary treatment and basic disinfection.

Operators Required: This is a Class C, Category III treatment facility. In accordance with Chapter 17-16, F.A.C. an operator of minimum certification Class C shall be on-site for one-half (½) hour per day for five (5) days per week and one (1) visit each weekend, as a minimum.

General Conditions are attached to be distributed to the permittee only.



PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit;
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

b. the period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.

The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.

This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.

This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards (Section 401, PL 92-500)  
Compliance with New Source Performance Standards

The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Southern States Utilities  
  
Attention: Charles L. Sweat  
President

I. D. Number: 3035P10390  
Permit/Certification Number:  
DT35-148316  
Date of Issue:  
Expiration Date: July 30, 1990

SPECIFIC CONDITIONS:

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
TSS	monthly
BOD <sub>5</sub>	monthly
pH	daily, 5 days per week
Chlorine residual	daily, 5 days per week
Flow	daily, 5 days per week
Fecal coliform	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted to this office and Lake County Pollution Control on a monthly basis, by the 15th day of the following month.

2. This facility which has a design capacity less than 100,000 GPD is exempt from groundwater monitoring as set forth in Rule 17-4.245, F.A.C.
3. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
4. The maintenance and operation log required pursuant to Rule 17-16.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
5. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
6. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.
7. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit.

PERMITTEE:  
Southern States Utilities  
Attention: Charles L. Sweat  
President

I. D. Number: 3035P10390  
Permit/Certification Number:  
DT35-148316  
Date of Issue:  
Expiration Date: July 30, 1990

SPECIFIC CONDITIONS:


8. The effluent delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
9. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge which has not been analyzed pursuant to Rule 17-7.540(1) and (2), F.A.C. shall be disposed of at approved sanitary landfills or as otherwise provided in Rule 17-7.540(6), F.A.C.
10. Plans for meeting full compliance of Chapter 403, F.S., and Florida Administrative Code Rule 17-3, 17-4 and 17-6.

Schedule of Increments of Progress to meet compliance:

- (1) Date when planning is expected to be complete complete April 1, 1989
- (2) Date when engineering will be complete complete April 1, 1989
- (3) Source of Funds Private
- (4) Date Construction application will be submitted to upgrade the percolation pond for no discharge May 30, 1989
- (5) Date construction contract will be let August 30, 1989
- (6) Date construction will commence September 30, 1989
- (7) Date construction is to be complete December 30, 1989
- (8) Date that wastewater facilities will be certified "in compliance" with your permit January 30, 1990

ISSUED 6-21-89

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

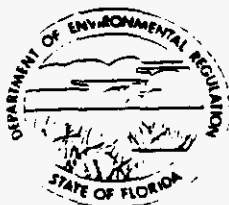
  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Jungle Den - 1802**

**Volusia County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



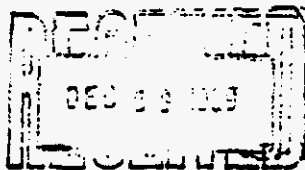
## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary



**Permittee:**

Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

P.D. Number: 3064PO5710  
Permit Number: D064-173345  
Expiration Date: 12/20/94  
County: Volusia

Attention: Charles L. Sweat, President      Project: Ormond Jungle Den,  
S.T.P.

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-6, and 17-610 F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

**Operate:** A 0.025 MGD design capacity extended aeration wastewater treatment facility. The disinfected reclaimed water is discharged to ground water via two (2) in-line, wet-weather, six (6) day holding ponds to a six (6) acre spray irrigation site (3.4 acre wetted area) with a design capacity of 21,000 gpd and no discharge to surface waters. Flows to the wastewater treatment plant are limited to 21,000 gpd.

**Location:** Jungle Road and Riley Pridgeon Road, North of Highway 40, East of Astor, Volusia County, Florida.

**Treatment Required:** Secondary treatment and basic disinfection.

**Operators Required:** This is a Class C, Category III treatment facility. In accordance with Chapter 17-602, F.A.C. an operator of minimum certification Class C shall be on-site for one-half (1/2) hour per day for five (5) days per week and one (1) visit each weekend, as a minimum.

General Conditions are attached to be distributed to the permittee only.

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

**GENERAL CONDITIONS:**

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.



PERMITTEE:  
Southern States Utilities, Inc.

I. D. Number: 3064P05710  
Permit Number: D064-173345  
Expiration Date: 12/20/94

Attention: Charles L. Sweat, President

SPECIFIC CONDITIONS:

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
Flow	daily, 5 days per week
Chlorine residual	daily, 5 days per week
pH	daily, 5 days per week
BOD <sub>5</sub>	monthly
TSS	monthly
Fecal coliform	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office and Volusia County Environmental Management, by the 15th day of the following month.

2. The reclaimed water delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
3. This facility which has a design capacity less than 100,000 GPD is exempt from groundwater monitoring as set forth in Rule 17-28.700, F.A.C.
4. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
5. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
6. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
7. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.

PERMITTEE:  
Southern States Utilities, Inc.

I. D. Number: 3064PO5710  
Permit Number: D064-173345  
Expiration Date: 12/20/94

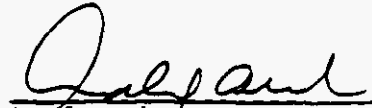
Attention: Charles L. Sweat, President

SPECIFIC CONDITIONS:

8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.
9. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge shall be analyzed annually and submitted to the department in accordance with Rule 17-7.540(1) and (2), F.A.C., or if not analyzed shall be disposed of at approved sanitary landfills.

ISSUED 12-28-88

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION



A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Leilani Heights - 675**

**Martin County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southeast District • 1900 S. Congress Ave., Suite A • West Palm Beach, Florida 33406 • 407-964-9608

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Scott Benson, Deputy Assistant Secretary

PERMITTEE:  
Mr. Charles L. Sweat, President  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

I.D. NUMBER: 5143PO4764  
PERMIT/CERTIFICATION NUMBERS: DC 43-171303  
DATE OF ISSUE: NOV 20 1989  
EXPIRATION DATE: NOV 20 1990  
COUNTY: Martin  
LATITUDE/LONGITUDE: 27°13'56"N/80°14'03"W  
SECTION/TOWNSHIP/RANGE: 27/37S/41E  
PROJECT: Leilani Heights WWTP/Emergency  
Power Generator

This permit is issued under the provisions of Chapter 403.087, Florida Statutes, and Florida Administrative Code Rules 17-4 & 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TO CONSTRUCT: Modifications to the wastewater management facility for emergency power facilities. The existing facilities consist of a 0.15 MGD contact stabilization sewage treatment facility with dual tertiary filters, disinfection via chlorination, effluent disposal via two percolation ponds of 7,125 sq. ft. and 25,060 sq. ft., for a total of 32,185 sq. ft. with two (2) monitoring wells.

Emergency power will be provided by means of a 80kW, 120/240V, 241 amp generator with an automatic transfer switch and associated appurtenances. The 80kW generator shall generate sufficient power to operate one plant blower, one surge tank blower, one surge tank pump, all plant lighting, the flow recorder and chlorination facilities. After power has been supplied to the previously mentioned components, sufficient reserve power to operate the second surge pump will exist. The addition of emergency power facilities does not increase the treatment capacity of the treatment facilities. The scope of review for this project was limited to the modifications for emergency power facilities.

IN ACCORDANCE WITH: The application, DER Form 17-1.205(1), and plans received on October 11, 1989 and additional information received on November 3, 1989.

LOCATED AT: N.E. 24 Street Extension in the Leilani Heights Subdivision, Jensen Beach, approximately 1.25 miles south of Commercial Boulevard and 0.5 miles east of State Road 723.

TO SERVE: 361 single family homes with an estimated population of 1,264.

SUBJECT TO: General Conditions 1-15 and Specific Condition 1-2.

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.

3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.

4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.

6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, are required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

- (a) Have access to and copy any records that must be kept under conditions of the permit;
- (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

- (a) A description of and cause of noncompliance; and
- (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of compliance with state Water Quality Standards (Section 401, FL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following:

- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
- (c) Records of monitoring information shall include:
  1. the date, exact place, and time of sampling or measurements;
  2. the person responsible for performing the sampling or measurements;
  3. the dates analyses were performed;
  4. the person responsible for performing the analyses;
  5. the analytical techniques or methods used;
  6. the results of such analyses.

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Charles L. Sweat, President  
Southern States Utilities, Inc.


I.D. NUMBER: 5143PO4764  
PERMIT/CERTIFICATION NUMBERS: DC 43-171303  
DATE OF ISSUE: NOV 20 1989  
EXPIRATION DATE: NOV 20 1990

**SPECIFIC CONDITIONS:**

1. Written approval shall be received prior to placing the emergency power system into operation. To receive approval, the Engineer of Record shall submit:
  - a. Two (2) completed Certification of Completion of Construction Forms, [prepared on DER Form 17-1.205(3)] in accordance with Florida Administrative Code (FAC) Section 17-6.140(2)(b) 1&2.
  2. Two (2) sets of Record Drawings (signed and sealed).
  3. One Draft Copy of the Operation and Maintenance Manual.
2. The emergency power generator shall be fully housed and equipped with an exhaust silencer to reduce noise during operation.

Issued this 20<sup>th</sup> day of November, 1989

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

  
\_\_\_\_\_  
J. Scott Benyon  
Deputy Assistant Secretary



## Florida Department of Environmental Regulation

Southeast District • 1900 S. Congress Ave., Suite A • West Palm Beach, Florida 33406

Lawton Chiles, Governor

Telephone: 407/433-2650

Carol M. Browner, Secretary

Fax: 407/433-2666

**PERMITTEE:**  
Mr. Charles Sweat, Vice President (Oper.)  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

**I.D. NUMBER:** 5143PO4764  
**PERMIT/CERTIFICATION NUMBERS:** DO 43-194646  
**DATE OF ISSUE:** OCT 14 1991  
**EXPIRATION DATE:** OCT 14 1996  
**COUNTY:** Martin  
**LATITUDE/LONGITUDE:** 27°13'55"N/80°14'06"W  
**SECTION/TOWNSHIP/RANGE:** 27/37S/41E  
**PROJECT:** Leilani Heights Wastewater Treatment Facility

This permit is issued under the provisions of Chapter 403.087, Florida Statutes, and Florida Administrative Code Rules 17-4, 17-600, 17-601, 17-602, 17-610 and 17-640. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

**TO OPERATE:** A 0.150 MGD contact stabilization wastewater treatment facility with effluent disposal via percolation ponds. Treatment components consist of 21,383 gallons aerated surge capacity with two (2) surge pumps and a bar screened flow splitter box; 37,500 gallons of re-aeration capacity; 22,500 gallons of setting capacity with a surface area of 336 sq.ft. and a weir length of 24 feet; two (2) tertiary filters each of 50.3 sq.ft.; 8,500 gallons filter dosing capacity; 8,100 gallons of chlorine contact/backwash capacity with disinfection provided by gaseous chlorination with potable water as vehicle and filter backwash returned to surge tank; and 24,500 gallons aerobic sludge digester capacity. Effluent is disposed of primarily in two percolation ponds of 25,000 sq.ft. and 7,100 sq.ft., respectively; with emergency overflow discharges to a third percolation pond of 2,800 sq.ft. Flow measurement is provided by a Bristol made flow meter/recorder on the effluent line. Plant air is supplied by two Sutorbilt blower/motor units each rated at 390 cfm @ 5 psi, and the surge tank air by a Curtis unit rated at 175 cfm @ 5 psi and a MD-Pneumatics unit at 120 cfm @ 5 psi. Emergency power will be provided on-site by a 80 KW, 120/240V, 241 Amp generator with an automatic transfer switch.

**IN ACCORDANCE WITH:** The operation permit application on DER Form 17-1.205(1) and \$100.00 application fee received on March 29, 1991; and additional information received on June 7, 1991 (two Agricultural Use Plans) and July 19, 1991 (itemized response).

**LOCATED AT:** N.E. 24th Street Extension in the Leilani Heights Subdivision; approximately 0.8 miles south of SR 732 (Jensen Beach Boulevard) and 0.5 miles east of SR 723 (Savannah Road) in Jensen Beach, Martin County.

**TO SERVE:** Leilani Heights Subdivision with 400 single family units, and commercial development for up to 10,000 gpd.

**SUBJECT TO:** General Conditions 1-15 and Specific Conditions 1 - 12.

Page 1 of 7

DER Form 17-1.201(5)  
Effective November 30, 1982

0708



GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. This permit is valid only for the specific processes and operations applied for as indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.

3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.

4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.

6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

- (a) Have access to and copy any records that must be kept under conditions of the permit;
- (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
- (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

- (a) A description of and cause of noncompliance; and
- (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.221 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.

12. This permit or a copy thereof shall be kept at the work site of the permitted activity.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following:

- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
- (c) Records of monitoring information shall include:
  - 1. the date, exact place, and time of sampling or measurements;
  - 2. the person responsible for performing the sampling or measurements;
  - 3. the dates analyses were performed;
  - 4. the person responsible for performing the analyses;
  - 5. the analytical techniques or methods used;
  - 6. the results of such analyses.

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Mr. Charles Sweat, Vice President (Oper.)  
Southern States Utilities, Inc.

I.D. NUMBER: 5143P04764  
PERMIT/CERTIFICATION NUMBERS: DO 43-194646  
DATE OF ISSUE: OCT 14 1991  
EXPIRATION DATE: OCT 14 1996

**SPECIFIC CONDITIONS:**

1. Sampling, reporting and effluent limitations for this Wastewater Treatment Plant (WWTP) for the period allowed to operate under this permit shall be in accordance with Florida Administrative Code (FAC) Chapters 17-601 and 17-600 and are as follows:

PARAMETER	EFFLUENT LIMIT	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
Flow	(b) MGD	Daily; 5/wk	Flow meter	Effluent pipe
CBOD <sub>5</sub>	(a) mg/l	Every two weeks	(d) Grab	Effluent
TSS	(a) mg/l	Every two weeks	(d) Grab	Effluent
pH units	6.0 to 8.5	Daily; 5/wk	Grab	Effluent
Chlorine Residual	(c) Min. 0.5 mg/l	Daily; 5/wk	Grab	Effluent
Fecal Coliforms	Avg. 200/100 ml Max. 800/100 ml	Every two weeks	(d) Grab	Effluent

(a) Limits, Maximum (mg/l).

	annual	monthly	weekly	one time grab
CBOD <sub>5</sub>	20	30	45	60
TSS	20	30	45	60

(b) The average daily flow of the three maximum contiguous months shall not exceed 0.150 MGD.

(c) This minimum total chlorine residual shall be maintained after 15 minutes contact time at maximum daily flow or after 30 minutes contact time at average daily flow pursuant to F.A.C. Rule 17-600.440.

(d) Grab samples will be collected during periods of peak hydraulic and/or organic loading.

2. The owner shall employ certified operators in accordance with the provisions of F.A.C. Rule 17-602.370. This facility is a Category II, Class C, and requires at a minimum a Class C, or higher operator on-site 3 hour(s) per day, 5 days per week and a weekend visit.

3. The permittee shall make application for renewal of this operations permit at least sixty (60) days prior to the expiration date pursuant to F.A.C. Rule 17-4.090.

4. The effluent disposal facilities shall be operated and maintained at all times so as to prevent overflow or seepage of effluent to adjacent ground surfaces or run-off to surface waters. The zone of discharge for this facility is the area of the ponds and a 100 foot wide strip surrounding the ponds or to the property limits, whichever is less, down to the base of the underlying unconfined aquifer.

PERMITTEE:  
Mr. Charles Sweet, Vice President (Oper.)  
Southern States Utilities, Inc.

I.D. NUMBER: 5143P04764  
PERMIT/CERTIFICATION NUMBERS: DO 43-194646  
DATE OF ISSUE: OCT 14 1991  
EXPIRATION DATE: OCT 14 1996

**SPECIFIC CONDITIONS:**

5. All equipment of the facility shall be operated and maintained so as to function consistently as designed in removing pollutants and not cause a sanitary nuisance or potential health hazard.

6. The Operation and Maintenance (O&M) manual for this facility covering both the treatment plant and effluent disposal systems shall be made available for the use of operating personnel.

7. The permittee shall insure that all waste sludge is disposed of in accordance with F.A.C. Chapter 17-640 and complies with the following:

- (a) Quarterly analysis of sludge shall be conducted in January, April, July and October as specified in F.A.C. Rule 17-640.700, to determine the suitability of domestic wastewater residuals for land application and the results submitted to Port St. Lucie DER office.
- (b) Sludge volume added to the digesters shall be recorded daily on the monthly operation reports.
- (c) If offsite sludge stabilization is utilized, a log shall be maintained at the WWTP and copies submitted with the MOR to the Port St. Lucie DER office documenting the method of sludge stabilization (e.g. lime) and where, when, and how much sludge was transported off site.
- (d) If on site sludge stabilization is utilized:

I. A log shall be maintained at the WWTP that indicates compliance with Class B or Class C stabilization criteria of F.A.C. Rule 17-640.600. Pathogen reduction analysis of the digested sludge may be required to verify compliance with 40 CFR Part 257, Appendix II.

**CLASS B**

A log shall be maintained at the WWTP that indicates aerobic conditions have been maintained at solids residence times ranging from 60 days at 15° C to 40 days at 20° C with a volatile solids reduction of at least 38 percent prior to removing sludge from this site for land application. Documentation of percent volatile solids reduction shall include a copy of the lab analysis and subsequent volatile solids reduction calculations. Pathogen reduction analysis of the digested sludge may be required to verify compliance with 40 CFR Part 257, Appendix II.

**CLASS C**

Class C stabilization standards will be achieved if one of the domestic wastewater residuals stabilization processes identified as Process to Significantly Reduce Pathogens is utilized but the design or operational characteristics do not meet the minimum standards of Title 40, Code of Federal Regulations, Part 257. However the design or operational characteristics must as a minimum comply with conventional design standards. F.A.C. Rule 17-640.600(3)(a). For aerobic digestion section 74.32. "Solids Retention Time," of the Recommended Standards of Sewage Works states "Normally, a minimum of 15 days retention should be provided for waste activated sludge..."

II. A log shall be maintained at the WWTP and copies submitted with the MOR to the Port St. Lucie DER office with an entry prior to each sludge disposal listing date of release, sludge quantity, sludge age percent volatile solids reduction (for Class B sludge), sludge class, name and type of receiving site.

8. Flow measurement devices shall be calibrated on a yearly basis and certification of calibration be submitted in January for each year.

9. The screenings and grit particles are to be collected in suitable containers and shall be hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit particles.

DER Form 17-1.201(5)  
Effective November 30, 1982

PERMITTEE:  
Mr. Charles Sweat, Vice President (Oper.)  
Southern States Utilities, Inc.

I.D. NUMBER: 5143P04764  
PERMIT/CERTIFICATION NUMBERS: DO 43-194646  
DATE OF ISSUE: OCT 14 1991  
EXPIRATION DATE: OCT 14 1996

SPECIFIC CONDITIONS:

10. A copy of this permit shall be kept at the wastewater treatment facility for use by plant operators pursuant to F.A.C. Rule 17-600.410(5).

11. This facility is within the Indian River Lagoon Basin as defined in the Indian River SWIM Plan. Florida Statutes Chapter 90-262 requires each owner of an existing sewage treatment facility in the Indian River Lagoon Basin, before July 1, 1992, to investigate the feasibility of using reclaimed wastewater for beneficial purposes.

By December 1, 1991 the permittee shall submit the aforementioned feasibility investigation/analysis to the Southeast District Office of the Department. The December 1, 1991 date has been established by the Department to allow for review of the submitted analysis and for the permittee to submit any information the Department may subsequently request, while still leaving time for the analysis to be completed by the July 1, 1992 statutory requirement.

12.(a) The groundwater monitoring system in compliance with F.A.C. Rule 17-28.700 shall be constructed within ninety (90) days of permit issuance. The monitoring well locations and design shall be in accordance with the plan submitted by Commonwealth Engineering on July 19, 1991, and on file in the West Palm Beach DE office. The proposed wells are established as follows:

WELLS	DESIGNATION	LOCATION
MW1	Background	Northeast of WWTP
MW2	Compliance	South of percolation pon and just south of fence enclosure.

(b) Within thirty (30) days of completion of construction record surveyed drawings shall be prepared and submitted indicating all well locations, well identification number, location and elevation of all permanent benchmarks(s) and/or corner markers. The top of casing and water table elevations for each well shall be surveyed with elevations referenced to NGVD +/- .1 ft.

(c) Within sixty (60) days of completion of construction of groundwater monitoring system, initial sampling and analysis for Primary and Secondary Drinking Water Standard parameters as specified in F.A.C. Rules 17-550.310 and 17-550.320 shall be performed on a representative (24 hour composite) reclaimed water sample with results submitted to the Groundwater Section in West Palm Beach DER office.

(d) Annual sampling and analysis for Primary and Secondary Drinking Water Standard parameters shall be performed each January on a representative (24 hour composite) reclaimed water sample with results submitted to the Groundwater Section in West Palm Beach DER office.

(e) Quarterly sampling and analysis shall be performed on all wells each January, April, July and October with results submitted on DER Form 17-601.900(3) to the Groundwater Section in West Palm Beach DER office. Analysis shall include:

Parameter	Storet Code	Units
Nitrate	000620	mg/l
Ammonia	000610	mg/l
Chlorides	000940	mg/l
Fecal Coliform	031616	#/100 ml
Total Dissolved Solids (TDS)	070304	mg/l
Total Phosphorus	000665	mg/l
Total Kjeldahl Nitrogen (TKN)	000625	mg/l
Water table Elevation (NGVD)	-----	.1 ft
Specific Conductance	000095	u-Ohms/cm
pH (field)	000400	Std. units
Purge Volume. (3 - 5 times wet casing volume)		gallons

PERMITTEE:  
Mr. Charles Sweat, Vice President (Oper.)  
Southern States Utilities, Inc.

I.D. NUMBER: 5143P04764  
PERMIT/CERTIFICATION NUMBERS: DO 43-194646  
DATE OF ISSUE: OCT 14 1991  
EXPIRATION DATE: OCT 14 1996

**SPECIFIC CONDITIONS:**

- (f) The field testing, sample collection and preservation, and laboratory testing, including quality control procedures shall be in accordance with methods approved by the Department (e.g. Standard Methods, American Society for Testing and Material (ASTM), the Environmental Protection Agency (EPA), or other equivalents. Approved methods for chemical analyses are summarized in the Federal Register, October 26, 1984 (40 CFR 136).
- (g) If at any time, groundwater standards and/or criteria are exceeded, the permittee may resample the monitor well(s) within fifteen (15) days to verify the original analysis. Should resampling not be conducted, the Department will consider the water quality analyses as representative of current groundwater conditions at the site.
- (h) All monitoring wells shall be properly maintained and marked at all times.

Issued this 14<sup>th</sup> day of October, 1991

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

  
J. Scott Benyon, Director of District Management

**Leisure Lakes - 2401  
(Covered Bridge)**

**Highlands County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



*ERG*

**Florida Department of Environmental Regulation**

South District • 2269 Bay Street • Fort Myers, Florida 33901-5905 • 813-351-2937

Bob Martinez, Governor

Philip R. Edwards, Secretary

John Wheeler, Assistant Secretary  
Philip Edwards, Deputy Assistant Secretary

May 19, 1989

Charles L. Sweat  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

Re: Highlands County - DN  
Leisure Lakes Utilities  
Sewage Treatment Plant  
DO28-149257

Dear Mr. Sweat:

This acknowledges receipt of your application for transfer of permit for the above referenced project.

Please be advised that the permittee name has been changed from Highlands County Land & Title Co. to Southern States Utilities, Inc.. Permit number DO28-149257 has also been modified accordingly.

This letter must be attached to permit number DO28-149257 and becomes a part of that permit. All conditions of the permit shall remain unchanged.

Sincerely,

Philip R. Edwards  
Deputy Assistant Secretary

PRE/RG/dd

JUN - 5 1989

501



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTH FLORIDA DISTRICT

2000 BAY STREET  
ROOM 1111ERS PLACID FL 33901-1111  
813 332 1111



BOB MARTINEZ  
GOVERNOR  
DALE TRACHTMANN  
SECRETARY  
PHILIP R. EDWARDS  
DISTRICT MANAGER

PERMITTEE: Linda M. Delaney  
Leisure Lakes Utilities  
Post Office Box 1044  
Lake Placid, Florida 33852

I.D. Number: 5228P05930  
Permit/Certification Number: D028-149257  
Date of Issue: May 19, 1988  
Expiration Date: May 19, 1993  
County: HIGHLANDS  
Latitude/Longitude: 27°21'00"N/81°25'00"W  
Section/Township/Range: 15 & 16/36S/29E  
Project: Leisure Lakes Utilities

This permit is issued under the provisions of Chapter(s) 403 Florida Statutes, and Florida Administrative Code Rule(s) 17-3,17-4,17-6,17-7,17-16 & 17-19. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate a 0.050 MGD extended aeration process wastewater treatment plant with reclaimed water to percolation ponds located on project property.

Project is located at Covered Bridge/Leisure Lakes S/D, Lake Placid, Florida.

Permit 17-1-201(5)  
Effective November 30, 1988

Page 1 of 6

Protecting Florida and Your Quality of Life

0717

PERMITTEE: Leisure Lakes Utilities

I.D. Number: 5228P08930

Permit/Certification Number: D028-149257

Date of Issue: May 19, 1988

Expiration Date: May 19, 1993

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Section 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.

PERMITTEE: Leisure Lakes Utilities

I.D. Number: 5228P05930

Permit/Certification Number: DC23-149257

Date of Issue: May 19, 1988

Expiration Date: May 19, 1993

GENERAL CONDITIONS:

7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit;
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.  
Reasonable time may depend on the nature of the concern being investigated.
  
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and
  - b. the period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.
  
9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
  
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
  
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.

PERMITTEE: Leisure Lakes Utilities

I.D. Number: 5225P05960

Permit/Certification Number: D028-149257

Date of Issue: May 19, 1988

Expiration Date: May 19, 1993

GENERAL CONDITIONS:

12. This permit is required to be kept at the work site of the permitted activity for the entire period of construction or operation.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

a. Upon Request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.

b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.

c. Records of monitoring information shall include:

- the date, exact place, and time of sampling or measurements;
- the person responsible for performing the sampling or measurements;
- the date(s) analyses were performed;
- the person responsible for performing the analyses;
- the analytical techniques or methods used; and
- the results of such analyses.

15. When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts and information shall be submitted or corrected promptly.

PERMITTEE: Leisure Lakes Utilities

I.D. Number: 5225905930

Permit/Certification Number: D025-149257

Date of Issue: May 19, 1988

Expiration Date: May 19, 1993

**SPECIFIC CONDITIONS:**

1. Drawings, plans, documents or specifications submitted by the Permittee, not attached hereto, but retained on file at the South Florida District Office, are made a part hereof.

2. The chlorine residual in effluent must be maintained at 0.5 ppm minimum after at least fifteen (15) minutes contact.

3. The permittee shall submit a monthly operations report (MOR), DER Form 17-1.205(7), to the Department no later than the fifteenth of the succeeding month.

4. The permittee shall submit sludge analysis data to the Department as soon as possible and no later than sixty (60) days from the date of issuance of this permit and 12 months thereafter. Sampling shall be in accordance with Section 17-7.540(2), Florida Administrative Code, for the following parameters:

Total nitrogen	% dry weight	Lead	mg/kg dry weight
Total phosphorus	% dry weight	Nickel	mg/kg dry weight
Total potassium	% dry weight	Zinc	mg/kg dry weight
Calcium	mg/kg dry weight	pH	Standard units
Copper	mg/kg dry weight	Total solids	%

5. This facility is a category III, requiring a Class C or higher operator on site 1/1 hr/day, 5 days/wk. and a weekend visit, Florida Administrative Code Rule 17-16.370(3)(c) Operator shall be on call during periods when the plant is unattended. Daily checks of all plants shall be performed by the permittee, or supplier, or his representative or agent 5 days per week for all Class C and D plants. Section 17-16.375(1) FAC.

6. The parameters and minimum sampling schedule for this domestic wastewater treatment plant are flow, pH and chlorine residual, sampled daily, 5 samples per week; BOD<sub>5</sub>, and Total Suspended Solids sampled every two weeks and fecal coliform, sampled once per quarter.

7. The effluent compliance concentrations for this facility, Florida Administrative Code Rule 17-6.180(1)(b)1, are as follows:

- The arithmetic mean of the BOD or TSS values for the effluent samples collected (whether grab or composite technique is used) during an annual period, shall not exceed 20 mg/l.
- The arithmetic mean of the BOD or TSS values for a minimum of four effluent samples each collected (whether grab or composite technique is used) on a separate day during a period of 30 consecutive days (monthly) shall not exceed 30 mg/l.
- The arithmetic mean of the BOD and TSS values for a minimum of two effluent samples each collected (whether grab or composite technique is used) on a separate day during a period of 7 consecutive days (weekly) shall not exceed 45 mg/l.
- Maximum-permissible concentrations of BOD and TSS values in any effluent grab sample at any time shall not exceed 60 mg/l.

DER Form 17-1.201(5)  
Effective November 30, 1982

Page 5 of 6

PERMITTEE: Leisure Lakes Utilities

I.D. Number: 5229P05930

Permit/Certification Number: D028-149257

Date of Issue: May 19, 1988

Expiration Date: May 19, 1993

SPECIAL CONDITIONS:

8. For the basic disinfection levels specified in this permit, Florida Administrative Code Rule 17-6.180(1)(b)4., the following operational criteria (using either MF or equivalent MPN methods) shall be applicable.

a. The arithmetic mean of the monthly fecal coliform values (computed as per b., below) collected during an annual period, shall not exceed 200 per 100 ml of effluent sample.

b. The geometric mean of the fecal coliform values for a minimum of ten effluent samples each collected on a separate day during a period of 30 consecutive days (monthly) shall not exceed 200 per 100 ml of sample.

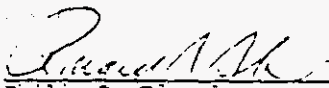
c. No more than ten percent of the samples collected during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 ml of sample.

d. Any one sample shall not exceed 800 fecal coliform values per 100 ml of sample.

9. The percolation pond overflows are designed to prevent structural failure of the pond in an emergency situation. In the event that any effluent is discharged from these overflows, the permittee shall notify the Department in accordance with the provisions of Florida Administrative Code Rule 17-6.130. No discharge to surface waters is authorized.

Issued this 19th, day of May, 1988.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

  
Philip R. Edwards  
District Manager

PRE/OD/gjb  
Pages attached 2

LER Form 17-1.201(5)  
Effective November 30, 1988

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0722

**Marco Shores Utilities - 26002**

**Collier County (DUI)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

South District • 2269 Bay Street • Fort Myers, Florida 33901-2896 • 813-332-2667

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary

Philip Edwards, Deputy Assistant Secretary

PERMITTEE: Arsenio Milian, P.E.,  
President  
Deltona Utilities, Inc.  
3250 S.W. Third Avenue  
Miami, Florida 33129

I.D. Number: 5211P00316  
Permit/Certification Number: D011-157556  
Date of Issue: December 20, 1988  
Expiration Date: December 20, 1993  
County: Collier  
Latitude/Longitude:  
29° 59' 00"  
81° 41' 30"  
Section/Township/Range: 26/51S/26E  
Project: Marco Shores Sewage Treatment Plant

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-6, 17-7, 17-16 and 17-19. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawings(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate a 0.090 MGD contact stabilization process wastewater treatment facility with reclaimed water disposal to two percolation ponds off site located in Section 24, Township 51S and Range 26E.

This facility is located on Mainsail Boulevard, Marco Island, Florida.



GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Section 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.

PERMITTEE: Arsenio Milian, P.E.  
Deltona Utilities, Inc.

I.D. Number: 5211P00316  
Permit/Certification Number: D011-157556  
Date of Issue: December 20, 1988  
Expiration Date: December 20, 1993

GENERAL CONDITIONS:

7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:

- a. a description of and cause of non-compliance; and
- b. the period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.

10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.

11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.

PERMITTEE: Arsenio Milian, P.E.  
Deltona Utilities, Inc.

I.D. Number: 5211P00316  
Permit/Certification Number: D011-157556  
Date of Issue: December 20, 1988  
Expiration Date: December 20, 1993

GENERAL CONDITIONS:

12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards (Section 401, FL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

a. Upon Request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.

b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.

c. Records of monitoring information shall include:

- the date, exact place, and time of sampling or measurements;
- the person responsible for performing the sampling or measurements;
- the date(s) analyses were performed;
- the person responsible for performing the analyses;
- the analytical techniques or methods used; and
- the results of such analyses.

15. When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE: Arsenio Milian, P.E.  
Deltona Utilities, Inc.

I.D. Number: 5211P00316  
Permit/Certification Number: DO11-157556  
Date of Issue: December 20, 1988  
Expiration Date: December 20, 1993

**SPECIFIC CONDITIONS:**

1. Drawings, plans, documents or specifications submitted by the Permittee, not attached hereto, but retained on file at the South Florida District Office, are made a part hereof.

2. The chlorine residual in effluent must be maintained at .5 PPM minimum after at least fifteen (15) minutes contact.

3. The permittee shall submit a monthly operations report (MOR); DER Form 17-1.205(7), to the Department no later than the fifteenth of each succeeding month.

4. The permittee shall submit sludge analysis data to the Department as soon as possible and no later than sixty (60) days from the date of issuance of this permit and 12 months thereafter. Sampling shall be in accordance with Section 17-7.540(2), Florida Administrative Code, for the following parameters:

Total nitrogen	% dry weight	Lead	mg/kg dry weight
Total phosphorus	% dry weight	Nickel	mg/kg dry weight
Total potassium	% dry weight	Zinc	mg/kg dry weight
Cadmium	mg/kg dry weight	pH	Standard units
Copper	mg/kg dry weight	Total solids	%

5. This facility is a category II, requiring a class C or higher operator on site 1/2 hr/day, 5 days/wk. and one visit on each weekend day; Florida Administrative Code Rule 17-16.370(b). Operator shall be on call during periods when the plant is unattended. Daily checks of all plants shall be performed by the permittee, or supplier, or his representative or agent 5 days per week for all Class C and D plants. Section 17-16.375(1) FAC.

6. The parameters and minimum sampling schedule for this domestic wastewater treatment plant are flow, pH and chlorine residual, sampled daily, 5 samples per week; BOD<sub>5</sub> and Total Suspended Solids sampled once per month and fecal coliform, sampled once per quarter, in accordance with Section 17-19.05, Figure 3, Florida Administrative Code.

7. The effluent compliance concentrations for this facility, Florida Administrative Code Rule 17-6.180(1)(b)1, are as follows:

a. The arithmetic mean of the BOD or TSS values for the effluent samples collected (whether grab or composite technique is used) during an annual period, shall not exceed 20 mg/l.

b. The arithmetic mean of the BOD or TSS values for a minimum of four effluent samples each collected (whether grab or composite technique is used) on a separate day during a period of 30 consecutive days (monthly) shall not exceed 30 mg/l.

c. The arithmetic mean of the BOD or TSS values for a minimum of two effluent samples each collected (whether grab or composite technique is used) on a separate day during a period of 7 consecutive days (weekly) shall not exceed 45 mg/l.

DER Form 17-1.201(5)  
Effective November 30, 1982

Page 5 of 6

PERMITTEE: Arsenio Milian, P.E.  
Deltona Utilities, Inc.

I.D. Number: 5211P00316  
Permit/Certification Number: D011-157556  
Date of Issue: December 20, 1988  
Expiration Date: December 20, 1993

**SPECIFIC CONDITIONS:**

- d. Maximum-permissible concentrations of BOD or TSS values in any effluent grab sample at any time shall not exceed 60 mg/l.
8. For the basic disinfection levels specified in this permit, Florida Administrative Code Rule 17-6.180(1)(b)4., the following operational criteria (using either MF or equivalent MPN methods) shall be applicable.
  - a. The arithmetic mean of the monthly fecal coliform values (computed as per b., below) collected during an annual period, shall not exceed 200 per 100 ml of effluent sample.
  - b. The geometric mean of the fecal coliform values for a minimum of ten effluent samples each collected on a separate day during a period of 30 consecutive days (monthly) shall not exceed 200 per 100 ml of sample.
  - c. No more than ten percent of the samples collected during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 ml of sample.
  - d. Any one sample shall not exceed 800 fecal coliform values per 100 ml of sample.
9. The percolation pond overflows are designed to prevent structural failure of the pond in an emergency situation. In the event that any effluent is discharged from these overflows, the permittee shall notify the Department in accordance with the provisions of Florida Administrative Code Rule 17-6.130. No discharge to surface waters is authorized.

Issued this 20th day of December, 1988

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

  
Philip R. Edwards  
Deputy Assistant Secretary

PRE/MHR/jsw

8 Pages Attached

DER Form 17-1:201(5) Page 6 of 6  
Effective November 30, 1982

**Marion Oaks Utilities - 11001**

**Marion County (UFU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garrity, Deputy Assistant Secretary

*To Mr. Q.*

RECEIVED OCT 11 1990

October 5, 1990

Mr. Arsenio Milian  
United Florida Utilities Corporation  
3250 S.W. Third Avenue  
Miami, FL 33129

Dear Mr. Milian:

*MARION OAKS WWTP*  
Modification of Conditions  
Permit No.: DO42-178431A

The Department has reviewed the water quality data for the Marion Oaks facility and determined that Cadmium should be added to the quarterly requirements. Also, the Department is including the plant effluent in the quarterly requirements, however, the effluent shall be analyzed for Cadmium only. The condition is changed as follows:

<u>Condition</u>	<u>Add</u>
Specific Condition No. 6	Cadmium

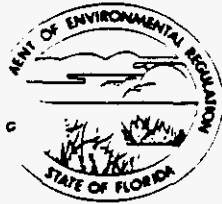
Attached are the appropriate quarterly report forms [DER Form 17-1.216(2)]. These forms supersede the existing forms and this modification shall be implemented in the fourth quarter of 1990 and duly reported by January 15, 1991. All other Specific Conditions remain in effect as originally written.

This letter must be attached to your permit and becomes a part of the permit.

Sincerely,

Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary  
Southwest District

RDG/drb



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Richard Garrity, Deputy Assistant Secretary

### PERMITTEE

Southern States Utilities Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Attn: Rafael A. Terrero, P.E.

### PERMIT/CERTIFICATION

GMS ID No: 42P00017  
Permit No: DO42-178431  
Date of Issue: 5/25/90  
Expiration Date: 5-23-95  
County: Marion  
Lat/Long: 29°00'06"  
82°10'44"  
Sec/Town/Range: 23/17S/21E  
Project: Marion Oaks Utilities

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Operation of a 0.2 MGD Type II extended aeration sewage treatment plant with chlorinated effluent to two percolation/evaporation ponds of 116,400 square feet total area.

Location: 3260 S.W. 157th Street, Ocala, Florida

Replaces Permit No.: DO42-104214

Expired: 6-6-90



PERMITTEE  
 SOUTHERN STATES UTILITIES SERVICES, INC. GMS ID NO.: 42P00017  
 MARION OAKS UTILITIES PERMIT NO.: DO42-178431

**SPECIFIC CONDITIONS:**

1. Drawings, plans, documents or specifications submitted by the permittee, not attached hereto, but retained on file at the Southwest District Office, are made a part hereof.
2. The Zone of discharge boundary shall extend horizontally 100 feet from the site boundary or to the installation's property boundary, whichever is less, and vertically to the base of the shallow water table aquifer. (17-4.245(4), F.A.C.)
3. The water quality standards for Class G-II groundwater shall not be exceeded at the boundary of the zone of discharge. (17-3.402, 17-3.404, F.A.C.)
4. In accordance with Chapter 17-602 F.A.C., the required certified operator on site time is: a Class C or better operator for 1/2 hour, 5 days a week and a weekend visit.
5. The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-601 F.A.C. and shall meet the following limitations:

Parameter	Unit	Min-imum	Maximum	Type Sample	Frequency
BOD & Suspended Solids	mg/l	0	20 annual avg.	grab	Every
			30 monthly avg.		
			45 weekly avg.		
Fecal coliform	#/100	0	60 any one sample	grab	Quarterly
			200 annual avg.		
Nitrate	mg/l	0	200 monthly avg.	grab	Every
			12		
Flow	mgd	.000	0.2	*rfm&t	Continuous
pH	STD UN	6.00	8.50	grab	Daily 5/wk

The results shall be reported monthly on DER Form 17-1.205(7).

\*rfm&t - recording flowmeter and totalizer

6. The sludge shall be sampled after final treatment in accordance with 17-7.540(2)(e) F.A.C. but prior to land application for the parameters listed below every 6 months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:

- Total Nitrogen - % dry weight
- Total Phosphorus - % dry weight
- Total Potassium - % dry weight
- Cadmium - mg/kg dry weight
- Copper - mg/kg dry weight
- Lead - mg/kg dry weight
- Nickel - mg/kg dry weight
- Zinc - mg/kg dry weight
- pH - standard units
- Total Solids - %

PERMITTEE

SOUTHERN STATES UTILITIES SERVICES, INC. GMS ID NO.: 42P00017  
MARION OAKS UTILITIES PERMIT NO.: DO42-178431

SPECIFIC CONDITIONS (con't):

7. Direct discharge from the percolation/evaporation ponds to area surface waters is not allowed. Surface discharge shall be considered a violation of this permit and the permittee shall immediately report any such discharge to the SW District Office of the Department of Environmental Regulation.

8. If historical or archaeological artifacts, such as Indian canoes, are discovered at any time within the project site the permittee shall immediately notify the district office and the Bureau of Historic Preservation, Division of Archives, History and Records Management, R. A. Gray Building, Tallahassee, Florida 32301, Telephone number (904) 487-2073.

9. The permittee shall maintain an on/site log book to monitor the daily activities of the certified operator. This log book shall record sign in/out times of the certified operator, list any maintenance performed and contain the signature and certification number of the operator.

10. The permittee shall maintain all audible and visual alarm systems on the lift station(s) in operating condition at all times.

11. Back flow preventers shall be installed on all potable water supplies at the treatment facility.

12. The disinfection system shall be operated to maintain a minimum chlorine residual of 0.5 mg/L at the outfall from the chlorine contact chamber. A metering device for dosing chlorine to the effluent shall be utilized and the chlorine supply tank shall be inspected regularly to ensure proper operation.

13. Prior to sixty days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department of Environmental Regulation.

14. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent five (5) days per week for all Class C and D plants pursuant to Chapter 17-602.375(1), F.A.C.

15. The permittee shall be aware of and operate under the attached "General Permit Conditions #1 thru #15". General Permit Conditions are binding upon the permittee and enforceable pursuant to Chapter 403 of the Florida Statutes.

PERMITTEE  
SOUTHERN STATES UTILITIES SERVICES, INC. GMS ID NO.: 42P00017  
MARION OAKS UTILITIES PERMIT NO.: DO42-178431

GROUND WATER SPECIFIC CONDITIONS:

1. In accordance with Chapter 17-28.700, Florida Administrative Code (F.A.C.), the permittee has installed and placed into operation a Groundwater Monitoring System. The Groundwater Monitoring System is designed and constructed in accordance with the plans on file in the Southwest District office.

2. The groundwater monitoring wells are located as follows:

The wells are to be clearly labelled and easily visible at all times.

<u>Well Number</u>	<u>Aquifer</u>	<u>Location</u>
*B-2A	Floridan	25' North of existing road and 160' east of RAS pump.
B-4A	Floridan	NW corner of percolation ponds, 10' east of property boundary.
B-5A	Floridan	South of percolation ponds, 30' NE of Aster Drive and 20' south of existing road.

\* background well

3. If any monitoring well becomes damaged or inoperable, the permittee shall notify the Department immediately and a detailed written report shall follow within seven (7) days. The written report shall detail what problem has occurred and remedial measures that have been taken to prevent the recurrence. All monitoring well design and replacement shall be approved by the Department prior to installation of the replacement well.

4. Within sixty (60) days of issuance of this permit and prior to the submittal of the renewal application of this permit, the permittee shall sample all groundwater monitor wells for the Florida Primary and Secondary Drinking Water parameters included in Chapter 17-550, F.A.C., Public Drinking Water Systems, fecal coliform and EPA Method 608. The analyses shall be submitted to the Department with the renewal application.

PERMITTEE

SOUTHERN STATES UTILITIES SERVICES, INC. GMS ID NO.: 42P00017

MARION OAKS UTILITIES

PERMIT NO.: DO42-178431

GROUND WATER SPECIFIC CONDITIONS: (cont'd)

5. Within sixty (60) days of issuance of this permit and prior to the submittal of the renewal application of this permit, the permittee shall provide a twenty-four (24) hour composite effluent sample prior to discharge to the plant percolation ponds. The composite sample shall be analyzed for the Florida Primary and Secondary Drinking Water Standards in accordance with Chapter 17-550, F.A.C., the EPA Priority Pollutants and fecal coliform. The effluent analysis shall be submitted to the Department with the renewal application.

6. All groundwater monitor wells shall be sampled and analyzed quarterly for the following parameters. However, additional samples, wells, and parameters may be required based upon subsequent analyses.

<u>PRIMARY STANDARDS</u>	<u>UNITS</u>	<u>STORET</u>
Nitrate (as Nitrogen)	mg/L	000620
Sodium	mg/L	000929
Turbidity	NTU	082079
<u>SECONDARY STANDARDS</u>		
Chloride	mg/L	000940
Total Dissolved Solids (TDS)	mg/L	070300
pH	std. units	000400
<u>OTHERS</u>		
Temperature	°C	000010
Total Organic Carbon (TOC)	mg/L	000680
Specific Conductance	umhos/cm	000095
Fecal Coliform	cts/100 ml	031616
Water Levels (MSL)	feet	072020
TKN	mg/l	000625
NH3	mg/l	000610

PERMITTEE  
SOUTHERN STATES UTILITIES SERVICES, INC. GMS ID NO.: 42P00017  
MARION OAKS UTILITIES PERMIT NO.: DO42-178431

GROUND WATER SPECIFIC CONDITIONS:

7. Following the initial analysis of the ground water monitor wells, the wells shall be sampled and results reported in accordance with the following schedule:

<u>Sample Period</u>	<u>Report Due Date</u>
1st Quarter (January-March)	April 15
2nd Quarter (April-June)	July 15
3rd Quarter (July-September)	October 15
4th Quarter (October-December)	January 15

The permittee shall submit to the Department the results of the effluent water quality analyses no later than the fifteenth (15) day of the month immediately following the end of the sampling period.

8. If, at any time, background groundwater standards are exceeded at the edge of the zone of discharge, the permittee has fifteen (15) days in which to resample the monitor well(s) to verify the original analysis. The monitoring test results must be submitted to the Department within fifteen days of receipt of the analysis from the laboratory. Should the permittee choose not to resample, the Department will consider the water quality analysis as representative of current groundwater conditions at the facility.

9. The field testing, sample collection and preservation and laboratory testing, including quality control procedures, shall be in accordance with methods approved by the Department in accordance with Chapter 17-4.246 and 17-3.401, F.A.C. Approved methods as published by the Department or as published in Standard Methods, A.S.T.M. or EPA methods shall be used. Approved methods for chemical analyses are summarized in the Federal Register, December 1, 1976 (41FR52780) except that turbidity shall be measured by the Nephelometric Method.

10. Groundwater sampling shall be reported on the attached Parameter Monitoring Report Forms [DER Form 17-1.216(2)]. In order to facilitate entry of this data into the State computer system, these forms or an exact replica must be used and must not be altered as to content. The original copies should be retained so that the necessary information is available to properly complete future reports. The report forms received from the laboratory must be submitted along with the DER Parameter Monitoring Report Forms described above.

11. The permittee shall ensure that the water quality standards for Class G-II groundwaters will not be exceeded at the boundary of the zone of discharge according to Sections 17-3.402 and 17-3.404, F.A.C.

DER Form 17-1.201(5) Page 6 of 7.

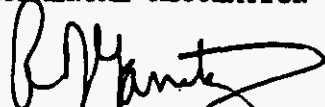
PERMITTEE

SOUTHERN STATES UTILITIES SERVICES, INC. GMS ID NO.: 42P00017  
MARION OAKS UTILITIES PERMIT NO.: DO42-178431

GROUND WATER SPECIFIC CONDITIONS:

12. The permittee shall ensure that the minimum criteria for groundwater specified in Section 17-3.402, F.A.C. shall not be violated within the zone of discharge.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION



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Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary

**Meredith Manor - 330**

**Seminole County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

**MEREDITH MANOR**

An Operating Permit is not included because wastewater is treated by the City of Altamonte Springs.





**Morningview - 562**

**Lake County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Permittee:  
Mr. Bert Phillips, President  
Southern States Utility Services  
1000 Color Place  
Apopka, FL 32707

I. D. Number: 3035PO3398  
Permit Number: D035-179425  
Expiration Date: 07/01/95  
County: Lake  
Project: Morningview  
Subdivision, S.T.P.

Attention: Rafael A. Ferrero, P.E.

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-600, and 17-610 F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate: A 0.020 MGD design capacity extended aeration wastewater treatment facility. The disinfected effluent is discharged to ground water via a percolation pond (22,500 ± square feet) and no discharge to surface waters.

Location: U.S. 27 and S.R. 273, south of Leesburg, Lake County, Florida.

Treatment Required: Secondary treatment and basic disinfection.

Operators Required: This is a Class D, Category III treatment facility. In accordance with Chapter 17-602, F.A.C. an operator of minimum certification Class D shall be on-site for three (3) nonconsecutive visits per week for one and one-half (1 1/2) hours per week, as a minimum. Class D plants shall have daily maintenance 5 days a week. Class D plants under contract operation by a Class C or higher operator, must meet the requirements of Rule 17-602.370, F.A.C.

General Conditions are attached to be distributed to the permittee only.

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. *The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.*
2. *This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.*
3. *As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.*
4. *This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.*
5. *This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.*
6. *The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.*
7. *The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:*
  - a. *Having access to and copying any records that must be kept under the conditions of the permit.*
  - b. *Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and*
  - c. *Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.*

*Reasonable time may depend on the nature of the concern being investigated.*
8. *If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:*
  - a. *a description of and cause of non-compliance; and*

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of this permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Mr. Bert Phillips, President  
  
Attention: Rafael A. Terrero, P.E.

I. D. Number: 3035P03398  
Permit Number: D035-179425  
Expiration Date: 07/01/95

SPECIFIC CONDITIONS:

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
Flow	daily, 5 days per week
Chlorine residual	daily, 5 days per week
pH	daily, 5 days per week
BOD <sub>5</sub>	monthly
TSS	monthly
Fecal coliform	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office and Lake County Environmental Services, by the 15th day of the following month.

2. The effluent delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
3. This facility which has a design capacity less than 100,000 GPD is exempt from groundwater monitoring as set forth in Rule 17-28.700, F.A.C.
4. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
5. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
6. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
7. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.

PERMITTEE:  
Mr. Bert Phillips, President  
Attention: Rafael A. Terrero, P.E.

I. D. Number: 3035PO3398  
Permit Number: DO35-179425  
Expiration Date: 07/01/95

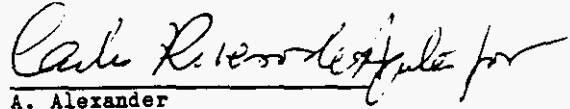
SPECIFIC CONDITIONS:

8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.
9. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge shall be analyzed annually and submitted to the department in accordance with Rule 17-7.540(1) and (2), F.A.C., or if not analyzed shall be disposed of at approved sanitary landfills.

ISSUED

7/12/90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Palm Port - 440**

**Putnam County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

NORTHEAST DISTRICT  
3426 BILLS ROAD  
JACKSONVILLE, FLORIDA 32207  
904/798-4200



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY  
ERNEST E. FREY  
DISTRICT MANAGER  
GARY L. SHAFFER  
ASSISTANT DISTRICT MANAGER

PERMITTEE:

Mr. Charles L. Sweat, President  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

I.D. Number: 3154P10170  
Permit/Cert Number: D054-146222  
Date of Issue: June 1, 1988  
Expiration Date: June 1, 1993  
County: Putnam  
Lat/Long: 29°40'58N/81°37'30"W  
Section/Township/Range:  
Project: Palm Port STP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-6, 17-7, 17-16 and 17-19. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

To operate a 0.050 MGD extended aeration STP with chlorinated effluent disposal to two (2) percolation/evaporation ponds serving Palm Port Subdivision

Located on Route 207-A west of East River Road, East Palatka, Putnam County, Florida.

In accordance with the application received March 7, 1988.

This permit replaces Permit Number D054-67383.

PERMITTEE:  
Palm Port STP

I.D. Number: 3154P10170  
Permit Number: D054-146222  
Date of Issue: June 1, 1988  
Expiration Date: June 1, 1993

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.

This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

PERMITTEE:  
Palm Port STP

I.D. Number: 3154P10170  
Permit Number: DD54-146222  
Date of Issue: June 1, 1988  
Expiration Date: June 1, 1993

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

PERMITTEE:  
Palm Port STP

I.D. Number: 3154P10170  
Permit Number: D054-146222  
Date of Issue: June 1, 1988  
Expiration Date: June 1, 1993

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards
- ( ) (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. - The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:

Palm Port STP

I.D. Number: 3154P10170

Permit Number: D054-146222

Date of Issue: June 1, 1988

Expiration Date: June 1, 1993

SPECIFIC CONDITIONS:

1. Waste sludge or other solid wastes shall not be discharged into surface waters either directly or indirectly. These shall be disposed of in a manner approved by DER.
2. The effluent from this source shall be adequately chlorinated at all times so as to meet the disinfection requirements of FAC Rule 17-6.060(1)(c).
3. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of Chapter 17-16, FAC. Sampling and monitoring of this facility will be in accordance with Chapter 17-19, FAC.
4. The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in Chapter 17-3, FAC.
5. No additional connection shall be made to this facility without prior approval of this agency.
6. The permit holder shall also comply with county, municipal, federal and other state regulations.
7. During the period of operation allowed by this permit, the permittee shall furnish one copy of the monthly operations report on the operation of the pollution control plant. Such report shall also contain information on the daily quantities of waste sludge generated at the source, type and degree of its treatment and the site of its ultimate disposal. Reports shall be submitted on a monthly basis to the Department of Environmental Regulation, Northeast District Office, 3426 Bills Road, Jacksonville, Florida 32207.
8. An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the department in accordance with FAC Rule 17-6.150(2).
9. Waste sludge disposal shall be in accordance with Part IV of Chapter 17-7, FAC. Sludge which has not been analyzed pursuant to FAC Rule 17-7.54(2) shall be disposed of at permitted or exempted solid waste disposal sites pursuant to FAC Rule 17-7.03(2), or as otherwise provided in FAC Rule 17-7.54(6).
10. A log book shall be maintained as a record of the operation and maintenance activities as well as attendance and shall be submitted to the department upon request.
11. A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner, so as to comply with General Condition No. 12 above.

PERMITTEE:  
Palm Port STP

I.D. Number: 3154P10170  
Permit Number: D054-146222  
Date of Issue: June 1, 1988  
Expiration Date: June 1, 1993

12. The monitoring requirements and effluent limitations for this plant are as follows:

PARAMETER	ANNUAL AVERAGE	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
Flow (mgd)	0.050	Daily, 5/week	Flow meter	Influent or Effluent
*BOD <sub>5</sub> (mg/l)	20	Every 2 weeks	Grab	Influent and Effluent
*TSS (mg/l)	20	Every 2 weeks	Grab	Influent and Effluent
NO <sub>3</sub> -N (mg/l)	12	Every 2 weeks	Grab	Effluent
pH Units	6.0 - 8.5	Daily, 5/week	Grab	Effluent
Chlorine Residual (mg/l)	0.5 Minimum 1.0 Maximum	Daily, 5/week	Grab	Effluent
Fecal Coliform (no./100 (ml))	200	Quarterly	Grab	Effluent

\* or 90% removal, whichever is more stringent.

	ANNUAL	MONTHLY	WEEKLY	ONE TIME MAXIMUM
BOD <sub>5</sub>	20	30**	45**	60**
TSS	20	30**	45**	60**

\*\* Rule 17-6.180

13. Prior to sixty (60) days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department, Section 17-4.09, FAC.

14. According to FAC Chapter 17-16, this is a Class C, Level III treatment process that requires the services of a certified operator (Class C or higher) one half hour a day for five (5) days per week and a weekend visit.. Additionally, the owner or representative shall perform maintenance and testing five (5) days a week.

Executed this 1st day of June, 1988

*OPW*  
*by*  
STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

*for*  
*W.P. Stewart*  
Ernest E. Frey, District Manager

**Palm Terrace - 1429**

**Pasco County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garrity, Deputy Assistant Secretary

### PERMITTEE

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attn: Charles L. Sweat  
President

### PERMIT/CERTIFICATION

GMS ID No: 51P01846  
Permit No: D051-150578  
Date of Issue: 9/6/88  
Expiration Date: 8/18/93  
County: Pasco  
Lat/Long: 28°19'10"  
82°41'19"  
Sec/Town/Range: 10/25S/16E  
Project: Palm Terrace Gardens STP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Operation of a 0.2 MGD Type II extended aeration sewage treatment plant with chlorinated effluent to two percolation/evaporation ponds of 121,096 square feet total bottom area and a 2.2 acre slow rate irrigation system.

Location: Arbondale and Jason Streets, Port Richey, Florida

Replaces Permit No.: D051-091810      Expired: 11/26/89



PERMITTEE:

Southern States Utilities, Inc. GMS ID NO.: 51P01846  
 PALM TERRACE GARDENS STP PERMIT NO.: DO51-150576

SPECIFIC CONDITIONS:

1. Drawings, plans, documents or specifications submitted by the permittee, not attached hereto, but retained on file at the Southwest District Office, are made a part hereof.

2. The Zone of discharge boundary shall extend horizontally 100 feet from the site boundary or to the installation's property boundary, whichever is less, and vertically to the base of the shallow water table aquifer. (17-4.245(4), F.A.C.)

3. The water quality standards for Class G-II groundwater shall not be exceeded at the boundary of the zone of discharge. (17-3.402, 17-3.404, F.A.C.)

4. In accordance with Chapter 17-16, F.A.C., the required certified operator on site time is: A Class C or better operator for 1/2 hour, 5 days a week and a weekend visit.

5. The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-19 F.A.C. and shall meet the following limitations:

Parameter	Unit	Min-imum	Maximum	Type Sample	Frequency
EOD & Suspended Solids	mg/l	0	20 annual avg.	grab	Every two weeks
			30 monthly avg.		
			45 weekly avg.		
			60 any one sample		
Fecal coliform	#/100	0	200 annual avg. 200 monthly avg.	grab	Quarterly
Nitrate	mg/l	0	12	grab	Every two weeks
Flow	mgd	.000	0.2		Daily 5/wk
pH	STD UN	6.00	8.50	grab	Daily 5/wk

The results shall be reported monthly on DER Form 17-1.205(7).

6. The sludge shall be sampled after final treatment accordance with 17-7.540(2)(e) F.A.C. but prior to utilization or disposal for the parameters listed below every 6 months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:

- Total Nitrogen - % dry weight
- Total Phosphorus - % dry weight
- Total Potassium - % dry weight
- Cadmium - mg/kg dry weight
- Copper - mg/kg dry weight
- Lead - mg/kg dry weight
- Nickel - mg/kg dry weight
- Zinc - mg/kg dry weight
- pH - standard units
- Total Solids - %

PERMITTEE:

Southern States Utilities, Inc. GMS ID NO.: 51P01846  
PALM TERRACE GARDENS STP PERMIT NO.: DO51-150578

SPECIFIC CONDITIONS: (cont'd)

7. Direct discharge from the percolation/evaporation ponds to area surface waters is not allowed. Surface discharge shall be considered a violation of this permit and the permittee shall immediately report any such discharge to the SW District Office of the Department of Environmental Regulation.

8. The spray irrigation site shall be properly fenced giving access control to the area. Vegetation on the spray site shall be cropped regularly and the soil surface maintained in order to prevent ponding. Spray nozzles are to be regularly inspected for proper operation and the spray zone shall be entirely within the fenced compound.

9. The permittee shall ensure that neither ponding nor run-off from the spray site occurs as a result of the spray irrigation of the wastewater. The Department considers ponding to be any residual which remains on the surface sufficient time to contaminate stormwater runoff or otherwise be environmentally objectionable due to odor or public health criteria.

10. The permittee shall maintain an on/site log book to monitor the daily activities of the certified operator. This log book shall record sign in/out times of the certified operator, list any maintenance performed and contain the signature and certification number of the operator.

11. The permittee shall maintain all audible and visual alarm systems on the lift station(s) in operating condition at all times.

12. Back flow preventers shall be installed on all potable water supplies at the treatment facility.

13. The disinfection system shall be operated to maintain a minimum chlorine residual of 0.5 mg/l at the outfall from the chlorine contact chamber. A metering device for dosing chlorine to the effluent shall be utilized and the chlorine supply tank shall be inspected regularly to ensure proper operation.

14. Prior to sixty days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department of Environmental Regulation.

15. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent five (5) days per week for all Class C and D plants pursuant to Chapter 17-16.375(1), F.A.C.

DER FORM 17-1.201(5) PAGE 3 of 6.

PERMITTEE:

Southern States Utilities, Inc. GMS ID NO.: 51P01846  
PALM TERRACE GARDENS STP PERMIT NO.: DO31-150573

SPECIFIC CONDITIONS (con't):

16. The permittee shall be aware of and operate under the attached "General Permit Conditions #1 thru #15". General Permit Conditions are binding upon the permittee and enforceable pursuant to Chapter 403 of the Florida Statutes.

GROUNDWATER MONITORING PLAN:

1. In accordance with Chapter 17-4, Florida Administrative Code (F.A.C.), the permittee has installed and placed into operation a Groundwater Monitoring System. The Groundwater Monitoring System is designed and constructed in accordance with plans on file in the Southwest District Office.

2. The groundwater monitoring wells are located as follows:

<u>Well Number</u>	<u>Aquifer</u>	<u>Location</u>
*EN1WS	Surficial	Reference drawing attached
EN2WS	Surficial	Reference drawing attached
EN3WS	Surficial	Reference drawing attached
*EN4WS	Surficial	Reference drawing attached
EN6WS	Floridan	Reference drawing attached
EN7WS	Floridan	Reference drawing attached

• background well

The wells are to be clearly labelled and easily visible at all times.

3. If any monitoring well becomes damaged or inoperable, the permittee shall notify the Department immediately and a detailed written report shall follow within seven (7) days. The written report shall detail what problem has occurred and remedial measures that have been taken to prevent the recurrence. All monitoring well design and replacement shall be approved by the Department prior to installation.

4. Sixty (60) days prior to the renewal of this permit, the permittee shall sample all groundwater monitoring wells for the Primary and Secondary Drinking Water parameters included in Chapter 17-22, Florida Administrative Code, Public Drinking Water Systems, fecal coliform and EPA Method 608. The specific parameters for the Primary [17-22.220] and Secondary [17-22.210] Drinking Water Standards are listed in Part II, Quality Standards, Analytical Methods, Sampling.

PERMITTEE:

Southern States Utilities, Inc. GMS ID NO.: 51P01846  
PALM TERRACE GARDENS STP PERMIT NO.: D051-150573

GROUNDWATER MONITORING PLAN (con't):

5. Sixty (60) days prior to the renewal of this permit, the permittee shall provide a twenty-four (24) hour composite effluent sample prior to discharge to the plant percolation ponds. The composite sample shall be analyzed for the Primary and Secondary Drinking Water Standards in accordance with 17-22, F.A.C., the EPA Priority Pollutants and fecal coliform.

6. All groundwater monitor wells shall be sampled and analyzed quarterly for the following parameters. However, additional sample(s), well(s), and parameter(s) may be required based upon subsequent analyses.

PRIMARY STANDARDS

Nitrate (as Nitrogen)	mg/L
Sodium	mg/L
Turbidity	NTU

SECONDARY STANDARDS

Chloride	mg/L
Total Dissolved Solids (TDS)	mg/L
pH	std. units
color	PT-CO
Iron	ug/L

OTHERS

Temperature	°C
Total Organic Carbon (TOC)	mg/L
Specific Conductance	umhos/cm
Water Levels (N.G.V.D.)	feet
Fecal Coliform	cts/100 ml

7. If, at any time, background groundwater standards are exceeded at the edge of the zone of discharge, the permittee has fifteen (15) days in which to resample the monitor well(s) to verify the original analysis. The monitoring test results must be submitted to the Department within fifteen days of receipt of the analysis from the laboratory. Should the permittee choose not to resample, the Department will consider the water quality analysis as representative of current groundwater conditions at the facility.

PERMITTEE:

Southern States Utilities, Inc. GMS ID NO.: 51P01846  
PALM TERRACE GARDENS STP PERMIT NO.: DO51-150578

GROUNDWATER MONITORING PLAN (con't):

8. The field testing, sample collection and preservation and laboratory testing, including quality control procedures, shall be in accordance with methods approved by the Department in accordance with Chapter 17-4.246 and 17-3.401, F.A.C. Approved methods as published by the Department or as published in Standard Methods, A.S.T.M. or EPA methods shall be used. Approved methods for chemical analyses are summarized in the Federal Register, December 1, 1976 (41FR52780) except that turbidity shall be measured by the Nephelometric Method.

9. Groundwater sampling shall be reported on the attached Parameter Monitoring Report Forms [DER Form 17-1.216(2)]. In order to facilitate entry of this data into the State computer system, these forms or an exact replica must be used and must not be altered as to content. The original copies should be retained so that the necessary information is available to properly complete future reports. The report forms received from the laboratory must be submitted along with the DER Parameter Monitoring Report Forms described above. The permittee shall submit to the Department the results of the groundwater monitoring well water quality analysis no later than the fifteenth (15) day of the month immediately following the end of the sampling period. The results shall be sent to the Department of Environmental Regulation, Southwest District Office, 4520 Oak Fair Boulevard, Tampa, Florida 33610.

10. The permittee shall ensure that the water quality standards for Class G-II groundwaters will not be exceeded at the boundary of the zone of discharge according to Sections 17-3.402 and 17-3.404, F.A.C.

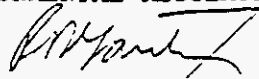
11. The permittee shall ensure that the minimum criteria for groundwater specified in Section 17-3.402, F.A.C. shall not be violated within the zone of discharge.

12. Within one hundred twenty (120) days of issuance of this permit, the permittee shall submit additional disposal sites for the minimum disposal of 0.100 MGD of reclaimed water. All proposed sites shall include a groundwater monitoring plan.

Issued this 6 day of

Sept, 1978

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION

  
Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary

**Park Manor - 444**

**Putnam County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

NORTHEAST DISTRICT  
3428 BILLS ROAD  
JACKSONVILLE, FLORIDA 32207  
904/796-4200



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY  
ERNEST E FREY  
DISTRICT MANAGER  
GARY L SHAFER  
ASSISTANT DISTRICT MANAGER

PERMITTEE:

Mr. Charles L. Sweat, President  
Park Manor of Putnam County, Inc.  
1000 Color Place  
Apopka, Florida 32703

I.D. Number: 3154P00096  
Permit/Cert Number: D054-146586  
Date of Issue: June 9, 1988  
Expiration Date: June 9, 1993  
County: Putnam  
Lat/Long: 29°37'35"/81°50'35"  
Section/Township/Range: 17/25E/10S  
Project: Park Manor STP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-6, 17-7, 17-16 and 17-19. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

operate a 0.015 mgd extended aeration sewage treatment plant with chlorination and effluent discharge to evaporation/percolation pond serving Park Manor of Putnam County, Inc., Subdivision.

Located south of State Road 20 on Park Road, 2.5 miles east of Interlachen, Putnam County, Florida.

In accordance with application received March 14, 1988. This permit replaces permit number D054-65603.

PERMITTEE:  
Park Manor STP

I.D. Number: B154P00096  
Permit Number: D054-146586  
Date of Issue: June 9, 1988  
Expiration Date: June 9, 1993

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:



PERMITTEE:

Park Manor STP

I.D. Number: 3754P00096

Permit Number: 0054-146586

Date of Issue: June 9, 1988

Expiration Date: June 9, 1993

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

PERMITTEE:  
Park Manor STP

I.D. Number: 3154P00096  
Permit Number: 0054-146586  
Date of Issue: June 9, 1988  
Expiration Date: June 9, 1993

3. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards  
( ) (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:

Park Manor STP

I.D. Number: 3154P00096

Permit Number: D054-146586

Date of Issue: June 9, 1988

Expiration Date: June 9, 1993

5. IFIC CONDITIONS:

1. Waste sludge or other solid wastes shall not be discharged into surface waters either directly or indirectly. These shall be disposed of in a manner approved by DER.
2. The effluent from this source shall be adequately chlorinated at all times so as to meet the disinfection requirements of FAC Rule 17-6.060(1)(c).
3. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of Chapter 17-16, FAC. Sampling and monitoring of this facility will be in accordance with Chapter 17-19, FAC.
4. The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in Chapter 17-3, FAC.
5. No additional connection shall be made to this facility without prior approval of this agency.
6. The permit holder shall also comply with county, municipal, federal and other state regulations.
7. During the period of operation allowed by this permit, the permittee shall furnish one copy of the monthly operations report on the operation of the pollution control plant. Such report shall also contain information on the daily quantities of waste sludge generated at the source, type and degree of its treatment and the site of its ultimate disposal. Reports shall be submitted on a monthly basis to the Department of Environmental Regulation, Northeast District Office, 3426 Bills Road, Jacksonville, Florida 32207.
8. An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the department in accordance with FAC Rule 17-6.150(2).
9. Waste sludge disposal shall be in accordance with Part IV of Chapter 17-7, FAC. Sludge which has not been analyzed pursuant to FAC Rule 17-7.54(2) shall be disposed of at permitted or exempted solid waste disposal sites pursuant to FAC Rule 17-7.03(2), or as otherwise provided in FAC Rule 17-7.54(6).
10. A log book shall be maintained as a record of the operation and maintenance activities as well as attendance and shall be submitted to the department upon request.
11. A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner, so as to comply with General Condition No. 12 above.

PERMITTEE:  
Park Manor STP

I.D. Number: 3154P00096  
Permit Number: 0054-146586  
Date of Issue: June 9, 1988  
Expiration Date: June 9, 1993

12. The monitoring requirements and effluent limitations for this plant are as follows:

PARAMETER	ANNUAL AVERAGE	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
Flow (mgd)	0.015	Daily, 5/week	Elapsed Time Measurement	Influent or Effluent
*BOD <sub>5</sub> (mg/l)	20	Monthly	Grab	Influent and Effluent
*TSS (mg/l)	20	Monthly	Grab	Influent and Effluent
NO <sub>3</sub> -N (mg/l)	12	Monthly	Grab	Effluent
pH Units	6.0 - 8.5	Daily, 5/week	Grab	Effluent
Chlorine Residual (mg/l)	0.5 Minimum 1.0 Maximum	Daily, 5/week	Grab	Effluent
Fecal Coliform (no./100 (ml))	200	Quarterly	Grab	Effluent

\* or 90% removal, whichever is more stringent.

	ANNUAL	MONTHLY	WEEKLY	ONE TIME MAXIMUM
BOD <sub>5</sub>	20	30**	45**	60**
TSS	20	30**	45**	60**

\*\* Rule 17-6.180

13. Prior to sixty (60) days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department, Section 17-4.09, FAC.
14. The permittee shall provide regular cleaning of the pond to ensure its continued effective operation without overflowing. Within 60 days the permittee shall provide this office with a maintenance schedule confirming that the pond will be adequately cleaned on a regular basis.

If maintenance practices can not be taken to ensure that the pond will adequately dispose of effluent on a continuous basis, modification to a two cell evaporation/percolation pond system will be required. This will require a construction permit from this department, based on a design by and an application certified by a Florida registered engineer.

PERMITTEE:

Park Manor STP

I.D. Number: 3154PC0096

Permit Number: DD54-146586

Date of Issue: June 9, 1988

Expiration Date: June 9, 1993

According to FAC Chapter 17-16, this is a Class D, Level III treatment process that requires the services of a certified operator (Class D or higher) three (3) nonconsecutive visits per week for 1-1/2 hours per week. Additionally, the owner or representative shall perform maintenance and testing five (5) days a week.

*OPW*

*SHH*

Issued this 9th day of June 1988

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

*for Michael J. Pittsimmora*  
Ernest E. Frey, District Manager

**Point O' Woods - 987**

**Citrus County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garrity, Deputy Assistant Secretary

### PERMITTEE

Mr. Charles L. Sweat  
1000 Color Place  
Apopka, Florida 32703

### PERMIT/CERTIFICATION

GMS ID No: 09P03461  
Permit No: D009-159336  
Date of Issue: 5/11/89  
Expiration Date: 5/5/94  
County: Citrus  
Lat/Long: 28°51'47"N  
82°16'39"W  
Sec/Town/Range: 2/19S/20E  
Project: Point O' Woods WWTP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Operation of a 0.058 MGD extended aeration sewage treatment plant with 1.2 acre holding pond and disposal of the reclaimed water by spray irrigation on 20 acres of an adjacent golf course.

### Location:

Replaces Permit No.: D009-153816      Expired: 3/12/89  
DC09-123207      3/12/89

PERMITTEE  
 MR. CHARLES L. SWEAT  
 POINT O' WOODS WWTP

GMS ID NO.: 09P03461  
 PERMIT NO.: DO09-159336

SPECIFIC CONDITIONS:

1. Drawings, plans, documents or specifications submitted by the permittee, not attached hereto, but retained on file at the Southwest District Office, are made a part hereof.
2. The Zone of discharge boundary shall extend horizontally 100 feet from the site boundary or to the installation's property boundary, whichever is less, and vertically to the base of the shallow water table aquifer. (17-4.245(4), F.A.C.)
3. The water quality standards for Class G-II groundwater shall not be exceeded at the boundary of the zone of discharge. (17-3.402, 17-3.404, F.A.C.)
4. In accordance with Chapter 17-16 F.A.C., the required certified operator on site time is: a Class C or better operator for 1/2 hour, 5 days a week and a weekend visit.
5. The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-19 F.A.C. and shall meet the following limitations:

Parameter	Unit	Min- imum	Maximum	Type Sample	Frequency
BOD	mg/l	0	20 annual avg. 30 monthly avg. 45 weekly avg. 60 any one sample	grab	Monthly
Suspended Solids (before chlorination)	mg/l	0	5 any one sample	grab	Monthly
Fecal coliform	#/100	0	non-detectable	grab	Daily
Flow	mgd	.000	0.058		Daily 5/wk
pH	STD UN	6.00	8.50	grab	Daily 5/wk

The results shall be reported monthly on DER Form 17-1.205(7) to the DER Tampa Office.

6. The sludge shall be sampled after final treatment in accordance with 17-7.540(2)(e) F.A.C. but prior to land application for the parameters listed below every 12 months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:

- Total Nitrogen - % dry weight
- Total Phosphorus - % dry weight
- Total Potassium - % dry weight
- Cadmium - mg/kg dry weight
- Copper - mg/kg dry weight
- Lead - mg/kg dry weight
- Nickel - mg/kg dry weight
- Zinc - mg/kg dry weight
- pH - standard units
- Total Solids - %



PERMITTEE  
MR. CHARLES L. SWEAT  
POINT O' WOODS WWTP

GMS ID NO.: 09P03461  
PERMIT NO.: D009-159336

SPECIFIC CONDITIONS (con't):

7. Direct discharge from the percolation ponds to area surface waters is not allowed. Surface discharge shall be considered a violation of this permit and the permittee shall immediately report any such discharge to the SW District Office of the Department of Environmental Regulation.
8. The permittee shall ensure that neither ponding nor run-off from the spray site occurs as a result of the spray irrigation of the wastewater. The Department considers ponding to be any residual which remains on the surface sufficient time to contaminate stormwater runoff or otherwise be environmentally objectionable due to odor or public health criteria.
9. The permittee shall maintain an on/site log book to monitor the daily activities of the certified operator. This log book shall record sign in/out times of the certified operator, list any maintenance performed and contain the signature and certification number of the operator.
10. The permittee shall maintain all audible and visual alarm systems on the lift station(s) in operating condition at all times.
11. Backflow preventers shall be installed on all potable water supplies at the treatment facility and spray irrigation site.
12. The permittee shall be aware of and operate under the attached "General Permit Conditions #1 thru #15". General Permit Conditions are binding upon the permittee and enforceable pursuant to Chapter 403 of the Florida Statutes.

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION



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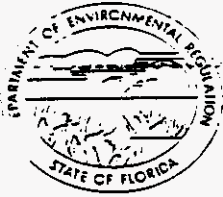
Richard D. Garvity, Ph.D.  
Deputy Assistant Secretary

**Salt Springs - 1115**

**Marion County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

Permittee:  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32705

Attention: Charles L. Sweat  
President

I. D. Number: 3042P00110  
Permit/Certification  
Number: D042-154300  
Date of Issue: 10/12/88  
Expiration Date: October 1, 1993  
County: Marion  
Project: Salt Springs Village, S.T.P.

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6, F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate: A 0.085 MGD design capacity extended aeration wastewater treatment facility. The disinfected reclaimed water is discharged to ground water via two percolation ponds (9,000 ± sq. ft. each) and no discharge to surface waters.

Location: S.R. 19 & S.R. 316, Salt Springs, Marion County, Florida.

Treatment Required: Secondary treatment and basic disinfection.

Operators Required: This is a Class C, Category III, treatment facility. In accordance with Chapter 17-16, F.A.C., an operator of minimum certification, Class C, shall be on-site for one-half (1/2) hour per day, five (5) days per week and one weekend visit, as a minimum.

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 6

PERMITTEE: \_\_\_\_\_

I.D. Number: \_\_\_\_\_  
Permit/Certification Number: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may institute enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or lessorhold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.

This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted work, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.

6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit;
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

ATTEN: \_\_\_\_\_

I.D. Number: \_\_\_\_\_  
Permit/Certification Number: \_\_\_\_\_  
Date of Issue: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

1. The period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.

The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.

This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.

This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards (Section 401, PL 92-500)  
Compliance with New Source Performance Standards

The permittee shall comply with the following monitoring and record keeping requirements:

1. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
2. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
3. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts are not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Southern States Utilities, Inc.

Attention: Charles L. Sweat,  
President

I. D. Number: 3042P00110  
Permit/Certification Number:  
D042-154300  
Date of Issue:  
Expiration Date: October 1, 1993

SPECIFIC CONDITIONS:

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
TSS	once every two weeks
BOD <sub>5</sub>	once every two weeks
pH	daily, five (5) per week
Chlorine residual	daily, five (5) per week
Flow	daily, five (5) per week
Fecal coliform	quarterly
Nitrate as N	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted to this office on a monthly basis, by the 15th day of the following month.

2. This facility which has a design capacity less than 100,000 GPD is exempt from groundwater monitoring as set forth in Rule 17-4.245, F.A.C.
3. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
4. The maintenance and operation log required pursuant to Rule 17-16.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
5. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
6. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.

PERMITTEE:  
Southern States Utilities, Inc.

Attention: Charles L. Sweat,  
President

I. D. Number: 3042P00110  
Permit/Certification Number:  
D042-154300  
Date of Issue:  
Expiration Date: October 1, 1993

SPECIFIC CONDITIONS:

7. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit.
8. The reclaimed water delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
9. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge which has not been analyzed pursuant to Rule 17-7.54(1) and (2), F.A.C. shall be disposed of at approved sanitary landfills or as otherwise provided in Rule 17-7.54(6), F.A.C.
10. Under normal operating conditions, maximum allowable wastewater level in any of the percolation ponds should be one (1) foot above the pond bottom. Once that level is reached, the pond should be rested (removed from use until next loading cycle). A staff gauge with graduation in feet and tenths shall be provided in each pond. To ensure optimum pond operation, hydraulic loading periods of 1-7 days, with resting periods of 5-14 days are recommended.

Emergency overflow discharges shall not be allowed unless caused by storm water events in excess of the 10 year-24 hour rainfall (more than 7.0 inches for any day) or the accumulation of rainfall greater than 10 inches for any three (3) consecutive days. To document the rainfall, it is required that rain gauge readings be taken at the same time each day.

It should be noted that discharge is allowed only in amounts equal to the volume of excess rainfall (i.e., rainfall in excess of 7.0 inches for any day or the accumulation of rainfall greater than 10 inches for any three (3) consecutive days) times the surface area of pond(s).

PERMITTEE:  
Southern States Utilities, Inc.  
Attention: Charles L. Sweat,  
President

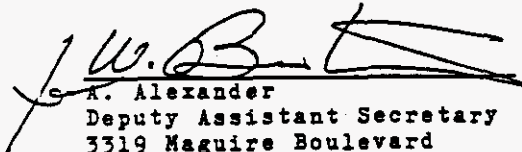
I. D. Number: 3042P00110  
Permit/Certification Number:  
D042-154300  
Date of Issue:  
Expiration Date: October 1, 1993

SPECIFIC CONDITIONS:

Within 24 hour of both commencement and ending of discharge the permittee must notify the event to the department in writing. Within 10 days a report must be provided containing information on the time of discharge, volume discharged, a log of daily rain gauge readings, and wastewater characteristics for pH, BOD5, TSS, TN and TP.

ISSUED OCTOBER 12, 1988

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803  
(407) 894-7555



**Silver Lake Oaks - 473**

**Putnam County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

### PERMITTEE:

Mr. Rafael Terrero, P.E.  
Chief Engineer  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

I.D. Number: 3154P00390  
Permit/Cert Number: D054-193603  
Date of Issue: August 9, 1991  
Expiration Date: August 9, 1996  
County: Putnam  
Lat/Long: 29°37'18"N/81°42'47"W  
Section/Township/Range: 17/10S/26E  
Project: Silver Lake Oaks Mobile Home Park  
WWTP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-7, 17-301, 17-302, 17-600, 17-601, 17-602, 17-610 and 17-640. The above named Permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

To operate a 0.012 mgd extended aeration wastewater treatment facility consisting of 2 aeration tanks, clarifier, sludge holding tank, chlorine contact chamber, sand filter, effluent holding tank, and required appurtances. Chlorinated reclaimed water from the facility is disposed of by land application to two 3,638 ft<sup>2</sup> drainfields.

This facility is located on the south side of Silver Lake Drive, southwest of Palatka, Putnam County, Florida.

In accordance with application received March 11, 1991, and additional information received on July 31, 1991.

**PERMITTEE:**

Silver Lake Oaks Mobile Home Park WWTP  
Mr. Rafael Terrero, P.E.

I.D. Number: 3154P00390  
Permit Number: 0054-193603  
Date of Issue: August 9, 1991  
Expiration Date: August 9, 1996

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

PERMITTEE:

Silver Lake Oaks Mobile Home Park WWTP  
Mr. Rafael Terrero, P.E.

I.D. Number: 3154P00390  
Permit Number: DD54-193603  
Date of Issue: August 9, 1991  
Expiration Date: August 9, 1996

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

PERMITTEE:

Silver Lake Oaks Mobile Home Park WWTP  
Mr. Rafael Terrero, P.E.

I.D. Number: 3154P00390  
Permit Number: D054-193603  
Date of Issue: August 9, 1991  
Expiration Date: August 9, 1996

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards  
( ) (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:

Silver Lake Oaks Mobile Home Park WWTP  
Mr. Rafael Terrero, P.E.

I.D. Number: 3154P00390  
Permit Number: DJ54-193603  
Date of Issue: August 9, 1991  
Expiration Date: August 9, 1996

SPECIFIC CONDITIONS:

- PS 1. Waste sludge or other solid wastes shall not be discharged into surface waters either directly or indirectly. These shall be disposed of in a manner approved by the Department.
- PS 2. The effluent from this source shall be adequately chlorinated at all times so as to meet the disinfection requirements of Rule 17-600.440 (4), FAC.
- PS 3. The personnel in charge of the operation, supervision, or maintenance of the treatment facilities shall meet the requirements of Chapter 17-602, FAC. Sampling and monitoring of this facility will be in accordance with Chapter 17-601, FAC.
- PS 4. The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in Chapters 17-301 and 17-302, FAC.
- PS 5. No additional connections shall be made to this facility without prior approval of this agency.
- PS 6. The permit holder shall also comply with county, municipal, federal and other state regulations.
7. During the period of operation allowed by this permit, the Permittee shall complete and submit on a monthly basis the monthly operation report so as to be received by the Department by the twenty-eighth (28th) day of the month following the month of operation. The test site identification number to be entered under Part II, item (10) of each report is 3154X12521. Reports shall be submitted to the Department of Environmental Regulation, Northeast District Office, 7825 Baymeadows Way, Suite B-200, Jacksonville, Florida 32256-7577.
- PS 8. An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the Department in accordance with Rule 17-600.720, FAC.
- PS 9. A log book shall be maintained as a record of the operation and maintenance activities as well as attendance and shall be submitted to the Department upon request.
- PS 10. A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner, so as to comply with General Condition No. 12 above.
- PS 11. Appropriate warning signs shall be posted around the site boundaries to designate the nature of the project area.
- 6 12. Prior to sixty (60) days before the expiration of this Permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department, Section 17-4.09, FAC.

PERMITTEE:

Silver Lake Oaks Mobile Home Park WWTP  
 Mr. Rafael Terrero, P.E.

I.D. Number: 3154P00390  
 Permit Number: 0054-193603  
 Date of Issue: August 9, 1991  
 Expiration Date: August 9, 1996

JPS

13. The monitoring requirements and effluent limitations for this plant are as follows:

PARAMETER	ANNUAL AVERAGE	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
Flow (mgd)	0.012	Daily, 5/week	Elapsed Time Measurement	Influent or Effluent
CBOD <sub>5</sub> (mg/l)	20	Monthly	Grab	Influent (a) and Effluent (b)
TSS (mg/l)	20	Monthly	Grab	Influent (a) and Effluent (b)
NO <sub>3</sub> -N (mg/l)	12	Monthly	Grab	Effluent (b)
pH Units	6.0 - 8.5	Daily, 5/week	Grab	Effluent (b)
Chlorine Residual (mg/l)	0.5 Minimum	Daily, 5/week	Grab	Effluent (b)
Fecal Coliform no./100 (ml)	200 (c)	Monthly	Grab	Effluent (b)

\* or 90% removal, whichever is more stringent.

	ANNUAL	MONTHLY	WEEKLY	ONE TIME MAXIMUM
BOD <sub>5</sub>	20	30*	45*	60*
TSS	20	30*	45*	60*
NO <sub>3</sub> -N	12	15*	18*	24*

\* Rule 17-600.740, FAC

- (a) Influent samples shall be collected so that they do not contain digester supernatant or returned activated sludge, or any other plant process waters.
- (b) Effluent samples shall be collected after final treatment and immediately before discharge to the percolation/evaporation ponds.
- (c) The arithmetic mean of the monthly fecal coliform values shall not exceed 200 per 100 ml. Any one sample shall not exceed 800 fecal coliform values per 100 ml.

JPS

14. The domestic wastewater residuals generated by the facility which meet Class C Stabilization Standards and the chemical criteria of Rule 17-640.700(3), FAC shall be disposed of at the Vause Farm land application site in accordance with the provisions of Chapter 17-640 FAC and the Agricultural Use Plan for the site received July 31, 1991, and hereby incorporated as part of this permit. The residuals shall be sampled after final treatment in accordance with Rule 17-640.700(1)(e) and (f), FAC, but prior to utilization or disposal for the parameters listed below every twelve (12) months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:

PERMITTEE:

Silver Lake Oaks Mobile Home Park WWTP  
Mr. Rafael Terrero, P.E.

I.D. Number: 3154P00390  
Permit Number: D054-193603  
Date of Issue: August 9, 1991  
Expiration Date: August 9, 1996

Total Nitrogen	-	%	dry weight
Total Phosphorus	-	%	dry weight
Total Potassium	-	%	dry weight
Total Solids	-	%	dry weight
Cadmium	-	mg/kg	- dry weight
Copper	-	mg/kg	- dry weight
Lead	-	mg/kg	- dry weight
Nickel	-	mg/kg	- dry weight
Zinc	-	mg/kg	- dry weight
pH	-		standard units

OPS  
ENG

15. The wastewater treatment facility permittee shall notify the Department by letter prior to any expansion or modification of the approved land application residuals site.

OPS

16. Pursuant to Rule 17-640.500(1)(f) FAC, the Agricultural Use Plan shall be updated and submitted to the Department annually beginning one year from the date of permit issuance. The pH of the residuals soil mixture and a summary of the total domestic wastewater residuals, nitrogen, and heavy metals applied on an annual basis shall be submitted with the annual update to the Agricultural Use Plan.

OPS

17. Records of the domestic wastewater residuals application areas and application rates shall be maintained by the wastewater treatment facility permittee and must be available for inspection upon request by the Department, or the appropriate Local Environmental Program. Records shall be kept on an appropriate Department form or by an approved method which provides equivalent detail. These records shall include:

- a. Date of application of the domestic wastewater residuals,
- b. Location of the residuals application site,
- c. Amount of domestic wastewater residuals applied or delivered,
- d. Identification of specific areas of the site where domestic wastewater residuals were applied and acreage of that area,
- e. Method of incorporation of residuals (if any),
- f. Water table level at time of application, and
- g. Concentration of nitrogen and heavy metals in the domestic wastewater residuals, percent solids, and date of last analysis.

OPS  
ENG

18. All applications to renew operation permits shall include a detailed operation and maintenance performance report as described in Rule 17-600.735 FAC.

OPS  
ENG

19. The permittee shall provide for the timely planning, design and construction of wastewater facilities necessary to provide proper treatment and reuse of domestic wastewater and management of domestic wastewater residuals. When the three-month average daily flow for the most recent three consecutive months exceeds 50 percent of the permitted capacity of the treatment plant, the permittee shall submit to the Department a capacity analysis report pursuant to Rule 17-600.405 FAC.



PERMITTEE:

Silver Lake Oaks Mobile Home Park WWTP  
Mr. Rafael Terrero, P.E.

I.D. Number: 3154P00390  
Permit Number: D054-193603  
Date of Issue: August 9, 1991  
Expiration Date: August 9, 1996

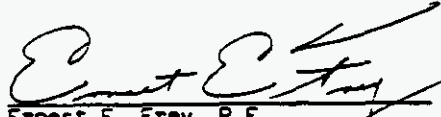
20. According to Chapter 17-602, FAC, this is a Class D, Level III treatment process that requires the services of a certified operator (Class D or higher) three (3) nonconsecutive visits per week for 1.5 hours per week. Additionally, the owner or representative shall perform maintenance and testing five (5) days a week.

ops

RFW

RFW

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION



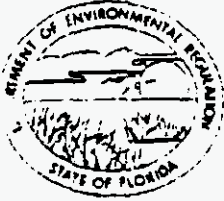
Ernest E. Frey, P.E.  
Director of District Management

**South Forty - 1113**

**Marion County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Tischmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

**Permittee:**  
Southern States Utility Services, Inc.  
1000 Color Place  
Apopka, FL 32703

**I. D. Number:** 3042P01392  
**Permit Number:** D042-174196  
**Expiration Date:** 02/01/95  
**County:** Marion  
**Project:** South Forty Industrial  
Park, S.T.P.

**Attention:** Charles L. Sweat,  
Vice President

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4, 17-600, and 17-610 F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

**Operate:** A 0.075 MGD design capacity extended aeration wastewater treatment facility with surge control. The disinfected reclaimed water is discharged to ground water through two (2) lined holding ponds to a 4+ acre spray site (2.42+ acres wetted area) and no discharge to surface waters. Flows to the plant are limited to 0.050 MGD, the permitted capacity of the irrigation site.

**Location:** 315 S.W. 33rd Avenue, Ocala, Marion County, Florida.

**Treatment Required:** Secondary treatment and basic disinfection.

**Operators Required:** This is a Class C, Category III treatment facility. In accordance with Chapter 17-602, F.A.C. an operator of minimum certification Class C shall be on-site for one-half (1/2) hours per day for five (5) days per week and one (1) visit each weekend, as a minimum.

General Conditions are attached to be distributed to the permittee only.

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utility Services, Inc.

I. D. Number: 3042P01392  
Permit Number: D042-174196  
Expiration Date: 02/01/95

Attention: Charles L. Sweat,  
Vice President

**SPECIFIC CONDITIONS:**

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
Flow	daily, 5 days per week
Chlorine residual	daily, 5 days per week
pH	daily, 5 days per week
BOD <sub>5</sub>	once every two weeks
TSS	once every two weeks
Fecal coliform	quarterly
Nitrate as N	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office, by the 15th day of the following month.

2. The reclaimed water delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
3. This facility which has a design capacity less than 100,000 GPD is exempt from groundwater monitoring as set forth in Rule 17-28.700, F.A.C.
4. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
5. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
6. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
7. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.

PERMITTEE:  
Southern States Utility Services, Inc.

I. D. Number: 3042PO1392  
Permit Number: DO42-174196  
Expiration Date: 02/01/95


Attention: Charles L. Sweat,  
Vice President

SPECIFIC CONDITIONS:

8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.
9. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge shall be analyzed annually and submitted to the department in accordance with Rule 17-7.540(1) and (2), F.A.C., or if not analyzed shall be disposed of at approved sanitary landfills.

ISSUED 2-12-95

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
K. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Spring Hill Utilities - 27001**

**Hernando County (DUI)**

**Sewer**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT  
4520 OAK FAIR BLVD  
TAMPA, FLORIDA 33610-7347  
813-623-5561  
Suncom-552-7812



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY  
DR. RICHARD D. GARRITY  
DISTRICT MANAGER

PERMITTEE  
Deltona Utilities, Inc.  
3250 S. W. Third Avenue  
Miami, FL 33129

Attn: Arsenio Milian, P.E.  
President

PERMIT/CERTIFICATION  
GMS ID No: 27P00475  
Permit No.: DO27-137917  
Date of Issue: 11/4/87  
Expiration Date: 9/30/92  
County: Hernando  
Lat/Long: 28°27'40"  
82°27'46"  
Sec/Town/Range: 29/23S/17E  
Project: Spring Hill WWTP

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Operation of a 2.0 MGD Type I contact stabilization sewage treatment plant with chlorinated effluent to a percolation /evaporation pond of 9.53 acres, then to a spray irrigation site of 57 acres.

Location: State Road 595, West of U. S. Highway 19  
Hernando County, Florida

Replaces Permit No.: DO27-59668      Expired: 10/8/87  
Inf. Sta. No.: 24.04.3551      Eff. Sta. No.: 24.04.3552  
Segment No.: 24.4 BA

DER Form 17-1.201(5) Page 1 of 10.

*Protecting Florida and Your Quality of Life*

PERMITTEE  
 DELTONA UTILITIES, INC.  
 SPRING HILL WWTP  
 SPECIFIC CONDITIONS:

ID NO.: 27PO0475  
 PERMIT NO.: DO27-137917

1. Drawings, plans, documents or specifications submitted by the permittee, not attached hereto, but retained on file at the Southwest District Office, are made a part hereof.

2. The zone of discharge boundary shall extend horizontally 100 feet from the site boundary or to the installation's property boundary, whichever is less, and vertically to the base of the shallow water table aquifer. (17-4.245(4), F.A.C.)

3. The water quality standards for Class G-II groundwater shall not be exceeded at the boundary of the zone of discharge. (17-3.402, 17-3.404, F.A.C.)

4. The requirements of Chapter 17-16 F.A.C. regarding certified operators shall be met. Staffing by a Class C or higher operator: 8 hours/day for 5 days/week and one visit on a weekend day. When average daily flow exceeds 1 MGD, permittee shall request in writing from DER, new staffing conditions.

5. The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-19 F.A.C. and shall meet the following limitations:

Parameter	Unit	Min-imum	Maximum	Type Sample	Frequency
BOD	mg/l	0	20	any one sample	8 hr. Weekly
			30	monthly avg	composite
			45	weekly avg	
TSS	mg/l	0	5.0		8 hr. Weekly composite
Fecal Coliform	#/100		Non-detectable	grab	
Nitrate	mg/l	0	12		8 hr. Weekly composite
Flow	mgd	.000	2.00	recording	Daily 5/wk flow meter
pH	STD UN	6.00	8.50	hourly grab	Daily 5/wk

The results shall be reported monthly on DER Form 17-1.205(7).

6. The sludge shall be sampled after final treatment in accordance with 17-7.540(2)(e) F.A.C. but prior to utilization or disposal for the parameters listed below every 3 months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:

- Total Nitrogen - % dry weight
- Total Phosphorus - % dry weight
- Total Potassium - % dry weight
- Cadmium - mg/kg dry weight
- Copper - mg/kg dry weight
- Lead - mg/kg dry weight
- Nickel - mg/kg dry weight
- Zinc - mg/kg dry weight
- pH - standard units
- Total Solids - %

PERMITTEE  
DELTONA UTILITIES, INC.  
SPRING HILL WWTP

ID NO.: 27PO0475  
PERMIT NO.: DO27-137917

SPECIFIC CONDITIONS

7. The permittee shall ensure that neither ponding nor run-off from the spray site occurs as a result of the spray irrigation of the wastewater. The Department considers ponding to be any residual which remains on the surface sufficient time to contaminate stormwater runoff or otherwise be environmentally objectionable due to odor or public health criteria.
8. The permittee shall maintain an on/site log book to monitor the daily activities of the certified operator. This log book shall record sign in/out times of the certified operator, list any maintenance performed and contain the signature and certification number of the operator.
9. The permittee shall maintain all audible and visual alarm systems on the lift station(s) in operating condition at all times.
10. Back flow preventers shall be installed on all potable water supplies at the treatment facility.
11. The disinfection system shall be operated to maintain a minimum chlorine residual of 0.5 mg/L at the outfall from the chlorine contact chamber. A metering device for dosing chlorine to the effluent shall be utilized and the chlorine supply tank shall be inspected regularly to ensure proper operation.
12. Prior to sixty days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department of Environmental Regulation.
13. The permittee shall maintain the DER approved groundwater monitoring plan while the percolation/evaporation pond system are in active service.
14. Daily checks of the plant shall be performed by the permittee, or supplier, or his representative or agent five (5) days per week for all Class C and D plants pursuant to Chapter 17-16.375(1), F.A.C.
15. Direct discharge from the percolation/evaporation pond system or the spray irrigation system to area surface waters is not allowed. Surface discharge shall be considered a violation of this permit and the permittee shall immediately report any such discharge to the SW District Office of the Department of Environmental Regulation.

PERMITTEE  
DELTONA UTILITIES, INC.  
SPRING HILL WWTP

ID NO.: 27P00475  
PERMIT NO.: D027-137917

GROUNDWATER MONITORING PLAN

1. In accordance with Chapter 17-4, Florida Administrative Code (F.A.C.), the permittee has installed and placed into operation a Groundwater Monitoring System. The Groundwater Monitoring System is designed and constructed in accordance with the plans submitted on March 5, 1984 by the Deltona Corporation and the additional information submitted through February 5, 1986.

2. The groundwater monitoring wells are located as follows:

<u>Well Number</u>	<u>Aquifer</u>	<u>Location</u>
• B-0	Surficial	As per attached map
B-1	Surficial	As per attached map
B-2	Surficial	As per attached map
B-3	Surficial	As per attached map
B-4	Surficial	As per attached map
B-5	Surficial	As per attached map

• background well

3. Upon completion of construction of all new monitor wells, the following information shall be submitted:

Well identification	Driller's Log
Latitude/Longitude	Total depth of well
Aquifer monitored	Casing diameter
Screen type and slot size	Casing type and length
Screen length	SWFWMD well construction permit numbers
Elevation at top of pipe	
Elevation at land surface	

A revised surveyed drawing shall be submitted showing the location of all monitor wells.

4. Any monitoring well which becomes damaged or inoperable, the permittee shall notify the Department immediately and a detailed written report shall follow within seven (7) days. The written report shall detail what problem has occurred and remedial measures that have been taken to prevent the recurrence. All monitoring well design and replacement shall be approved by the Department prior to installation.

PERMITTEE  
DELTONA UTILITIES, INC.  
SPRING HILL WWTP

ID NO.: 27P00475  
PERMIT NO.: DO27-137917

GROUNDWATER MONITORING PLAN (cont'd)

5. Within sixty (60) days of issuance of this permit, the permittee shall sample all groundwater monitoring wells for the Primary and Secondary Drinking Water parameters included in Chapter 17-22, Florida Administrative Code, Public Drinking Water Systems and EPA Method 608. The specific parameters to be sampled and analyzed for are the Primary [17-22.104(1)] and Secondary [17-22.104(2)] Drinking Water Standards listed in Part II, Quality Standards, Analytical Methods, Sampling.

6. Within sixty (60) days of issuance of this permit, the permittee shall provide a twenty-four (24) hour composite effluent sample prior to discharge to the plant percolation ponds. The composite sample shall be analyzed for the Primary and Secondary Drinking Water Standards in accordance with 17-22.104(1) and (2), F.A.C. and for the EPA Priority Pollutants.

7. All groundwater monitor wells shall be sampled quarterly for the following parameters. However, additional sample(s), well(s), and parameter(s) may be required based upon subsequent analyses.

PRIMARY STANDARDS

Nitrate (as Nitrogen)	mg/L
Sodium	mg/L
Coliform Bacteria	#/100 ml
Turbidity	NTU

SECONDARY STANDARDS

Chloride	mg/L
Total Dissolved Solids (TDS)	mg/L
pH	std. units

OTHERS

Temperature	°C
Total Organic Carbon (TOC)	mg/L
Specific Conductance	umhos/cm
Water Levels	N.G.V.D.
Fecal Coliform	cts/100 ml

PERMITTEE  
DELTONA UTILITIES, INC.  
SPRING HILL WWTP

ID NO.: 27P00475  
PERMIT NO.: DO27-137917

GROUNDWATER MONITORING PLAN (cont'd)

8. If, at any time, groundwater standards are violated at the edge of the zone of discharge, the permittee has fifteen (15) days in which to resample the monitor well(s) to verify the original analysis. Should the permittee choose not to resample, the Department will consider the water quality analysis as representative of current groundwater conditions at the facility. Subsequent corrective action will be determined by the Department at that time.

9. The field testing, sample collection and preservation and laboratory testing, including quality control procedures, shall be in accordance with methods approved by the Department in accordance with Chapter 17-4.245 and 17-3.401, F.A.C. Approved methods as published by the Department or as published in Standard Methods, A.S.T.M. or EPA methods shall be used. Approved methods for chemical analyses are summarized in the Federal Register, December 1, 1976 (41FR52780) except that turbidity shall be measured by the Nephelometric Method.

10. All groundwater monitoring analysis shall be reported on the Department Form 17-1.216(2), Quarterly Report on Groundwater Monitoring. The Permittee shall submit to the Department the results of the groundwater monitoring well water quality analysis no later than the fifteenth (15) day of the month immediately following the end of the sampling period. The results shall be sent to the Department of Environmental Regulation, Southwest District Office, 4520 Oak Fair Boulevard, Tampa, FL 33617 and \*.

11. The permittee shall ensure that the water quality standards for Class G-II groundwaters will not be exceeded at the boundary of the zone of discharge according to Sections 17-3.402 and 17-3.404, F.A.C.

12. The permittee shall ensure that the minimum criteria for groundwater specified in Section 17-3.402, F.A.C. shall not be violated within the zone of discharge.

PERMITTEE  
DELTONA UTILITIES, INC.  
SPRING HILL WWTP

ID NO.: 27PO0475  
PERMIT NO.: DO27-137917

GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Section 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.

3. As provided in Subsections 403.087(6) and 403.712(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by any order from the department.

PERMITTEE  
DELTONA UTILITIES, INC.  
SPRING HILL WWTP

ID NO.: 27PO0475  
PERMIT NO.: DO27-137917

GENERAL CONDITIONS (con't):

6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credential or other documents as maybe required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purposes of:

a. Having access to and copying any records that must be kept under the conditions of the permit;

b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and

c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department (17-6.130) with the following information:

(a) a description of and cause of non-compliance; and

(b) the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.



PERMITTEE  
DELTONA UTILITIES, INC.  
SPRING HILL WWTP

ID NO.: 27P00475  
PERMIT NO.: DO27-137917

GENERAL CONDITIONS (con't):

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is prescribed by Section 403.73 and 403.111, Florida Statutes.

10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided, however, the permittee does not waive any other rights granted by Florida Statutes or department rules.

11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.

12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards (Section 401. PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.

PERMITTEE  
DELTONA UTILITIES, INC.  
SPRING HILL WWTP

ID NO.: 27P00475  
PERMIT NO.: DO27-137917

14. (con't):

b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.

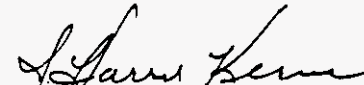
c. Records of monitoring information shall include:

- the date, exact place, and time of sampling or measurement;
- the person responsible for performing the sampling or measurements;
- the date(s) analyses were performed;
- the person responsible for performing the analyses;
- the analytical techniques or methods used; and
- the results of such analyses.

15. When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

Issued this 4<sup>th</sup> day of  
November, 19 87

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION

*for*   
Richard D. Garrity, Ph.D.  
District Manager



**Florida Department of Environmental Regulation**

Southwest District • 6520 Oak Fair Boulevard • Tampa, Florida 33610-7347  
Lanier Childs, Governor 813-422-5861 Carol M. Hester, Secretary

September 16, 1991

Mr. M. J. Gaylor, P.E.  
Gaylor Engineering  
400 Douglas Avenue  
Dunedin, FL 34698

RE: Springhill WWTP  
Modification  
FDER File No. D127-137917

Dear Mr. Gaylor:

This Department has reviewed the documentation submitted with the request for a determination on the matter of permit requirements for modification of the above-referenced facility.

It has been determined that this modification represents a change of negligible impact in accordance with current Departmental guidelines and will not require a permit application or processing fee. This letter will be sufficient authorization to proceed with the modifications as outlined in your recent correspondence with this office. Upon completion of the modification phase, you should submit a letter to FDER, signed and sealed, attesting to the limited changes as presented in your original request.

Sincerely,

*E. G. Snipes*  
Edward G. Snipes, P.E.  
Program Manager  
Domestic Waste Section

EGS/dlb  
cc: J. Amato, FDER

Handwritten notes and scribbles at the bottom right of the page.



Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347  
Lawton Chiles Governor R13-623-5561 Carol M. Browner Secretary

April 3, 1991

Hernando County-DW  
Spring Hill WWTP

Mr. Arsenio Milian, President  
Spring Hill Utilities  
3250 S. W. Third Avenue  
Miami, FL 33129

Dear Mr. Milian:

Re: Modification of Conditions  
Permit No. DO27-137917B

Specific Condition #4 of the permit allowed a variance of operator attendance because of low flows at the time the permit was issued (11/4/87). It required Department notification when the flows exceeded 1.0 mgd. Therefore, we are modifying the permit as follows:

CONDITION:

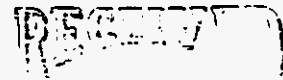
Specific Condition No. 4

FROM:

The requirements of Chapter 17-16 F.A.C. regarding certified operators shall be met. Staffing by a Class C or higher operator: 8 hours/day for 5 days/week and one visit on a weekend day. When average daily flow exceeds 1 MGD, permittee shall request in writing from DER, new staffing conditions.

TO:

The requirements of Chapter 17-16 F.A.C. regarding certified operator shall be met. Staffing by a Class C or higher operator 16 hours/day for 7 days a week. The lead/chief operator must be Class B, or higher.



APR 3 1991



0807

Arsenio Milian  
Spring Hill WWTP  
Page 2

Specific Condition No. 5

FROM: As Issued

TO:

The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-19 P.A.C. and shall meet the following limitations:


Parameter	Unit	Minimum	Maximum	Type Sample	Frequency
BOD & Suspended Solids	mg/L	0	20 annual avg. 30 monthly avg. 45 weekly avg. 60 any one sample	[*1]	*weekly
Fecal coliform	#/100	0	200 annual avg. 200 monthly avg.	grab	weekly
Nitrate	mg/L	0	12	[*1]	weekly
Flow	mgd	.000	2.00	flow meter & totalizer	continuous
pH	STD UN	6.00	8.50	continuous	continuous

[\*1] 16 hour flow proportioned composite sample.

The results shall be reported on DER Form 17-1.205(7).

This letter must be attached to your permit and becomes a part of that permit.

Sincerely,

  
Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary  
Southwest District

DGM/db

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT  
4830 OAK FAIR BLVD.  
TAMPA, FLORIDA 33610-7347  
813-823-5581  
Sunbeam—462-7812



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY  
DR. RICHARD D. GAFFITY  
DISTRICT MANAGER

December 9, 1987

Deltona Utilities, Inc.  
Mr. Arsenio Milian  
3250 S. W. Third Avenue  
Miami, Fl 33129

Hernando County-DW  
Re: Spring Hill WWTp

Modification of Conditions  
Permit No. DO27-137917A

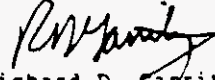
Dear Mr. Milian:

We are in receipt of your request for a modification of the permit conditions. The conditions are changed as follows:

<u>Condition</u>	<u>From</u>	<u>To</u>
#5. Sampling Schedule	As issued	Attached

This letter must be attached to your permit and becomes a part of that permit.

Sincerely,

  
Richard D. Gaffity Ph.D.  
District Manager  
Southwest District

RDG/sts

Attachment

**SAMPLING SCHEDULE**  
**DO27-137917A**

The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-19 P.A.C. and shall meet the following limitations:

Parameter	Unit	Minimum	Maximum	Type Sample	Frequency
BOD & Suspended Solids	mg/l	0	20 annual avg. 30 monthly avg. 45 weekly avg. 60 any one sample	8 hr. Weekly Composite	
Fecal coliform	#/100	0	200 annual avg. 200 monthly avg.	grab	Weekly
Nitrate	mg/l	0	12	8 hr. Weekly Composite	
Flow	mgd	.000	0.01	Recording flowmeter	Daily 5/wk
pH	STD UN	6.00	8.50	Hourly	grab Daily 5/wk

The results shall be reported monthly on DER Form 17-1.205(7).

**Sugar Mill - 1801**

**Volusia County (SSU)**

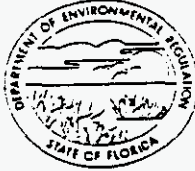
**Sewer**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

CENTRAL FLORIDA DISTRICT  
3319 MAGUIRE BOULEVARD  
SUITE 202  
ORLANDO, FLORIDA 32803-3767



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY  
ALEX ALEXANDER  
DISTRICT MANAGER

Permittee:  
Sugar Mill Utility Company  
CNA Tower, Suite 900  
255 South Orange Avenue  
Orlando, FL 32801

I. D. Number: 3064P04854  
Permit/Certification  
Number: DO64-134622  
Date of Issue: *July 17/1987*  
Expiration Date: 7/15/92  
County: Volusia

Attention: Gerald L. Chancellor, Project: Sugar Mill Country Club  
P.E., Gen. Manager of Utilities Estates

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6, F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate: A 0.270 MGD high rate activated sludge sewage treatment facility with surge control. The disinfected effluent is discharged to ground water via two percolation/evaporation ponds and no discharge to surface waters.

Location: Club House Boulevard, New Smyrna Beach, Volusia County, Florida.

Treatment Required: Secondary treatment and basic disinfection.

Operators Required: This is a Class C, Category II treatment facility. In accordance with Chapter 17-16, F.A.C. an operator of minimum certification Class C shall be on-site for 6 hours per day, five days per week and one visit on each weekend day.

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 6

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Sugar Mill Utility Company

I. D. Number: 3064PO4854  
Permit/Certification Number:  
DO64-134622

Attention: Gerald L. Chancellor,  
P.E., Gen. Manager of Utilities

Date of Issue:  
Expiration Date: 7/15/92

SPECIFIC CONDITIONS:

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
TSS	once every two weeks
BOD <sub>5</sub>	once every two weeks
pH	daily
Chlorine residual	daily
Flow	daily
Fecal coliform	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted to this office and Volusia County Environmental Control on a monthly basis, by the 15th day of the following month.

2. The groundwater monitoring wells shall be sampled and the results reported to this agency in accordance with your previously approved Groundwater Monitoring Plan.
3. The effluent disposal facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of effluent to adjacent ground surfaces or runoff to surface waters.
4. The maintenance and operation log required pursuant to Rule 17-16.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
5. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.

PERMITTEE:  
Sugar Mill Utility Company  
  
Attention: Gerald L. Chancellor,  
P.E., Gen. Manager of Utilities

I. D. Number: 3064PO4854  
Permit/Certification Number:  
DO64-134622  
Date of Issue:  
Expiration Date: 7/15/92

SPECIFIC CONDITIONS:

6. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.
7. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit.
8. The effluent delivered to the effluent disposal system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
9. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge which has not been analyzed pursuant to Rule 17-7.54(1) and (2), F.A.C. shall be disposed of at approved sanitary landfills or as otherwise provided in Rule 17-7.54(6), F.A.C.
10. Under normal operating conditions, maximum allowable wastewater level in any of the percolation ponds shall be 3 feet above the pond bottom. Once that level is reached the pond shall be rested (removed from use until next loading cycle). A staff gauge with graduation in feet and tenths shall be provided in each pond. To ensure optimum pond operation, hydraulic loading periods of 1-7 days, with resting periods of 5-14 days must be utilized to establish optimum conditions.

Emergency overflow discharges shall not be allowed unless caused by storm water events in excess of the 10 year-24 hour rainfall or other emergency conditions which are reported to the department per General Condition 8.

To determine the conditions under which an overflow discharge is authorized the attached Ten Year Storm graph\* shall be used. To support a permissible discharge, it is required that rain gauge readings be taken at the same time each day.

PERMITTEE:  
Sugar Mill Utility Company

I. D. Number: 3064PO4854  
Permit/Certification Number:  
DO64-134622

Attention: Gerald L. Chancellor,  
P.E., Gen. Manager of Utilities

Date of Issue:  
Expiration Date: 7/15/92

SPECIFIC CONDITIONS:

If the number of inches of rain received in a given time period lies on or above the line on the graph the discharge will be authorized. It should be noted that discharge is allowed only in amounts equal to the volume of excess rainfall (i.e., rainfall in excess of the 10 year storm times the surface area of the pond).

Within 24 hour of both commencement and ending of discharge the permittee must notify the event to the department in writing. Within 10 days a report must be provided containing information on the time of discharge, volume discharged, a log of daily rain gauge readings, and wastewater characteristics for pH, BOD's, TSS, TN and TP.

\*Should the permittee wish to develop a more localized rainfall curve it is required to submit the proposal to the department for approval. Twenty years of climatic data would be needed to support the proposal.

ISSUED July 17, 1987

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

*[Signature]*  
for A. Alexander, P.E.  
District Manager  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803  
(305) 894-7555

**Sugar Mill Woods - 989**

**Citrus County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-3347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garvin, Deputy Assistant Secretary

### PERMITTEE

Mr. Charles Sweat, President  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

### PERMIT/CERTIFICATION

GMS ID No: 09P05400  
Permit No: D009-158879  
Date of Issue: 2/2/89  
Expiration Date: 9/1/92  
County: Citrus  
Lat/Long: 28°43'05"  
82°30'50"  
Sec/Town/Range: 28/20S/18E  
Project: Sugarmill Woods  
(Cypress Village)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents, attached hereto or on file with department and made a part hereof and specifically described as follows:

Operation of a 0.5 MGD Type I oxidation ditch sewage treatment plant with chlorinated effluent to a holding pond of 1.5 million gallons then to a sprayfield of 53.35 acres.

Location: South of C.R. 480 and North of U.S. 98 in  
Town Center, Florida.

Replaces Permit No.: D009-135627 Expires: 9/1/92



PERMITTEE

SOUTHERN STATES UTILITIES, INC.  
SUGARMILL WOODS (CYPRESS VILLAGE)

GMS ID NO.: 09P05400  
PERMIT NO.: DO09-158879

SPECIFIC CONDITIONS:

1. Drawings, plans, documents or specifications submitted by the permittee, not attached hereto, but retained on file at the Southwest District Office, are made a part hereof.

2. The Zone of discharge boundary shall extend horizontally 100 feet from the site boundary or to the installation's property boundary, whichever is less, and vertically to the base of the shallow water table aquifer. (17-4.245(4), F.A.C.)

3. The water quality standards for Class G-II groundwater shall not be exceeded at the boundary of the zone of discharge. (17-3.402, 17-3.404, F.A.C.)

4. In accordance with Chapter 17-16 F.A.C., the required certified operator on site time is: a Class C or better operator for 6/hours day for 5 days/week and one weekend visit.

5. The discharge from the chlorine contact chamber shall be sampled in accordance with Chapter 17-19 F.A.C. and shall meet the following limitations. (TSS shall be sampled before chlorination:

Parameter	Unit	Min-imum	Maximum	Type	Sample Frequency
BOD	mg/l	0	20 annual avg. 30 monthly avg. 45 weekly avg. 60 any one sample	8 hour composite	Weekly
Total Suspended Solids (TSS)	mg/l	0	5 any one sample		Weekly
Fecal coliform	#/100	0	200 annual avg. 200 monthly avg.	grab	Monthly
Nitrate	mg/l	0	12	8 hour composite	Weekly
Flow	mgd	.000	0.50	meter	Daily 5/wk
pH	STD UN	6.00	8.50	grab	Daily 5/wk

The results shall be reported monthly on DER Form 17-1.205(7).

6. The sludge shall be sampled after final treatment in accordance with 17-7.540(2)(e) F.A.C. but prior to land application for the parameters listed below every 3 months. A copy of the analyses shall be submitted with the monthly operation report for the following parameters:

PERMITTEE  
SOUTHERN STATES UTILITIES, INC.  
SUGARMILL WOODS (CYPRESS VILLAGE)

GMS ID NO.: 09P05400  
PERMIT NO.: D009-158879

SPECIFIC CONDITIONS (con't):

6. (con't):

Total Nitrogen - % dry weight  
Total Phosphorus - % dry weight  
Total Potassium - % dry weight  
Cadmium - mg/kg dry weight  
Copper - mg/kg dry weight  
Lead - mg/kg dry weight  
Nickel - mg/kg dry weight  
Zinc - mg/kg dry weight  
pH - standard units  
Total Solids - %

7. Direct discharge from the sprayfield to area surface waters is not allowed. Surface discharge shall be considered a violation of this permit and the permittee shall immediately report any such discharge to the SW District Office of the Department of Environmental Regulation.

8. The permittee shall ensure that neither ponding nor run-off from the spray site occurs as a result of the spray irrigation of the wastewater. The Department considers ponding to be any residual which remains on the surface sufficient time to contaminate stormwater runoff or otherwise be environmentally objectionable due to odor or public health criteria.

9. The permittee shall maintain an on-site log book to monitor the daily activities of the certified operator. This log book shall record sign in/out times of the certified operator, list any maintenance performed and contain the signature and certification number of the operator.

10. The permittee shall maintain all audible and visual alarm systems on the lift station(s) in operating condition at all times.

11. The disinfection system shall be operated to maintain a minimum chlorine residual of 1.0 mg/L at the outfall from the chlorine contact chamber. A metering device for dosing chlorine to the effluent shall be utilized and the chlorine supply tank shall be inspected regularly to ensure proper operation.

12. Prior to sixty days before the expiration of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department of Environmental Regulation.

PERMITTEE

SOUTHERN STATES UTILITIES, INC.  
SUGARMILL WOODS (CYPRESS VILLAGE)

GMS ID NO.: 09P05400  
PERMIT NO.: DO09-158879

GROUNDWATER MONITORING PLAN:

1. In accordance with Chapter 17-28.700, Florida Administrative Code (F.A.C.), the permittee has installed and placed into operation a Groundwater Monitoring System. The Groundwater Monitoring System is designed and constructed in accordance with the plans on file in the Southwest District office.

2. The groundwater monitoring wells are located as follows: The wells are to be clearly labelled and easily visible at all times.

<u>Well Number</u>	<u>Aquifer</u>	<u>Location</u>
* MW-2	Floridan	Approx. 1000' East of NE corner of sprayfield
MW-6	Floridan	400' South and 125' West of NW corner of sprayfield
MW-7	Floridan	500' NW of NW corner of sprayfield

3. If any monitoring well becomes damaged or inoperable, the permittee shall notify the Department immediately and a detailed written report shall follow within seven (7) days. The written report shall detail what problem has occurred and remedial measures that have been taken to prevent the recurrence. All monitoring well design and replacement shall be approved by the Department prior to installation.

4. Sixty (60) days prior to the renewal of this permit, the permittee shall sample all groundwater monitoring wells for the Primary and Secondary Drinking Water parameters included in Chapter 17-550, F.A.C., Public Drinking Water Systems, fecal coliform and EPA Method 608.

5. Sixty (60) days prior to the renewal of this permit, the permittee shall provide a twenty-four (24) hour composite effluent sample prior to discharge to the plant percolation ponds. The composite sample shall be analyzed for the Primary and Secondary Drinking Water Standards in accordance with Chapter 17-550, F.A.C., the EPA Priority Pollutants and fecal coliform.

6. All groundwater monitor wells shall be sampled and analyzed quarterly for the following parameters. However, additional sample(s), well(s), and parameter(s) may be required based upon subsequent analyses.

PERMITTEE  
SOUTHERN STATES UTILITIES, INC.  
SUGARMILL WOODS (CYPRESS VILLAGE)

GMS ID NO.: 09P05400  
PERMIT NO.: DO09-158879

GROUND WATER MONITORING PLAN:

6. (con't):

PRIMARY STANDARDS

Nitrate (as Nitrogen)	mg/L
Sodium	mg/L
Coliform Bacteria	#/100 ml
Turbidity	NTU

SECONDARY STANDARDS

Chloride	mg/L
Total Dissolved Solids (TDS)	mg/L
pH	std. units

OTHERS

Temperature	°C
Total Organic Carbon (TOC)	mg/L
Specific Conductance	umhos/cm
Fecal Coliform	cts/100 ml
Water Levels (N.G.V.D.)	feet

7. If, at any time, background groundwater standards are exceeded at the edge of the zone of discharge, the permittee has fifteen (15) days in which to resample the monitor well(s) to verify the original analysis. The monitoring test results must be submitted to the Department within fifteen days of receipt of the analysis from the laboratory. Should the permittee choose not to resample, the Department will consider the water quality analysis as representative of current groundwater conditions at the facility.

8. The field testing, sample collection and preservation and laboratory testing, including quality control procedures, shall be in accordance with methods approved by the Department in accordance with Chapter 17-4.246 and 17-3.401, F.A.C. Approved methods as published by the Department or as published in Standard Methods, A.S.T.M. or EPA methods shall be used. Approved methods for chemical analyses are summarized in the Federal Register, December 1, 1976 (41FR52780) except that turbidity shall be measured by the Nephelometric Method.

PERMITTEE  
SOUTHERN STATES UTILITIES, INC.  
SUGARMILL WOODS (CYPRESS VILLAGE)

GMS ID NO.: 09P05400  
PERMIT NO.: D009-158879

GROUND WATER MONITORING PLAN (con't):

9. Groundwater sampling shall be reported on the attached Parameter Monitoring Report Forms [DER Form 17-1.216(2)]. In order to facilitate entry of this data into the State computer system, these forms or an exact replica must be used and must not be altered as to content. The original copies should be retained so that the necessary information is available to properly complete future reports. The report forms received from the laboratory must be submitted along with the DER Parameter Monitoring Report Forms described above. The permittee shall submit to the Department the results of the groundwater monitoring well water quality analysis no later than the fifteenth (15) day of the month immediately following the end of the sampling period. The results shall be sent to the Department of Environmental Regulation, Southwest District office, 4520 Oak Fair Boulevard, Tampa, Florida 33610-7347.


10. The permittee shall ensure that the water quality standards for Class G-II groundwaters will not be exceeded at the boundary of the zone of discharge according to Sections 17-3.402 and 17-3.404, F.A.C.

11. The permittee shall ensure that the minimum criteria for groundwater specified in Section 17-3.402, F.A.C. shall not be violated within the zone of discharge.

12. The permittee shall be aware of and operate under the attached "General Permit Conditions #1 thru #15". General Permit Conditions are binding upon the permittee and enforceable pursuant to Chapter 403 of the Florida Statutes.

Issued this 2 day of  
Feb, 1989

STATE OF FLORIDA DEPARTMENT OF  
ENVIRONMENTAL REGULATION

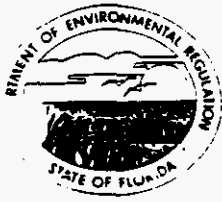
  
Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary

**Sunny Hills Utilities - 28001**

**Washington County (UFU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northwest District • 160 Governmental Center • Pensacola, Florida 32501-5794 • 904-436-8300

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Robert Krieger, Deputy Assistant Secretary

**PERMITTEE:**

Frank L. Novak

I.D. Number: 1067P02344

Permit/Certification Number: D067-183836

Date of Issue: SEP 28 1990

Expiration Date: September 24, 1995

County: Washington

Latitude/Longitude: 30°32'46"N/85°35'53"W

Section/Township/Range: 25/2N/14W

Project: Sunny Hills

This permit is issued under the provisions of Chapter 403.087, Florida Statutes, and Florida Administrative Code Rule 17-3,17-4,17-600. The above named applicant, hereinafter called Permittee, is hereby authorized to perform the work or operate the facility shown of the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

A .05 MGD contact stabilization wastewater treatment plant with reclaimed water disposal to a two cell percolation pond system.

PERMITTEE:

Frank L. Novak

I.D. Number: 1067PO2344

Permit/Certification Number: DO67-183836

Date of Issue: SEP 20 1990

Expiration Date: September 24, 1995

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to the authority of Sections 403.141, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.



Section 17-103.155, Florida Administrative Code  
Rules of Administrative Procedure  
Final Agency Action (Non-Rulemaking) and Appeal

- (2) Petition for Administrative Hearing; Waiver of Right to Creative Proceeding.
- (a) Any person whose substantial interests may be affected by proposed agency action by the Department may file a petition for formal administrative hearing in accordance with this rule if the person disputes the material facts upon which the Department's action is based.
- (b) Any person whose substantial interests may be affected by proposed agency action by the Department may file a petition for informal administrative hearing in accordance with this rule if the person objects to the Department's action but does not dispute the material facts upon which the Department's action is based.
- (c) A petition for formal or informal administrative hearing pursuant to Section 120.57, F.S., shall contain the following information:
- the name, address, and telephone number of each petitioner. If the petitioner challenges a Department action or proposed action on a permit application, the applicant's name and address, the Department Permit File number, and the county in which the project is proposed shall also be included;
  - A statement of how and when each petitioner received notices of the Department's action or proposed action;
  - A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
  - A statement of those material facts (i.e., those facts upon which the Department's action or proposal is based) is disputed by petitioner. If facts are disputed, petitioner shall so state;
  - A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action;
  - A statement of which rules or statutes petitioner contends require modification of the Department's action or proposed action;
  - A statement of relief sought by petitioner, stating precisely the Department's action or proposed action.
- (d) A petition shall be in the form required by this rule and must be received in the Office of General Counsel of the Department within the number of days after receipt or publication (whichever occurs first) of proposed agency action or of notice of agency action:
- Petitions concerning Department action or proposed action on permits for hazardous waste facilities);
  - Petitions concerning Department action or proposed action on permits for hazardous waste facility permits: 45 days;
  - Petitions concerning notices of violation when no informal hearing is held: 20 days after receipt of the notice of violation;
  - Petitions concerning notices of violation when an informal hearing is held: 10 days after receipt of notice of completion of the hearing conference;
  - Petitions concerning other Department actions or proposed actions: 30 days.
- (e) The petitioner shall also serve a copy of the petition on all other parties to the proceeding, as identified in the published notice, at the time the petition is filed.
- (f) Failure to timely file a petition within the applicable time period after receipt of notice of agency action or receipt of notice of proposed agency action, whichever notice first occurs, shall constitute a waiver if any person requests an administrative proceeding under Chapter 120, F.S.

(4) If a petition is filed that does not substantially comply with the requirements of subsection (2) of this rule, the Department shall issue an order dismissing the petition with leave to file an amended petition complying with the requirements of this rule within 15 days of service of the order. If an amended petition complying with this rule is not filed (received) within 15 days of service of the order, the petitioner's right to a proceeding under Section 120.57, F.S., is waived.

(5) When there has been no publication of notice of agency action or notice of proposed agency action as prescribed in Rule 17-103.150, F.A.C., a person who has actual knowledge of the agency action or has knowledge which would lead a reasonable person to conclude that the Department has taken final agency action, has a duty to make further inquiry within 14 days of obtaining such knowledge by contacting the Department to ascertain whether action has occurred. The Department shall upon receipt of such an inquiry, if agency action has occurred, promptly provide the person with notice as prescribed by Rule 17-103.150, F.A.C. Failure of the person to make inquiry with the Department within 14 days after obtaining such knowledge may stop the person from obtaining an administrative proceeding on the agency action.

(6)(a) "Receipt of notice of agency action" means receipt of written notice of final agency action, as prescribed by Department rule, or the publication, pursuant to Department rule, of notice of final agency action, whichever first occurs.

(b) "Receipt of notice of proposed agency action" means receipt of written notice (such as a letter of intent) that the Department proposes to take certain action, or the publication pursuant to Department rule of notice of proposed agency action, whichever first occurs.

(7) Notwithstanding any other provision in this Chapter, should a substantially affected person who fails to timely request a hearing under Section 120.57, F.S., administratively appeal the final Department action or order, the record on appeal shall be limited to:

- the application and accompanying documentation submitted by the applicant prior to the issuance of the agency's intent to issue or deny the requested permit;
- the materials and information relied upon by the agency in determining the final agency action or order;
- any notices issued or published; and
- the final agency action or order entered concerning the permit application.

(8) In such cases where persons do not timely exercise their rights accorded by Section 120.57(1), Florida Statutes, the allegations of fact contained in or incorporated by the final agency action shall be deemed uncontested and true, and appellants may not dispute the truth of such allegations upon subsequent appeal.

(9) Any applicant may challenge the Department's request for additional information by filing with the Office of General Counsel an appropriate petition for administrative proceeding pursuant to Section 120.60, F.S., following receipt by the applicant of the Department's notification pursuant to Section 403.0876, F.S., that additional information is required.

Specific Authority: 120.53, 403.0876, 403.815, F.S.  
Law Implemented: 120.53, F.S.  
History: New 9-20-79; Amended 4-28-81; Transferred from 17-1.62 and Amended 6-1-84; Amended 10-19-88.

PART 11, FORMAL HEARINGS  
A) PREHEARING PROCEDURES

101 Initiation of Formal Proceedings.

Initiation of formal proceedings shall be made by petition to the responsible for rendering final Agency action. The term petition as herein includes any application or other document which expresses a request for formal proceedings. Each petition should be printed, typewritten or otherwise duplicated in legible form on white paper of standard legal size. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced and indented.

2) All petitions filed under these rules should contain:

- a) The name and address of each Agency affected and each Agency's file identification number, if known;
- b) The name and address of the petitioner or petitioners, and an indication of how his/her substantial interests will be affected by the Agency determination;
- c) A statement of when and how petitioner received notice of the Agency decision of intent to render a decision;
- d) A statement of all disputed issues of material fact. If there are such issues, the petition must so indicate;
- e) A concise statement of the ultimate facts alleged, as well as the laws and statutes which entitle the petitioner to relief;
- f) A demand for relief to which the petitioner deems himself entitled;

Other information which the petitioner contends is material.

3) Upon receipt of a petition for formal proceedings, the Agency shall either accept or deny the petition, and if accepted shall elect either to conduct the hearing itself through the Agency head, or member thereof, assign a Hearing Officer from the Division of Administrative Hearings, or request a Hearing Officer from the Division of Administrative Hearings be assigned to conduct the hearing.

- a) A petition may be denied if the petitioner does not state clearly a material factual allegation, such as a substantial interest in the Agency determination, or if the petition is untimely.
- b) The Agency shall promptly give written notice to all parties of the action taken on the petition, and shall state with particularity its reasons therefor.
- 4) If the Agency elects to request that a Hearing Officer of the Division of Administrative Hearings be assigned to conduct the hearing, the Agency shall forward the petition, and all materials filed with the Agency, to the Division of Administrative Hearings, and shall notify all parties of its action.

Legal Authority: 120.53(1), 120.54(10), F.S.  
Implemented: 120.57, F.S.  
Date: New 3-23-80

PERMITTEE:

Frank L. Novak

I.D. Number: 1067PO2344

Permit/Certification Number: D067-183836

Date of Issue: SEP 22 1990

Expiration Date: September 24, 1995

SPECIFIC CONDITIONS:

25. If any sludge is land applied, analyses in accordance with Florida Administrative Code Rules 17-7.540(2)(b),(d),(e) and (f) must be performed and submitted to the Department every 12 months. If sludge is not to be land applied, the analyses must be performed and the results submitted annually. Department approval is necessary prior to land application of sludge.

26. The following shall be provided monthly on all sludges generated by this facility:

- Volume of sludge leaving site
- Total solids content in %
- Name of hauler

27. The Department telephone number for reporting problems, malfunctions or exceedances under this permit is (904) 436-8300, day or night, and for emergencies involving a significant threat to human health or the environment is (904) 488-1320. For routine business, telephone (904) 436-8380 during normal working hours.

Expiration date:

September 24, 1995

Issued this 28th day of Sept  
1990.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
ROBERT V. KRIEDEL  
Deputy Assistant Secretary

PERMITTEE:

Frank L. Novak

I.D. Number: 1067PO2344

Permit/Certification Number: DO67-183836

Date of Issue: OCT 2 1995

Expiration Date: September 24, 1995

GENERAL CONDITIONS:

15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be submitted or corrected promptly.

SPECIFIC CONDITIONS:

16. Monthly reports shall be submitted in duplicate to the Northwest District Office of this Department no later than the fifteenth day of the succeeding month. (Use DER Form 17-1.205(7)) and 17-1.216(2).

17. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of Florida Administrative Code Rule 17-602. The minimum on-site requirements for a certified operator are as follows:

MINIMUM CLASS OF CERTIFIED  
OPERATOR REQUIRED

"C"

MINIMUM ON-SITE TIME REQUIRED  
FOR CERTIFIED OPERATOR  
STAFFING BY "C" OR HIGHER OPERATOR  
1/2 hour per day for  
5 days per week and  
a weekend visit

18. Operator shall be on call during periods the plant is unattended.

19. The treatment facility shall maintain an operation and maintenance log in a location accessible to 24 hour inspection and protected from weather damage, and current to the last operation and maintenance performed. The log shall be submitted to the Department monthly with the monthly operating report. The log, at a minimum, shall include: identification of the plant; signature and certification number of the operator; date and time in and out; specific operation and maintenance performed; tests performed; and, samples taken and major repairs made.

20. Prior to sixty (60) days before the expiration date of this permit, the permittee shall apply for a renewal of the permit on forms and in a manner prescribed by the Department.

21. The allowable zone of discharge into groundwater for recovered water from the percolation ponds shall be the area enclosed by the monitoring wells.

22. Sampling, monitoring and recovered water limitations for this facility are as follows:

PERMITTEE:

Frank L. Novak

I.D. Number: 1067P02344

Permit/Certification Number: D067-183836

Date of Issue: SEP 20 1990

Expiration Date: September 24, 1995

**GENERAL CONDITIONS:**

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

- a. Having access to and copying any records that must be kept under the conditions of this permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and,
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

- a. A description of and cause of noncompliance; and
- b. The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance. The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the Department, may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.

PERMITTEE:

Frank L. Novak

I.D. Number: 1067PO2344

Permit/Certification Number: D067-183836

Date of Issue: SEP 23 1990

Expiration Date: September 24, 1995

GENERAL CONDITIONS:

10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.

11. This permit is transferable only upon Department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-730.300, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department.

12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

13. This permit also constitutes Certification of Compliance with State Water Quality Standards (Section 401, P: 92-500).

14. The permittee shall comply with the following:

- a. Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically, unless otherwise stipulated by the Department.
- b. The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report or application unless otherwise specified by Department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurement;
  - the person responsible for performing the sampling or measurement;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

PERMITTEE:  
Frank L. Novak

I.D. Number: 1067PO2344  
Permit/Certification Number: DO67-183836  
Date of Issue: Sep 22 1995

Expiration Date: September 24, 1995

**SPECIFIC CONDITIONS:**

<u>Parameters</u>	<u>Frequency</u>	<u>Type of Sample</u>	<u>Limitation</u>
Flow*	Daily, 6/wk	-----	.05 MGD (max. annual avg.)
pH-Eff	Daily, 6/wk	Grab	6.0 (min.) 8.5 (max.)
Chlorine Residual	Daily, 6/wk	Grab	0.5 mg/l (min.) 1.0 mg/l (max.)
BOD <sub>5</sub>	Every two weeks	Grab	20 mg/l (max. annual avg.)
Total Nonfilt. Residue (SS)	Every two weeks	Grab	20 mg/l (max. annual avg.)
Fecal Coliform	Quarterly	Grab	200/100 ml (max.)

\*Recording flow meter and totalizer

23. The sludges that are generated by the wastewater treatment system shall be treated and disposed of as follows:

Treatment: Aerobic Digester and sludge drying beds

Disposal: Dried sludge shall be disposed of by land spreading or in an approved sanitary landfill

24. Samples from the two(2) groundwater monitoring wells shall be taken, analyzed and the results submitted to the Northwest District Office Quarterly on the monthly reports for December, March, June and September. The parameters to be sampled are as follows:

<u>Parameters</u>	<u>Frequency</u>
Chloride	Quarterly
TKN	Quarterly
Nitrate/Nitrite	Quarterly
TOC	Quarterly
Fecal Coliform	Quarterly
Total P	Quarterly

Water levels shall be recorded prior to evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at the precision of plus or minus 0.1 foot.

# **Sunshine Parkway - 560**

**Lake County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**





## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Alex Alexander, Deputy Assistant Secretary

Permittee:  
Southern States Utility Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat, President

I. D. Number:  
Permit/Certification  
Number: CS35-187280R  
Date of Issue:  
Expiration Date: 11/13/92  
County: Lake  
Section/Township/Range:  
21 & 22/ 21S / 25E  
Project: Sunshine Parkway  
Effluent Forcemain/Lift  
Station  
Connected to: Sunshine Parkway,  
WWTF

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-600. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construction of an effluent transmission system with a pumping capacity of 0.576 MGD to transfer treated wastewater from the Sunshine Parkway Wastewater Treatment Facility to the new percolation pond site located approximately one (1) mile southwest of the wastewater plant.

The sewage effluent transmission system shall consist of : (A) 3,800 LF of 6" PVC forcemain, (B) an effluent lift station with dual 400 gpm and (C) associated valves and hardware.

Location: Intersection of Highway 27/19 and the Florida Turnpike, approximately 5 1/2 miles north of Minneola, Lake County, Florida.

General Conditions are attached to be distributed to the permittee only.

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.
3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.
4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.
6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:
  - (a) Have access to and copy any records that must be kept under conditions of the permit;
  - (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
  - (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:
  - (a) A description of and cause of noncompliance; and
  - (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

**GENERAL CONDITIONS:**

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utility Services, Inc.  
1000 Color Place  
Apopka, FL 32703

I. D. Number:  
Permit/Certification Number:  
CS35-187280R  
Date of Issue:  
Expiration Date: 11/13/92

Attention: Charles L. Sweat, President

SPECIFIC CONDITIONS:

1. *Eng  
Consist* Where water and sewer mains cross with less than eighteen inches vertical clearance, the sewer will be twenty feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main, a separation of at least ten feet should be maintained when practical.
2. *Eng* This construction permit is only for the construction of the sewage collection/transmission system. It does not pertain to any potable water, dredge and fill, or stormwater aspects of this project; additional permits may be required from this office.
3. *Eng* The applicant shall retain a professional engineer registered in the State of Florida, to observe construction of the project and to assure conformity to the application, plans and specifications as approved. Upon completion of construction, the engineer shall provide the department with a certification of completion of construction on DER Form 17-1.205(8) and record drawings in accordance with Rule 17-604, F.A.C. This project, as permitted, shall not be placed in operation until written acceptance of the Certification of Completion has been received from the department.

ISSUED 11/20/90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

*Alexander*

A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



## Florida Department of Environmental Regulation

Central District • 4819 Maguire Boulevard, Suite 232 • Orlando, Florida 32805-7677 • 407-884-7555

Bob Martinez, Governor

Dale Trachtmann, Secretary

John P. ... Assistant Secretary  
Fax: 407-884-7555

Permittee:  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703  
  
Attention: Charles L. Sweat, President

I. D. Number: 3035P10451  
Permit Number: DC35-174231  
Expiration Date: 12/15/93  
County: Lake  
Latitude/Longitude:  
28°38'37"/81°48'05"  
Section/Township/Range  
22 / 21S / 25E  
Project: Sunshine Parkway S.T.P./  
New Land Application  
System

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-600. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construct: A reclaimed water land application system, consisting of a 750,000 gallon sealed holding pond, a reclaimed water pump station with dual 200 GPM pumps and six (6) percolation ponds. Ponds are to be constructed in two (2) phases: Phase I - three (3) ponds at 70,000 square feet each (210,000 square feet total) with a proposed design capacity of 0.150 MGD and Phase II - three (3) additional ponds at 70,000 square feet each (420,000 square feet total for Phase I and II). The ultimate capacity of the system will be determined, following a hydraulic load test of the Phase I ponds. Flow to the treatment plant shall be limited to 0.150 MGD, until the load test has been completed and Phase II ponds are constructed as set forth in Specific Conditions 10 and 11.

Treatment Required: Secondary treatment and basic disinfection. The nitrate nitrogen ( $\text{NO}_3$ ) concentration in the water discharged to these ponds shall not exceed 12.0 mg/l.

Location: U.S. 27 and S.R. 19, north of Minneola, Lake County, Florida.

Other Permits: This Permit is issued in conjunction with Temporary Operation permit No. DT35-131150, which expires December 30, 1990 and subsequent Operation Permit (s).

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 5

R24.7  
3/30/9  
SEE  
DT35-  
131150

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Section 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
13. This permit also constitutes:
- ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of Compliance with State Water Quality Standards (Section 401, P.L. 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following monitoring and record keeping requirements:
- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
- the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.
15. When requested by the department, the permittee shall within a reasonable time furnished any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Southern States Utilities, Inc.

I. D. Number: 3035P045  
Permit Number: DC35-174231  
Expiration Date: 12/15/93

Attention: Charles L. Sweat, President

**SPECIFIC CONDITIONS:**

1. The reclaimed water delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
2. Groundwater monitoring shall be performed in accordance with the attached Groundwater Monitoring Plan Implementation Schedule.
3. The reclaimed water facilities discharging to ground waters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
4. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
5. The applicant shall retain a professional engineer registered in the State of Florida, to observe construction of the project and to assure conformity to the application, plans and specifications as approved. Upon completion of construction, the engineer shall provide the department with a certification of completion of construction on DER Form 17-1.205(3) and record drawings in accordance with Rule 17-600 (Part V), F.A.C. This project, as permitted, shall not be placed in operation until written acceptance of the Certification of Completion has been received from the department.
6. This permit does not cover any of the structural engineering aspects of this project.
7. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.
8. Berms shall be constructed of material with low permeability and compacted sufficiently to prevent lateral seepage through them.



PERMITTEE:  
Southern States Utilities, Inc.

I. D. Number: 3035PO45  
Permit Number: DC35-174231  
Expiration Date: 12/15/93

Attention: Charles L. Sweat, President

SPECIFIC CONDITIONS:

9. Normal pond operating conditions should have 1-7 days hydraulic loading followed by 5-14 days resting periods with the maximum allowable wastewater level in any of the percolation ponds not closer than three (3) feet from the top of the berm. Once that level is reached, the pond shall be removed from use until the next loading cycle. A staff gauge with graduation in feet and tenths shall be provided in each pond. Any emergency discharge of water from the percolation pond will be considered a violation of this permit unless as a result of the storm event which produces rainfall in excess of 7.0 inches for any day or the cumulation of rainfall greater than 10 inches for any three consecutive days. To document the rainfall, it is required that rain gauge readings be taken at the same time each day. It should be noted that discharge is allowed only in amount equal to the volume of excess rainfall (i.e., rainfall in excess of 7.0 inches for any day or the accumulation of rainfall greater than 10 inches for any three (3) consecutive days) times the surface area of pond(s). Within 24 hours of both commencement and ending of discharge, the permittee must notify the event to the department in writing. Within 10 days a report must be provided containing information on the time of discharge, volume discharged, a log of daily rain gauge reading, and wastewater characteristics for pH, BOD<sub>5</sub>, TSS, TN and TP.
10. The protocol for the hydraulic load test of the Phase I percolation ponds, proposed by Michael D. Sims and Associates, letter dated January 16, 1990, is approved. Testing and evaluation shall be performed under the supervision of a Professional Engineer, registered in the State of Florida, in consultation with a qualified hydrogeologist. The department shall be notified when the test is to be started and a report submitted within thirty days of completion.
11. Flow to the treatment plant shall be limited to 0.150 MGD until: a) the report on the load test has been evaluated by the department, b) the Phase II percolation ponds have been certified as constructed and c) written approval for additional flow (beyond the 0.150) has been received from the department.

ISSUED 4/30/90

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

*Calvin R. de Paula*  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803



# Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Southern States Utilities Services  
1000 Color Place  
Apopka, FL 32703

Attention: Christine Arcand,  
Project Coordinator

Lake County - DW  
Sunshine Parkway, S.T.P.  
Permit Number DT35-131150  
Modification of Conditions

Dear Ms. Arcand:

We are in receipt of your request for modification of the permit conditions.  
The conditions are changed as follows:

- | <u>FROM</u>                                            | <u>TO</u>        |
|--------------------------------------------------------|------------------|
| A. Expiration Date April 15, 1992                      | October 15, 1992 |
| B. Specific Condition #10: REVISED COMPLIANCE SCHEDULE |                  |

- | <u>TASK</u>                                              | <u>ALTERNATE SITE</u> |
|----------------------------------------------------------|-----------------------|
| 1. Through 8.                                            | Complete              |
| 9. Construction Completed                                | June 30, 1992         |
| 10. Notification of Completion<br>and Commence Operation | July 15, 1992         |
| 11. Application submitted for<br>Operating Permit        | September 15, 1992    |

This letter must be attached to permit DT35-131150 and becomes a part of that permit.

Sincerely,

*Alexander P. King*  
for → A. Alexander, P.E.  
District Director

DATE: 12/31/91

**RECEIVED**

JAN

**ENGINEERING DEPT.**

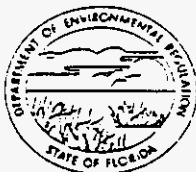
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STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

CENTRAL FLORIDA DISTRICT  
2319 MAGUIRE SCULEYARD  
SUITE 222  
ORLANDO, FLORIDA 32803-3767



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY  
ALEX ALEXANDER  
DISTRICT MANAGER

Permittee:  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

Attention: Charles L. Sweat,  
President

I. D. Number: 3035PO00168  
Permit/Certification  
Number: DT35-131150  
Date of Issue:  
Expiration Date: 6/30/90  
County: Lake  
Latitude/Longitude:  
29°38'37"/81°48'05"  
Project: Sunshine Parkway  
Facility, S.T.P. (formerly  
Lake Co. Utilities, Inc.)

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Temporarily Operate: A 0.250 MGD design capacity extended aeration (oxidation ditch) sewage treatment facility. The disinfected effluent is discharged to ground and surface water via bermed area with excess effluent allowed to overland flow to and "onsite" wetland to a drainage ditch to the Little Everglades system.

Location: U.S. Highway 27 at State Road 19, Mineola, Lake County, Florida.

Treatment Required: Secondary treatment and basic disinfection.

Operators Required: This is a Class C, category III treatment facility. In accordance with Chapter 17-16, F.A.C. an operator of minimum certification Class C shall be on-site for three (3) hour(s) per day, five days per week, and one weekend visit.

General Conditions 1 through 15 are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 6

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit;
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

b. the period of noncompliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is prohibited by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of Compliance with State Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards

The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.
- d. When requested by the department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

PERMITTEE:  
Southern States Utilities, Inc.

Attention: Charles L. Sweat,  
President

I. D. Number: 3035PC00168  
Permit/Certification Number:  
DT35-131150  
Date of Issue:  
Expiration Date: 6/30/90

SPECIFIC CONDITIONS:

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
TSS	once every two weeks
BOD <sub>5</sub>	once every two weeks
pH	daily
Chlorine residual	daily
Flow	daily
Fecal coliform	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted to this office and to Lake County Pollution Control on a monthly basis, by the 15th day of the following month.

2. This facility which has a design capacity greater than 100,000 GPD shall apply for a groundwater monitoring plan in accordance with Rule 17-4.245, F.A.C.
3. The future facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of reclaimed water to adjacent ground surfaces or runoff to surface waters.
4. The maintenance and operation log required pursuant to Rule 17-16.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
5. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
6. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.

DER From 17-1.201 (5) Effective November 30, 1982 Page 4 of 6

PERMITTEE:  
Southern States Utilities, Inc.

Attention: Charles L. Sweat,  
President

I. D. Number: 3035PC0168  
Permit/Certification Number:  
DT35-131150  
Date of Issue:  
Expiration Date: 6/30/90

SPECIFIC CONDITIONS:

7. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit.
8. The reclaimed water delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
9. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge which has not been analyzed pursuant to Rule 17-7.54(1) and (2), F.A.C. shall be disposed of at approved sanitary landfills or as otherwise provided in Rule 17-7.54(6), F.A.C.
10. The permittee shall return this facility to compliance operation by the elimination of the surface water discharge through the construction of additional land application areas in accordance with the following compliance schedule:

<u>Task</u>	<u>Site 1</u>	<u>Alternate Site</u>
(1) Sites Selected - Preliminary Site Investigation & Evaluation	5/1/88	6/15/88
(2) Rezoning - Land Use Approval	8/1/88	9/15/88
(3) Site Acquisition	9/1/88	10/15/88
(4) Preliminary Engineering & Geotechnical Report & Investigation	11/1/88	12/15/88
(5) Final Engineering Plans	12/15/88	2/1/89
(6) Submit Plans	12/15/88	2/1/89
(7) DER Permits Issued	3/15/89	5/1/89
(8) Construction Bids Received & Contract Awarded	ONE MONTH AFTER RECEIPT OF DER PERMIT	
(9) Construction of Approved System	FOUR MONTHS AFTER RECEIPT OF DER PERMIT	
(10) Certification of Completion & Commence Operation	FIVE MONTHS AFTER RECEIPT OF DER PERMIT	

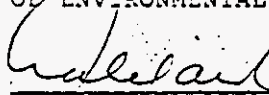
PERMITTEE:  
Southern States Utilities, Inc.  
Attention: Charles L. Sweat,  
President

I. D. Number: 3035P000168  
Permit/Certification Number:  
DT35-131150  
Date of Issue:  
Expiration Date: 6/30/90

SPECIFIC CONDITIONS:

ISSUED 3-30-88

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
District Manager  
3319 Maquire Boulevard  
Suite 232  
Orlando, Florida 32803  
(305)894-7555





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV  
343 COURTLAND STREET  
ATLANTA, GEORGIA 30365

FEB 22 1989

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

REF: 401-FF

Mr. Charles L. Sweat, President  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

RE: Final Issuance of NPDES Permit No. FLO041017  
Sunshine Parkway, STP

Dear Mr. Sweat:

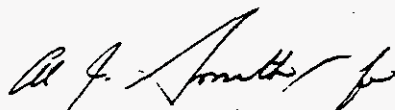
Enclosed is the National Pollutant Discharge Elimination System (NPDES) permit for the above referenced facility. This action constitutes the Environmental Protection Agency's final permit decision in accordance with 40 CFR 124.15(a). Any person may contest this decision by submitting a timely request for a hearing to the Regional Administrator under 40 CFR 124.74 or 124.114.

The permit will be effective as specified in the permit, provided that no request for a hearing is granted by the Agency under 40 C.F.R. 124.75 or 124.114. In the event that such a request is granted:

- o For discharge(s) previously authorized by an NPDES permit, at the time this permit application was filed, the force and effect of the contested provision(s) of this permit will be stayed, and any comparable provision(s) of the previous NPDES permit as well as all uncontested provision(s) of this permit shall be fully enforceable and effective until the administrative review process is completed, as provided by 40 CFR 124.16 and 124.60.
- o For discharge(s) not previously authorized by an NPDES permit, the Agency's granting of a hearing (requested by you or any other person) will result in no authorization to discharge. In other words, there will not be an NPDES permit authorizing the discharge(s) and if such a discharge(s) occurs, the discharge(s) will constitute a violation of Section 301 of the Clean Water Act, (33 U.S.C. 1311) for which there is civil and/or criminal liability.

If you wish to request a hearing under 40 CFR 124.74 or 124.114 you must submit a request (an original and two copies) to the Regional Hearing Clerk within thirty (30) days from the receipt of this letter. The request will be timely if mailed by certified mail within the thirty (30) day time period. For the request to be valid, it must conform to the requirements of 40 CFR 124.74. A copy of the requirements of 40 CFR 124.74 is attached. Information on procedures pertaining to the filing of a hearing request or other legal matters may be obtained by contacting Ms. Jacqueline F. Colson, Assistant Regional Counsel, at (404) 347-2335.

Sincerely yours,



Bruce A. Barrett, Director  
Water Management Division

Enclosures (4): Hearing Request Requirements  
Final NPDES Permit  
Amendment to Fact Sheet or Statement of Basis  
Discharge Monitoring Report Form and Instructions

cc: Florida DEP (with Final Permit & Amendment)



Permit No. FLO041017  
Minor - Non POTW

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION IV  
345 COURTLAND STREET  
ATLANTA, GEORGIA 30365

AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM:

In compliance with the provisions of the Clean Water Act, as amended, (33 U.S.C. 1251 et seq.; the "Act"),

Southern States Utilities, Inc.  
1000 Coler Place  
Apopka, Florida 32703

is authorized to discharge from a facility located at

Sunshine Parkway STP  
Intersection U.S. 27 and S.R. 19  
Minneola, Florida

to receiving waters named

Overland flow to an onsite wetland to a drainage ditch to the Little  
Everglades system

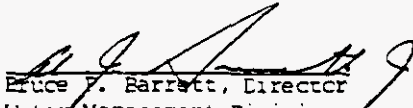
in accordance with effluent limitations, monitoring requirements and other  
conditions set forth in Parts I, II, and III hereof. The permit consists of  
this cover sheet, Part I 3 page(s), Part II 16 page(s), and Part III 1 page.

This permit shall become effective on April 1, 1989.

This permit and the authorization to discharge shall expire at midnight,  
February 28, 1994.

FEB 22 1989

Date Signed

  
Bruce F. Barrett, Director  
Water Management Division

PART I

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS - FINAL

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to discharge sanitary wastewater from outfall(s) 001.

Such discharges shall be limited and monitored by the permittee as specified below:

<u>PARAMETERS</u>	<u>DISCHARGE LIMITATIONS</u>			<u>MONITORING REQUIREMENTS</u>		
	<u>Annual Average</u>	<u>Monthly Average</u>	<u>Daily Maximum</u>	<u>Measurement Frequency</u>	<u>Sample Type</u>	<u>Sampling Point</u>
Flow, (MGD)	-	Report	Report	Weekdays	Recording Flowmeter and Totalizer	Effluent
Biochemical Oxygen Demand (5 day)	20 mg/l	30 mg/l	60 mg/l	1/2 Weeks	8-Hour Composite	Effluent
Total Suspended Solids	20 mg/l	30 mg/l	60 mg/l	1/2 Weeks	8-Hour Composite	Effluent
Fecal Coliform Bacteria, M/100 ml	See item 7 on page I-2			1/Quarter	Grab	Effluent
pH	See Item 2 on page I-2			Weekdays	Grab	Effluent

0855

PART I (CONTINUATION)  
EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

2. The pH of the effluent shall not be less than 6.0 standard units nor greater than 8.5 standard units.
3. There shall be no discharge of floating solids or visible foam in other than trace amounts.
4. The effluent shall not cause a visible sheen on the receiving water.
5. Any bypass of the treatment facility which is not included in the effluent monitored above, is to be monitored for flow and reported on a Discharge Monitoring Report (DMR) Form (3320-1).
6. For the BOD<sub>5</sub>, TSS and fecal coliform parameters, no violations for annual average will be deemed to have occurred until data have been compiled for the first 12 months after the effective date of the permit.
- 7a. The arithmetic average of the fecal coliform values collected during an annual period shall not exceed 200 per 100 ml of effluent sample.
- b. Any one sample shall not exceed 800 fecal coliform values per 100 ml of sample.

B. SCHEDULE OF COMPLIANCE

1. The permittee shall achieve compliance with the effluent limitations specified for discharges in accordance with the following schedule:

Operational Level Attained . . . . . Effective Date of Permit

April 14<sup>th</sup>

2. No later than 14 calendar days following a date identified in the above schedule of compliance, the permittee shall submit either a report of progress or, in the case of specific actions being required by identified dates, a written notice of compliance or noncompliance. In the latter case, the notice shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

PART III

OTHER REQUIREMENTS

A. Reporting of Monitoring Results

Monitoring results obtained for each calendar month shall be summarized and reported on a Discharge Monitoring Report Form (FFA No. 3220-1). These forms shall be submitted after each calendar quarter and postmarked no later than the 28th day of the month following the completed calendar quarter (For example, data for January-March shall be submitted by April 28.) Calendar quarters are January-March, April-June, July-September, and October-December. Duplicate signed copies of these, and all other reports required by Section D of Part II, Reporting Requirements, shall be submitted to the Permit Issuing Authority and the State at the following addresses:

Environmental Protection Agency  
Region IV  
Facilities Performance Branch  
Water Management Division  
345 Courtland Street, N.E.  
Atlanta, Georgia 30365

Florida Dept. of Environmental Regulation  
Central Florida District  
3319 Maguire Blvd.  
Suite 232  
Orlando, Florida 32803-3767

E. Repealer Clause

1. This permit shall be modified, or alternatively, revoked and reissued, to comply with any applicable effluent standard or limitation issued or approved under Sections 301(b)(2)(C) and (D), 304(b)(2), 307(a)(2), and 405(d)(2)(D) of the Clean Water Act, as amended, if the effluent standard, limitation, or sludge disposal requirement so issued or approved:

- a. Contains different conditions or is otherwise more stringent than any condition in the permit; or
- b. Controls any pollutant or disposal method not addressed in the permit.

The permit as modified or reissued under this paragraph shall also contain any other requirements of the Act then applicable.

2. This permit shall also be modified, or alternatively, revoked and reissued at the written request of the State to incorporate any more stringent or additional requirements contained in any uncontested State permit for this facility which is issued during the term of this WQDES permit.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV  
345 COURTLAND STREET  
ATLANTA, GEORGIA 30365

DATE: FEB 22 1989

AMENDMENT TO THE STATEMENT OF BASIS AT THE TIME OF FINAL ISSUANCE

APPLICATION NO.: FLO041017

NAME OF APPLICANT: Southern States Utilities, Inc. - Sunshine Parkway, STP

1. Changes to the Permit from Draft to Final Permit Stage:

The statement in the draft permit on page I-3 requiring this facility to cease discharge during the term of the permit has been deleted. The facility is required by the State to eliminate the discharge by October 1, 1989. This permit will be inactivated when that is accomplished.

Part II and III were updated to include current regulatory requirements. Item 6a on Page I-3 was deleted because the new Part II has a definition for Annual Average.

2. Public Comments:

No public comments were received.

3. State Certification:

State Certification was requested on November 29, 1988 and is hereby deemed waived as per 40 CFR 124.53(c).





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

345 COURTLAND STREET  
ATLANTA, GEORGIA 30365

STATEMENT OF BASIS

NPDES NUMBER: F0041017

FACILITY NAME: Sunshine Parkway STP

LOCATION: Intersection U.S. 27 and S.R. 19

RECEIVING STREAM: Overland flow to an onsite wetland to a drainage ditch to the Little Everglades system.

CLASSIFICATION: Class III Waters

USE DESIGNATION: Recreation and Propagation and Maintenance of a Healthy, Well-Balanced Population of Fish and Wildlife.

BASIS FOR FINAL EFFLUENT LIMITS AND PERMIT CONDITIONS

The effluent limitations for BOD<sub>5</sub>, TSS and fecal coliform are based upon the Florida Administrative Code (FAC), Section 17-6.180(1)(b). Effluent limits for pH were established to conform with FAC Section 17-3.121.

All monitoring frequencies are based upon Florida Department of Environmental Regulations (FDER) Temporary Operating Permit number DT35-131150 which expires 6/30/90 and requires this facility to eliminate the surface water discharge by 10/1/89.

Facility Name (Optional) **Discharge**  
**NAME** Charles L. Sweat, President  
**ADDRESS** Southern States Utilities, Inc  
 1000 Apopka, Florida 32703

**DISCHARGE MONITORING REPORT (DMR)**  
 (17)  
**FLOO-10 /** (1719)  
**PERMIT NUMBER** **001 1**  
**DISCHARGE NUMBER**

EPA Form 3320-1 (Rev. 10-79)  
 Use 3 of 88

**FACILITY LOCATION** Sunshine Parkway, STP

**MONITORING PERIOD**  
 FROM YEAR MONTH DAY TO YEAR MONTH DAY  
 1979 12 29 1980 1 29

The monitoring period begins on the first day of the month and ends on the last.

**NOTE: Read instructions before completing this form.**

PARAMETER (3)(4)	X	(1) (2) QUANTITY OF LOADING (3)(4)			(5) (6) QUALITY OR CONCENTRATION (7)(8)			UNITS	NO. OF SAMPLES TO BE ANALYZED (9)	FREQUENCY OF ANALYSIS (10)	SAMPLE TYPE (11)
		AVERAGE (46)(5)	MAXIMUM (5)(6)	UNITS	MINIMUM (4)(5)	AVERAGE (46)(5)	MAXIMUM (5)(6)				
FLOW, MGD				MGD	*****	*****	*****	*****		WEEK-DAYS	COMBINATION
50050 1 0 EFFLUENT GROSS VALUE		NO LIMIT	NO LIMIT		*****	*****	*****	*****			
BIOLOGICAL OXYGEN DEMAND 5-day		MONTHLY AVERAGE	DAILY MAX		*****	*****	*****	*****			
00010 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	*****		ONCE / WEEK	COMBINATION
BIOLOGICAL OXYGEN DEMAND 5-day		*****	*****	*****	*****	30	60	*****			
00010 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	MONTHLY AVERAGE	DAILY MAX	*****		ONCE / MONTH	COMBINATION
TOTAL SUSPENDED SOLIDS		*****	*****	*****	*****	*****	*****	*****			
00030 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	20	*****	*****		ONCE / MONTH	COMBINATION
TOTAL SUSPENDED SOLIDS		*****	*****	*****	*****	ANNUAL AVERAGE	*****	*****			
00030 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	30	60	*****		ONCE / WEEK	COMBINATION
TOTAL SUSPENDED SOLIDS		*****	*****	*****	*****	MONTHLY AVERAGE	DAILY MAX	*****			
00030 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	*****		ONCE / MONTH	COMBINATION
FECAL COLIFORM, GENERAL		*****	*****	*****	*****	*****	*****	*****			
74025 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	200	800	*****		ONCE / WEEK	COMBINATION
pH		*****	*****	*****	*****	ANNUAL AVERAGE	MAXIMUM	*****			
00100 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0	*****	8.5	*****		ONCE / WEEK	COMBINATION
		*****	*****	*****	MINIMUM	*****	MAXIMUM	*****			

0861

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**  
 I CERTIFY UNDER PENALTY OF THE LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY BELIEF OR THAT OF INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND CORRECT. I AM AWARE THAT THERE ARE SEVERAL PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 40 CFR 1.301 AND 40 CFR 1.302. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

**TELEPHONE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**AREA CODE** \_\_\_\_\_ **NUMBER** \_\_\_\_\_ **YEAR** \_\_\_\_\_ **MO** \_\_\_\_\_ **DAY** \_\_\_\_\_

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 No violations for annual average BOD, TSS or fecal coliform will be deemed occurred until twelve months of data is compiled.



Permit No. FL0001017  
Minor - Non POTW

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV  
345 COURTLAND STREET  
ATLANTA, GEORGIA 30365

AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Clean Water Act, as amended, (33 U.S.C. 1251 et seq.; the "Act"),

Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

is authorized to discharge from a facility located at

Sunshine Parkway STP  
Intersection U.S. 27 and S.F. 19  
Minneola, Florida

to receiving waters named

Overland flow to an onsite wetland to a drainage ditch to the Little  
Everglades system

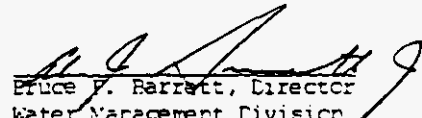
in accordance with effluent limitations, monitoring requirements and other  
conditions set forth in Parts I, II, and III hereof. The permit consists of  
this cover sheet, Part I 3 page(s), Part II 16 page(s), and Part III 1 page.

This permit shall become effective on April 1, 1989.

This permit and the authorization to discharge shall expire at midnight,  
February 28, 1994.

FEB 22 1989

Date Signed

  
Bruce V. Barrett, Director  
Water Management Division

Part II

STANDARD CONDITIONS FOR NPDES PERMITS

SECTION A. GENERAL CONDITIONS

1. Duty to Comply

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or for denial of a permit renewal application.

2. Penalties for Violations of Permit Conditions

Any person who violates a permit condition is subject to a civil penalty not to exceed \$25,000 per day of such violation. Any person who willfully violates permit conditions is subject to a fine of not less than \$5000 nor more than \$50,000 per day of violation, or by imprisonment for not more than 3 years, or both. Any person who negligently violates permit conditions is subject to a fine of not less than \$2,500 nor more than \$25,000 per day of violation, or by imprisonment for not more than 1 year, or both.

Duty to Mitigate

The permittee shall take all reasonable steps to minimize or prevent any discharge in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.

4. Permit Modification

After notice and opportunity for a hearing, this permit may be modified, terminated, or revoked for cause including, but not limited to, the following:

- a. Violation of any terms or conditions of this permit;
- b. Obtaining this permit by misrepresentation or failure to disclose fully all relevant facts;
- c. A change in any conditions that requires either temporary interruption or elimination of the permitted discharge; or
- d. Information newly acquired by the Agency indicating the discharge poses a threat to human health or the environment.

If the permittee believes that any past or planned activity would be cause for modification or revocation and reissuance under 40 CFR 122.62, the permittee must report such information to the Permit Issuing Authority. The submittal of a new application may be required of the permittee. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance, does not stay any permit condition.

5. Toxic Pollutants

Notwithstanding Paragraph A-4, above, if a toxic effluent standard or prohibition (including any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the Act for a toxic pollutant which is present in the discharge and such standard or prohibition is more stringent than any limitation of such pollutant in this permit, this permit shall be modified or revoked and reissued to conform to the toxic effluent standard or prohibition and the permittee so notified.

6. Civil and Criminal Liability

Except as provided in permit conditions on "Bypassing" Section B, Paragraph B-3, and "Upsets" Section B, Paragraph B-4, nothing in this permit shall be construed to relieve the permittee from civil or criminal penalties for noncompliance.

7. Oil and Hazardous Substance Liability

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties to which the permittee is or may be subject under Section 311 of the Act.

8. State Laws

Nothing in this permit shall be construed to preclude the institution of any legal action or relieve the permittee from any responsibilities, liabilities, or penalties established pursuant to any applicable State law or regulation under authority preserved by Section 510 of the Act.

9. Property Rights

The issuance of this permit does not convey any property rights of any sort, or any exclusive privileges, nor does it authorize any injury to private property or any invasion of personal rights, nor any infringement of Federal, State, or local laws or regulations.

10. Onshore or Offshore Construction

s permit does not authorize or approve the construction of any onshore or offshore physical structures or facilities or the undertaking of any work in any waters of the United States.

11. Severability

The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstance, is held invalid, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected thereby.

12. Duty to Provide Information

The permittee shall furnish to the Permit Issuing Authority, within a reasonable time, any information which the Permit Issuing Authority may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit or to determine compliance with this permit. The permittee shall also furnish to the Permit Issuing Authority upon request, copies of records required to be kept by this permit.

SECTION B. OPERATION AND MAINTENANCE OF POLLUTION CONTROLS

1. Proper Operation and Maintenance

permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back-up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of the permit.

2. Need to Halt or Reduce not a Defense

It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the condition of this permit.

3. Bypass of Treatment Facilities

a. Definitions

- (1) "Bypass" means the intentional diversion of waste streams from any portion of a treatment facility, which is not a designed or established operating mode for the facility.

- (2) "Severe property damage" means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

b. Bypass not exceeding limitations.

The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Paragraphs c. and d. of this section.

c. Notice

- (1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten days before the date of the bypass; including an evaluation of the anticipated quality and effect of the bypass.
- (2) Unanticipated bypass. The permittee shall submit notice of an unanticipated bypass as required in Section D, Paragraph D-8 (24-hour notice).

d. Prohibition of bypass

- (1) Bypass is prohibited and the Permit Issuing Authority may take enforcement action against a permittee for bypass, unless:
- (a) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;
- (b) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied in adequate backup equipment should have been installed in the exercise of reasonable engineering judgement to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
- (c) The permittee submitted notices as required under Paragraph c. of this section.

- (2) The Permit Issuing Authority may approve an anticipated bypass, after considering its adverse effects, if the Permit Issuing Authority determines that it will meet the three conditions listed above in Paragraph d.(1) of this section.

#### 4. Upsets

"Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, lack of preventive maintenance, or careless or improper operation. An upset constitutes an affirmative defense to an action brought for non-compliance with such technology based permit limitation if the requirements of 40 CFR 122.41(n)(3) are met.

#### 5. Removed Substances

This permit does not authorize discharge of solids, sludge, filter backwash, or other pollutants removed in the course of treatment or control of wastewaters of the United States unless specifically limited in Part 1.

### SECTION C. MONITORING AND RECORDS

#### 1. Representative Sampling

amples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge. All samples shall be taken at the monitoring points specified in this permit and, unless otherwise specified, before the effluent joins or is diluted by any other wastestream, body of water, or substance. Monitoring points shall not be changed without notification to and the approval of the Permit Issuing Authority.



## 2. Flow Measurements

Appropriate flow measurement devices and methods consistent with accepted scientific practices shall be selected and used to insure the accuracy and reliability of measurements of the volume of monitored discharges. The devices shall be installed, calibrated and maintained to insure that the accuracy of the measurements are consistent with the accepted capability of that type of device. Devices selected shall be capable of measuring flows with a maximum deviation of less than  $\pm 10\%$  from the true discharge rates throughout the range of expected discharge volumes. Once-through condenser cooling water flow which is monitored by pump logs, or pump hour meters as specified in Part I of this permit and based on the manufacture's pump curves shall not be subject to this requirement. Guidance in selection, installation, calibration, and operation of acceptable flow measurement devices can be obtained from the following references:

- (1) "A Guide of Methods and Standards for the Measurement of Water Flow", U.S. Department of Commerce, National Bureau of Standards, NBS Special Publication 421, May 1975, 97 pp. (Available from the U.S. Government Printing Office, Washington, D.C. 20402. Order by SD catalog No. C13.10:421.)
- (2) "Water Measurement Manual", U.S. Department of Interior, Bureau of Reclamation, Second Edition, Revised Reprint, 1974, 327 pp. (Available from the U.S. Government Printing Office, Washington, D.C. 20402. Order by catalog No. 127.19/2:W29/2, Stock No. S/N 24003-0027.)
- (3) "Flow Measurement in Open Channels and Closed Conduits", U.S. Department of Commerce, National Bureau of Standards, NBS Special Publication 484, October 1977, 982 pp. (Available in paper copy or microfiche from National Technical Information Service (NTIS), Springfield, VA 22151. Order by NTIS No. PB-273 535/5ST.)
- (4) "NPDES Compliance Flow Measurement Manual", U.S. Environmental Protection Agency, Office of Water Enforcement, Publication MCD-77, September 1981, 135 pp. (Available from the General Services Administration (SERC), Centralized Mailing Lists Services, Building 41, Denver Federal Center, Denver, CO 80255.)

## 3. Monitoring Procedures

Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.

4. Penalties for Tampering

The Clean Water Act provides that any person who falsifies, tampers with, or knowingly renders inaccurate, any monitoring device or method required to be maintained under this permit shall, upon conviction, be punished by a fine of not more than \$10,000 per violation, or by imprisonment for not more than 6 months per violation, or both.

5. Retention of Records

The permittee shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this permit, and records of all data used to complete the application for this permit, for a period of at least 3 years from the date of the sample, measurement, report, or application. This period may be extended by the Permit Issuing Authority at any time.

6. Record Contents

Records of monitoring information shall include:

- a. The date, exact place, and time of sampling or measurements;
- b. The individual(s) who performed the sampling of measurements;
- c. The date(s) analyses were performed;
- d. The individual(s) who performed the analyses;
- e. The analytical techniques or methods used; and
- f. The results of such analyses.

7. Inspection and Entry

The permittee shall allow the Permit Issuing Authority, or an authorized representative, upon the presentation of credentials and other documents as may be required by law, to;

- a. Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
- b. Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit.

- c. Inspect at reasonable time any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
- d. Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the Clean Water Act, any substances or parameters at any location.

SECTION D. REPORTING REQUIREMENTS

1. Change in Discharge

The permittee shall give notice to the Permit Issuing Authority as soon as possible of any planned physical alterations or additions to the permitted facility. Notice is required only when:

- a. The alteration or addition to a permitted facility may meet one of the criteria for determining whether a facility is a new source; or
- b. The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements under Section D, Paragraph D-10(a).

2. Anticipated Noncompliance

The permittee shall give advance notice to the Permit Issuing Authority of any planned change in the permitted facility or activity which may result in noncompliance with permit requirements. Any maintenance of facilities, which might necessitate unavoidable interruption of operation and degradation of effluent quality, shall be scheduled during noncritical water quality periods and carried out in a manner approved by the Permit Issuing Authority.

3. Transfer of Ownership or Control

A permit may be automatically transferred to another if:

- a. The permittee notifies the Permit Issuing Authority of the proposed transfer at least 30 days in advance of the proposed transfer date;
- b. The notice includes a written agreement between the existing and new permittees containing a specific date for transfer of permit responsibility, coverage, and liability between them; and

c. The Permit Issuing Authority does not notify the existing permittee of his or her intent to modify or revoke and reissue the permit. If this notice is not received, the transfer is effective on the date specified in the agreement mentioned in paragraph b.

4. Monitoring Reports

See Part III of this permit.

5. Additional Monitoring by the Permittee

If the permittee monitors any pollutant more frequently than required by this permit, using test procedures approved under 40 CFR 136 or as specified in this permit, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the Discharge Monitoring Report (DMR). Such increased frequency shall also be indicated.

6. Averaging of Measurements

Calculations for limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Permit Issuing Authority in the permit.

7. Compliance Schedules

Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of this permit shall be submitted no later than 14 days following each schedule date. Any reports of noncompliance shall include the cause of noncompliance, any remedial actions taken, and the probability of meeting the next scheduled requirement.

8. Twenty-Four Hour Reporting

The permittee shall orally report any noncompliance which may endanger health or the environment, within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause, the period of noncompliance, including the exact dates and times; and if the noncompliance has not been corrected, the anticipated time it is expected to continue, and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance. The Permit Issuing Authority may verbally waive the written report, on a case-by-case basis, when the oral report is made.

The following violations shall be included in the 24 hour report when they might endanger health or the environment:

- a. An unanticipated bypass which exceeds any effluent limitation in the permit.
- b. Any upset which exceeds any effluent limitation in the permit.

9. Other Noncompliance

The permittee shall report in narrative form, all instances of noncompliance not previously reported under Section D, Paragraphs D-2, D-4, D-7, and D-8 at the time monitoring reports are submitted. The reports shall contain the information listed in Paragraph D-8.

10. Changes in Discharges of Toxic Substances

The permittee shall notify the Permit Issuing Authority as soon as it knows or has reason to believe:

- a. That any activity has occurred or will occur which would result in the discharge, on a routine or frequent basis, of any toxic pollutant (listed at 40 CFR 122, Appendix D, Table II and III) which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels":
  - (1) One hundred micrograms per liter (100 ug/l);
  - (2) Two hundred micrograms per liter (200 ug/l) for acrolein and acrylonitrile; five hundred micrograms per liter (500 ug) for 2,4-dinitrophenol and for 2-methyl-4,6-dinitrophenol; and one milligram per liter (1 mg/l) for antimony; or
  - (3) Five (5) times the maximum concentration value reported for that pollutant(s) in the application.
- b. That any activity has occurred or will occur which would result in any discharge, on a routine or infrequent basis, of a toxic pollutant (listed at 40 CFR 122, Appendix D, Table II and III) which is not limited in the permit, if that discharge will exceed the highest of the following "notification levels":
  - (1) Five hundred micrograms per liter (500 ug/l);
  - (2) One milligram per liter (1 mg/l) for antimony; or
  - (3) Ten (10) times the maximum concentration value reported for that pollutant(s) in the permit application.

11. Duty to Reapply

If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply for and obtain a new permit. The application should be submitted at least 180 days before the expiration date of this permit. The Permit Issuing Authority may grant permission to submit an application less than 180 days in advance but not later than the permit expiration date.

Where EPA is the Permit Issuing Authority, the terms and conditions of this permit are automatically continued in accordance with 40 CFR 122.6, only where the permittee has submitted a timely and complete application for a renewal permit and the Permit Issuing Authority is unable through no fault of the permittee to issue a new permit before the expiration date.

12. Signatory Requirements

All applications, reports, or information submitted to the Permit Issuing Authority shall be signed and certified.

a. All permit applications shall be signed as follows:

- (1) For a corporation: by a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or (2) the manager of one or more manufacturing production facilities employing more than 250 persons or having gross annual sales or expenditures exceeding 25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- (3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official.

b. All reports required by the permit and other information requested by the Permit Issuing Authority shall be signed by a person described above or by a duly authorized representative of that person. A person is a duly authorized representative only if:

- (1) The authorization is made in writing by a person described above;

- (2) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as the position of plant manager, operator of a well or a well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.); and
  - (3) The written authorization is submitted to the Permit Issuing Authority.
- c. Certification. Any person signing a document under paragraphs (a) or (b) of this section shall make the following certification:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

### 13. Availability of Reports

Except for data determined to be confidential under 40 CFR Part 2, all reports prepared in accordance with the terms of this permit shall be available for public inspection at the offices of the Permit Issuing Authority. As required by the Act, permit applications, permits and effluent data shall not be considered confidential.

### 14. Penalties for Falsification of Reports

The Clean Water Act provides that any person who knowingly makes any false material statement, representation, or certification in any record or other document submitted or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance, or who knowingly falsifies, tampers with, or renders inaccurate any monitoring device or method required to be maintained under the Clean Water Act, shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment for not more than 2 years, or both.

## SECTION 2. DEFINITIONS

### 1. Permit Issuing Authority

The Regional Administrator of EPA Region IV or his designee, unless at some time in the future the State receives authority to administer the NPDES program and assumes jurisdiction over the permit; at which time, the Director of the State program receiving the authorization becomes the issuing authority.

### 2. Act

"Act" means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act) Public Law 92-500, as amended by Public Law 95-217 and Public Law 95-576, 33 U.S.C. 1251 et seq.

### 3. Mass/Day Measurements

- a. The "average monthly discharge" is defined and the total mass of all daily discharges sampled and/or measured during a calendar month on which daily discharges are sampled and measured, divided by the number of daily discharges sampled and/or measured during such month. It is therefore, an arithmetic mean found by adding the weights of the pollutant found each day of the month and then dividing this sum by the number of days the tests were reported. The limitation is identified as "Daily Average" or "Monthly Average" in Part I of the permit and the average monthly discharge value is reported in the "Average" column under "Quantity" on the Discharge Monitoring Report (DMR).
- b. The "average weekly discharge" is defined as the total mass of all daily discharges sampled and/or measured during the calendar week on which daily discharges are sampled and measured, divided by the number of daily discharges sampled and/or measured during such week. It is, therefore, an arithmetic mean found by adding the weights of pollutants found each day of the week and then dividing this sum by the number of days the tests were reported. This limitation is identified as "Weekly Average" in Part I of the permit and the average weekly discharge value is reported in the "Maximum" column under "Quantity" on the DMR.
- c. The "maximum daily discharge" is the total mass (weight) of a pollutant discharged during a calendar day. If only one sample is taken during any calendar day the weight of pollutant calculated from it is the "maximum daily discharge". This limitation is identified as "Daily Maximum", in Part I of the permit and the highest such value recorded during the reporting period is reported in the "Maximum" column under "Quantity" on the DMR.



- d. The "average annual discharge" is a rolling average equal to the arithmetic mean of the mass measured in all discharges sampled and/or measured during consecutive reporting periods which comprise one year. For parameters that are measured at least once per month, the annual average shall be computed at the end of each month and is equal to the arithmetic mean of the monthly average of the month being reported and the monthly average of each of the previous eleven months. This limitation is defined as "Annual Average" in Part I of the permit and the average annual discharge value is reported in the "Average" column under "Quantity" on the DMR.

4. Concentration Measurements

- a. The "average monthly concentration", other than for fecal coliform bacteria, is the sum of the concentrations of all daily discharges sampled and/or measured during a calendar month on which daily discharges are sampled and measured, divided by the number of daily discharges sampled and/or measured during such month (arithmetic mean of the daily concentration values). The daily concentration value is equal to the concentration of a composite sample or in the case of grab samples is the arithmetic mean (weighted by flow value) of all the samples collected during that calendar day. This limitation is identified as "Monthly Average" or "Daily Average" under "Other Limits" in Part I of the permit and the average monthly concentration value is reported under the "Average" column under "Quality" of the DMR.
- b. The "average weekly concentration", other than for fecal coliform bacteria, is the sum of the concentrations of all daily discharges sampled and/or measured during a calendar week on which daily discharges are sampled and measured divided by the number of daily discharges sampled and/or measured during such week (arithmetic mean of the daily concentration values). The daily concentration value is equal to the concentration of a composite sample or in the the case of grab samples is the arithmetic mean (weighted by flow value) of all the samples collected during that calendar day. This limitation is identified as "Weekly Average" under "Other Limits" in Part I of the permit and the average weekly concentration value is reported under the "Maximum" column under "Quality" on the DMR.

- c. The "maximum daily concentration" is the concentration of a pollutant discharged during a calendar day. It is identified as "Daily Maximum" under "Other Limits" in Part I of the permit and the highest such value recorded during the reporting period is reported under the "Maximum" column under "Quality" on the DMR.
- d. The "average annual concentration", other than for fecal coliform bacteria, is a rolling average equal to the arithmetic mean of the effluent or influent samples collected during consecutive reporting periods which comprise one year. For parameters that are measured at least once per month, the annual average shall be computed at the end of each month and is equal to the arithmetic mean of the monthly average of the month being reported and the monthly average of each of the previous eleven months. This limitation is identified as "Annual Average" under "Other Limits" in Part I of the permit and the average annual concentration value is reported under the "Average" column under "Quality" on the DMR.

5. Other Measurements

- a. The effluent flow expressed as million gallons per day (MGD) is the 24 hour average flow averaged monthly. It is the arithmetic mean of the total daily flows recorded during the calendar month. Where monitoring requirements for flow are specified in Part I of the permit the flow rate values are reported in the "Average" column under "Quantity" on the DMR.
- b. An "instantaneous flow measurement" is a measure of flow taken at the time of sampling, when both the sample and flow will be representative of the total discharge.
- c. Where monitoring requirements for pH, dissolved oxygen or fecal coliform bacteria are specified in Part I of the permit, the values are generally reported in the "Quality or Concentration" column on the DMR.
- d. The "average annual discharge" for fecal coliform bacteria shall be calculated in the same manner as that for mass limitations (see item II.E.3.d.).

6. Types of Samples

- a. **Composite Sample:** A "composite sample" is a combination of not less than 8 influent or effluent portions, of at least 100 ml, collected over the full time period specified in Part I.A. The composite sample must be flow proportioned by either time interval between each aliquot or by volume as it relates to effluent flow at the time of sampling or total flow since collection of the previous aliquot. Aliquots may be collected manually or automatically.
- b. **Grab Sample:** A "grab sample" is a single influent or effluent portion which is not a composite sample. The sample(s) shall be collected at the period(s) most representative of the total discharge.

7. Calculation of Means

- a. **Arithmetic Mean:** The "arithmetic mean" of any set of values is the summation of the individual values divided by the number of individual values.
- b. **Geometric Mean:** The "geometric mean" of any set of values is the  $N^{\text{th}}$  root of the product of the individual values where N is equal to the number of individual values. The geometric mean is equivalent to the antilog of the arithmetic mean of the logarithms of the individual values. For purposes of calculating the geometric mean, values of zero (0) shall be considered to be one (1).
- c. **Weighted by Flow Value:** "Weighted by flow value" means the summation of each concentration times its respective flow divided by the summation of the respective flows.

8. Calendar Day

A "calendar day" is defined as the period from midnight of one day until midnight of the next day. However, for purposes of this permit, any consecutive 24-hour period that reasonably represents the calendar day may be used for sampling.

9. Hazardous Substance

A "hazardous substance" means any substance designated under 40 CFR Part 116 pursuant to Section 311 of the Clean Water Act.

10. Toxic Pollutants

A "toxic pollutant" is any pollutant listed as toxic under Section 307(a)(1) of the Clean Water Act.

**University Shores - 106**

**Orange County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 202 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Tsuchimann, Secretary

John Shearer, Assistant Secretary

Alex Alexander, Deputy Assistant Secretary

Permittee:  
Southern States Utilities, Inc.  
1000 Color Place  
Orlando, FL 32703

Attention: Charles L. Sweat,  
President

I. D. Number:  
Permit/Certification  
Number: CS48-156211  
Date of Issue: **11/10/88**  
Expiration Date: November 2, 1990  
County: Orange  
Section/Township/Range:  
13 / 22S / 30E  
Project: University Shores Eastside  
Forcemain  
Connected to: University Shores,  
S.T.P. 2

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Construction of a sewage transmission system for the University Shores Eastside Forcemain. This infrastructure project requires no new flow commitments.

The sewage transmission system shall consist of: (A) 5,250 L.F. 9" PVC gravity, (B) associated manholes.

Location: Econlockhatchee Trail, south of University Blvd., Union Park, Orange County, Florida.

General Conditions are attached to be distributed to the permittee only.

ERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit.
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.Reasonable time may depend on the nature of the concern being investigated.
8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance StandardsThe permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utilities, Inc.

Attention: Charles L. Sweat,  
President

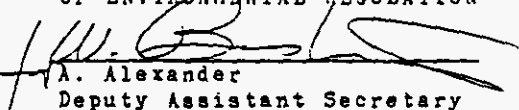
I. D. Number:  
Permit/Certification Number:  
CS48-156211  
Date of Issue:  
Expiration Date: November 2, 1990

SPECIFIC CONDITIONS:

1. Where water and sewer mains cross with less than eighteen inches vertical clearance, the sewer will be twenty feet of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main, a separation of at least ten feet should be maintained when practical.
2. This construction permit is only for the construction of the sewage collection/transmission system. It does not pertain to any potable water, dredge and fill, or stormwater aspects of this project; additional permits may be required from this office.
3. The applicant shall retain a professional engineer registered in the State of Florida, to observe construction of the project and to assure conformity to the application, plans and specifications as approved. Upon completion of construction, the engineer shall provide the department with a certification of completion of construction on DER Form 17-1.205(8) and record drawings in accordance with Rule 17-6.140, F.A.C. This project, as permitted, shall not be placed in operation until written acceptance of the Certification of Completion has been received from the department.

ISSUED NOVEMBER 10, 1988

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
H. A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803  
(407) 894-7555





## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767  
Lawton Chiles, Governor Carol M. Browner, Secretary

Permittee:  
Southern States Utilities Services  
1000 Color Place  
Apopka, FL 32703

I. D. Number: 3048P02944  
Permit Number: D048-187714  
Expiration Date: 05/10/96  
County: Orange  
Project: University Shores,  
S.T.P. #1

Attention: Charles L. Sweat,  
Vice President Operations

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-600, and 17-610 F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate: A 0.275 MGD design capacity advanced wastewater treatment facility with nitrification, denitrification, phosphorous removal and dual sand filters. The disinfected/dechlorinated effluent is discharged to surface water via outfall pipe to a drainage canal to the Little Econlockhatchee River.

Location: 2600 Harrel Road, Orlando, Orange County, Florida.

Treatment Required: Treatment beyond secondary and basic disinfection followed by dechlorination in accordance with the effluent limits contained in Specific Conditions 2, 3 and 4.

Operators Required: This is a Class C, Category I treatment facility. In accordance with Chapter 17-602, F.A.C. an operator of minimum certification Class C shall be on-site for six (6) hours per day for five (5) days per week and one (1) visit on each weekend day, as a minimum.

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 8

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

**GENERAL CONDITIONS:**

1. *The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727 or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agent, employees, servants or representatives.*
2. *This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.*
3. *As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.*
4. *This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority of the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.*
5. *This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefor caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.*
6. *The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.*
7. *The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:*
  - a. *Having access to and copying any records that must be kept under the conditions of the permit.*
  - b. *Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and*
  - c. *Sampling or monitoring any substances or parameters at any location reasonable necessary to assure compliance with this permit or department rules.*

*Reasonable time may depend on the nature of the concern being investigated.*
8. *If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:*
  - a. *a description of and cause of non-compliance; and*

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utilities Services

I. D. Number: 3048P02944  
Permit Number: D048-187714  
Expiration Date: 05/10/96

Attention: Charles L. Sweat,  
Vice President Operations

SPECIFIC CONDITIONS:

1. The required effluent sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
Flow	daily, 7 days per week
Chlorine residual (a)	daily, 7 days per week
Chlorine residual (b)	daily, 7 days per week
pH	daily, 7 days per week
BOD <sub>5</sub>	weekly
TSS	weekly
Fecal coliform	weekly
Nitrate as N	weekly
Total Kjeldahl Nitrogen (TKN)	weekly
Total Nitrogen as N	weekly
Total Phosphorous as P	weekly
Dissolved Oxygen (DO)	weekly

(a) after disinfection

(b) after dechlorination

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office and Orange County Environmental Protection Department, by the 15th day of the following month. The supporting lab analyses shall be attached to the monthly operating reports.

2. The wastewater treatment plant shall be operated and maintained so as not to exceed any of the following effluent limits (Monthly (30-Day Averages)):

<u>Parameter</u>	<u>Effluent</u>
Flow	0.275 MGD
Biochemical Oxygen Demand (BOD <sub>5</sub> )	5.0 mg/l
Total Suspended Solids (TSS)	20.0 mg/l
Total Kjeldahl Nitrogen as N (TKN)	2.5 mg/l
Total Nitrogen as N (TN)	2.5 mg/l
Total Phosphorus as P (TP)	1.0 mg/l

PERMITTEE:  
Southern States Utilities Services

I. D. Number: 3048P02944  
Permit Number: D048-187714  
Expiration Date: 05/10/96

Attention: Charles L. Sweat,  
Vice President Operations

SPECIFIC CONDITIONS:

3. The dissolved oxygen (DO) levels must meet the following effluent limitations on a monthly (30 day) average basis:

<u>Parameter</u>	<u>Concentration (mg/l)</u>	<u>Wastewater Temperature (°C)</u>
Dissolved Oxygen	≥7.0	≤22
	6.9	23
	6.8	24
	6.7	25
	6.6	26
	6.5	27
	6.3	28
	6.2	29
	6.1	30

The temperature of the sample must be recorded at the time the dissolved oxygen level is measured for compliance determination.

4. The treatment plant effluent shall be adequately chlorinated at all times so as to maintain a minimum 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based on peak flow) or as required to achieve the basic disinfection criteria of Rule 17.600.440(4), F.A.C.

Effluent shall be dechlorinated to reduce chlorine residual to not more than 0.01 mg/l prior to discharge to surface water.

5. Inability to comply with the effluent limitations on a monthly average basis, will be considered a violation of this permit and may necessitate that further improvements be made to this facility or discontinue surface water discharge.
6. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
7. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.

PERMITTEE:  
Southern States Utilities Services

I. D. Number: 3048P02944  
Permit Number: D048-187714  
Expiration Date: 05/10/96

Attention: Charles L. Sweat,  
Vice President Operations

SPECIFIC CONDITIONS:

8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.
9. Domestic residual (sludge) disposal shall be in accordance with Rule 17-640, F.A.C. Residuals shall be analyzed semi-annually and submitted to the department. Agricultural land use plans shall be submitted annually on forms approved by the department.
10. Emergency holding pond maintenance shall include periodically removing excessive floating and emergent vegetation. Vegetation along the berms shall be kept mowed for aesthetic purposes and to allow visual inspection of the berm slopes for erosion and deterioration.
11. The permittee shall initiate a series of bioassay tests, as described below, beginning no later than 60 days after the issue date of this permit, to evaluate whole effluent toxicity of the discharge. All test species, procedures and quality assurance criteria used shall be in accordance with Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, EPA/600/4-85/013, or the most current edition. A standard reference toxicant quality-assurance test shall be conducted concurrently with each species used in the toxicity test and all the test results shall be submitted along with the concomittant monthly operation report.
  - A. 1. The permittee shall conduct 96-hour screening acute static toxicity tests using the daphnid, Ceriodaphnia dubia, and 96-hour acute static-renewal toxicity test using the bannerfin shiner (Notropis leedsii). All tests will be conducted on four separate grab samples collected at evenly-spaced (6-hour) intervals over a 24-hour period and used in four separate tests in order to account for daily variations in effluent quality.
  2. If control mortality exceeds 10% for either species in any test, the test(s) for that species (including the control) shall be repeated. A test will be considered valid only if control mortality does not exceed 10% for either species. If, in any separate grab sample test, 100% mortality occurs prior to the end of the test and control mortality is less than 10% at that time, that test (including the control) shall be terminated with the conclusion that the sample demonstrates unacceptable acute toxicity.
  3. Tests shall be conducted using a control (0% effluent) and one test concentration of 100% final effluent.

PERMITTEE:  
Southern States Utilities Services

I. D. Number: 3048P02944  
Permit Number: D048-187714  
Expiration Date: 05/10/96

Attention: Charles L. Sweat,  
Vice President Operations

SPECIFIC CONDITIONS:

- B. 1. The toxicity tests specified above shall be conducted once every two months until 6 valid bimonthly tests have been completed and once every 6 months thereafter for the duration of the permit, unless notified otherwise by DER. These tests are referred to as "routine" tests.
- C. 1. If unacceptable acute toxicity (greater than 50% lethality of either test species in any of the four separate grab sample tests within the specified time) is found in a "routine" test, the permittee shall conduct four additional definitive acute toxicity tests on both species. Each test will be conducted on a control and the following effluent concentrations: 100%, 50%, 25%, 12.5%, and 6.25%. Effluent samples shall be taken at the same time of day as was the sample displaying the greatest toxicity from the failed routine test(s). For each additional test, the sample collection requirements and test acceptability criteria specified in Section 1 above must be met for the test to be considered valid. The first test shall begin within one week of the end of the failed "routine" test(s) and shall be conducted every four (4) days thereafter until four additional, valid tests are completed. The additional tests will be used to determine if the toxicity found in the routine test is still present.
  2. Results from additional tests, required due to unacceptable acute toxicity in the "routine" tests, shall be submitted within 45 days of completion of the third additional, valid test.
- D. 1. If, at any time during acute bioassay testing, the results indicate lethality greater than 20%, the facility shall contact the appropriate DER District Office to receive a protocol for conducting definitive acute toxicity bioassay tests.
12. The permittee shall submit to the Department, at least (180) days prior to the expiration date of this permit a "Surface Water Impact Summary Report" (SWISR) summarizing the previous five years water quality monitoring data, in numerical and graphical form and indicating any changes to the operation, processes, loadings or any additional impact to the immediate vicinity of the receiving streams by any other processes or any other dischargers. This data includes all effluent data and any monitoring data which may have been collected on the receiving water.

PERMITTEE:  
Southern States Utilities Services  
Attention: Charles L. Sweat,  
Vice President Operations

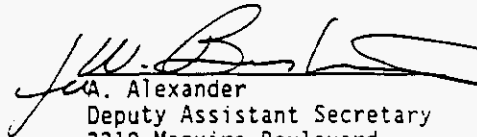
I. D. Number: 3048P02944  
Permit Number: DD48-187714  
Expiration Date: 05/10/96

SPECIFIC CONDITIONS:

Following receipt of the SWISR submitted by permittee, the Department will determine if additional information is necessary to complete the future operation/renewal application for this facility. If a subsequent Level I/II WQBEL study is required, the permittee will be notified.

ISSUED MAY 22, 1991

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
J. W. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803-3767



Orange



County

Environmental Protection Department  
J. M. Bateman, P.E., Manager  
2002 East Michigan Street  
Orlando, Florida 32806-4999  
Telephone (407) 836-7400

**PERMITTEE:**

Southern States Utilities Inc.  
1000 Color Place  
Apopka, FL 32703

Attn: Charles L. Sweat  
Vice President Operations

I.D. #\$: EPD-90-54  
Permit/Certi. #: DO-91-08  
Date of Issue: June 7, 1991  
Expiration Date: June 10, 1996  
Latitude/Longitude:  
Section/Township/Range:  
PROJECT: UNIVERSITY SHORES #1  
Wastewater Treatment Facility

This permit is issued under the provisions of Chapter 24, Art. III, Code of Laws, Orange County, Florida. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or specifically described as follows:

**Operate:** A 0.275 MGD design capacity advanced wastewater treatment facility with nitrification, denitrification, phosphorous removal, dual sand filters and dechlorination. The disinfected/dechlorinated effluent is discharged to surface waters via an outfall pipe to a drainage canal with subsequent discharge to the Little Econolockhatchee River.

**Location:** 2600 Harrell Road, Orlando, Florida

**Treatment Required:** Treatment beyond secondary with basic disinfection followed by dechlorination in accordance with the effluent limits contained in Specific Conditions 2, 3 and 4.

**Operators Required:** This is a Category I, Class C, Wastewater Treatment Facility, requiring on-site staffing by a Class C, or higher, Certified Operator six (6) hours per day, five (5) days per week, and one (1) visit each weekend day in accordance with Chapter 17-602, F.A.C.

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee. The permittee is hereby placed on notice that the Environmental Protection Officer will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Environmental Protection Officer.

3. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source.

4. This permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by the Environmental Protection Officer.

5. The permittee, by accepting this permit, specifically agrees to allow authorized Environmental Protection personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times\* where the permitted activity is located or conducted for the purpose of:

a. Having access to and copying any records that must be kept under the conditions of the permit;

b. Inspecting the facility, equipment, practices, or operations regulations or required under this permit; and,

c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit.

\*Reasonable time may depend on the nature of the concern being investigated.

6. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the Environmental Protection Officer with the following information:

- a. a description of and cause of non-compliance; and
- b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Environmental Protection Officer for penalties or revocation of this permit.

7. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

8. When requested by the Environmental Protection Officer, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the Environmental Protection Officer, such facts or information shall be submitted or corrected promptly.

SPECIFIC CONDITIONS:

Southern States Utilities, Inc./University Shores #1

SPECIFIC CONDITIONS:

1. The required effluent sampling shall be as follows:

OPS

<u>Parameter</u>	<u>Recording or Sampling Frequency</u>
Flow	Daily, 7 days per week
Chlorine residual (a)	Daily, 7 days per week
Chlorine residual (b)	Daily, 7 days per week
pH	Daily, 7 days per week
BOD5	Weekly
TSS	Weekly
Fecal coliform	Weekly
Nitrate as N	Weekly
Total Kjeldahl Nitrogen (TKN)	Weekly
Total Nitrogen as N	Weekly
Total Phosphorous as P	Weekly
Dissolved Oxygen (DO)	Weekly

(a) after disinfection (b) after dechlorination

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to the Orange County Environmental Protection Department and the Florida Department of Environmental Regulation, by the 15th day of the following month. The supporting lab analyses shall be attached to the monthly operating reports.

2. The wastewater treatment plant shall be operated and maintained so as not to exceed any of the following effluent limits (Monthly (30) Day Averages).

OPS

<u>Parameter</u>	<u>Effluent</u>
Flow	0.275 MGD
Biochemical Oxygen Demand (BOD <sub>5</sub> )	5.0 mg/l
Total Suspended Solids (TSS)	20.0 mg/l
Total Kjeldahl Nitrogen as N (TKN)	2.5 mg/l
Total Nitrogen as N (TN)	2.5 mg/l
Total Phosphorus as P (TP)	1.0 mg/l

Southern States Utilities, Inc./University Shores #1

Specific Conditions (continued)

3. The dissolved oxygen (DO) levels must meet the following effluent limitations on a monthly (30 day) average basis:

OPS

<u>Parameter</u>	<u>Concentration (mg/l)</u>	<u>Wastewater Temperature ( C)</u>
Dissolved Oxygen	>7.0	<22
	6.9	23
	6.8	24
	6.7	25
	6.6	26
	6.5	27
	6.3	28
	6.2	29
	6.1	30

The temperature of the sample must be recorded at the time the dissolved oxygen level is measured for compliance determination.

OPS

4. The treatment plant effluent shall be adequately chlorinated at all times so as to maintain a minimum 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based on peak flow) or as required to achieve the basic disinfection criteria of Rule 17-600-440(4), F.A.C.

Effluent shall be dechlorinated to reduce chlorine residual to not more than 0.01 mg/l prior to discharge to surface water.

OPS / ENGR

5. Inability to comply with the effluent limitations on a monthly average basis, will be considered a violation of this permit and may necessitate that further improvements be made to this facility or discontinue surface water discharge.

OPS

6. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C. shall be stored on-site in a weather resistant structure.

OPS

7. Operational difficulties shall be immediately reported to both the Orange County Environmental Protection Department and the Florida Department of Environmental Regulation.

ENG.

8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.

OPS / ENG.

9. Domestic residual (sludge) disposal shall be in accordance with Rule 17-640, F.A.C. Residuals shall be analyzed semi-annually and submitted to the Department. Agricultural land use plans shall be submitted annually on forms approved by the Department.

Southern States Utilities, Inc./University Shores #1

Specific Conditions (continued)

- OPS
10. Emergency holding pond maintenance shall include periodically removing excessive floating and emergent vegetation. Vegetation along the berms shall be kept mowed for aesthetic purposes and to allow visual inspection of the berm slopes for erosion and deterioration.
- OPS
11. The permittee shall initiate a series of bioassay tests, as described below, beginning no later than 60 days after the issued date of this permit, to evaluate whole effluent toxicity of the discharge. All test species, procedures and quality assurance criteria used shall be in accordance with Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, EPA/600/4-85/013, or the most current edition. A standard reference toxicant quality-assurance test shall be conducted concurrently with each species used in the toxicity test and all the test results shall be submitted along with the concomitant monthly operation report.
- A.1. The permittee shall conduct 96 hour screening acute state toxicity tests using the daphnid, Ceriodaphnia dubia, and 96 hour acute state-renewal toxicity test using the bannerfin shiner (Notropis leedsii). All tests will be conducted on four separate grab samples collected at evenly-spaced (6-hour) intervals over a 24-hour period and used in four separate tests in order to account for daily variations in effluent quality.
2. If control mortality exceeds 10% for either species in any test, the test(s) for that species (including the control) shall be repeated. A test will be considered valid only if control mortality does not exceed 10% for either species. If, in any separate grab sample test, 100% mortality occurs prior to the end of the test and control mortality is less than 10% at that time, that test (including the control) shall be terminated with the conclusion that the sample demonstrates unacceptable acute toxicity.
3. Tests shall be conducted using a control (0% effluent) and one test concentration of 100% final effluent.
- B.1. The toxicity tests specified above shall be conducted once every two months until 6 valid bi-monthly tests have been completed and once every 6 months thereafter for the duration of the permit, unless notified otherwise by D.E.R. These tests are referred to as "routine" tests.

Southern States Utilities, Inc./University Shores #1

Specific Conditions (continued)

- C.1. If unacceptable acute toxicity (greater than 50% lethality of either test species in any of the four separate grab sample tests within the specified time) is found in a "routine" test, the permittee shall conduct four additional definitive acute toxicity tests on both species. Each test will be conducted on a control and the following effluent concentrations: 100%, 50%, 25%, 12.5%, and 6.35%. Effluent samples shall be taken at the same time of day as was the sample displaying the greatest toxicity from the failed routine test(s).

For each additional test, the sample collection requirements and test acceptability criteria specified in Section 1 above must be met for the test to be considered valid. The first test shall begin within one week of the end of the failed "routine" test(s) and shall be conducted every four (4) days thereafter until four additional, valid tests are completed. The additional tests will be used to determine if the toxicity found in the routine test is still present.

2. Results from additional tests, required due to unacceptable acute toxicity in the "routine" tests, shall be submitted within 45 days of completion of the third additional, valid test.

- D.1. If, at any time during acute bioassay tasting, the results indicate lethality greater than 20%, the facility shall contact the Orange County Environmental Protection Department and the Florida Department of Environmental Regulation to receive a protocol for conducting definitive acute toxicity bioassay tests.

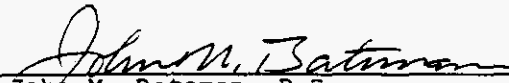
- OPS  
12. The permittee shall submit to the Department, at least one hundred and eighty (180) days prior to the expiration date of this permit a "Surface Water Impact Summary Report" (SWISR) summarizing the previous five years water quality monitoring data, in numerical and graphical form and indicating any changes to the operation, processes, loadings or any additional impact to the immediate vicinity of the receiving streams by any other processes or any other discharges. This data includes all effluent data and any monitoring data which may have been collected on the receiving water.

Southern States Utilities, Inc./University Shores #1

Specific Conditions (continued)

Following receipt of the SWISR submitted by permittee, the Department will determine if additional information is necessary to complete the future operation/renewal application for this facility. If a subsequent more stringent Level I/II WQBEL study is required, the permittee will be notified.

Issued this 7th day of June, 1991



John M. Bateman, P.E.  
Environmental Protection Officer  
Orange County



FD/nr





## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Permittee:  
Southern States Utility Services  
1000 Color Place  
Apopka, Florida 32703

I. D. Number: 3048P00417  
Permit Number: D048-193001  
Expiration Date: 08/16/96  
County: Orange  
Project: University Shores,  
S.T.P. #2

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-600, and 17-610 F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Operate: A 1.0 MGD design capacity complete mix activated sludge wastewater treatment facility with flow equalization and tertiary filtration (1.0 MGD). The facility includes a 0.6± acre on-site, lined, reject storage pond with provisions to return substandard water to the head of the plant for retreatment. The disinfected reclaimed water is discharged to ground water via:

<u>REUSE SYSTEM</u>	<u>CAPACITY (AADE)</u>
1. Chapel Hill Cemetery (67± ac) irrigation system including 6.75 MG wet weather storage pond	0.285 MGD
2. Two (2) on-site perc-ponds (3.7± ac)	0.137 MGD
3. Two (2) State Road 50 perc-ponds (7.6± ac)	0.099 MGD
4. Two (2) Trevarthon Road perc-ponds (2.3± ac)	0.098 MGD
5. Power line easement drainfields (1.59± ac)	0.251 MGD
Total:	0.870 MGD

Flows to the plant are limited to 0.870 MGD, the permitted capacity of the reuse systems.

General Conditions are attached to be distributed to the permittee only.

DER FORM 17-1.201(5) Effective November 30, 1982 Page 1 of 7

**GENERAL CONDITIONS:**

1. *The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.*
2. *This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.*
3. *As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.*
4. *This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.*
5. *This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.*

*The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.*

7. *The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:*
  - (a) *Have access to and copy any records that must be kept under conditions of the permit;*
  - (b) *Inspect the facility, equipment, practices, or operations regulated or required under this permit; and*
  - (c) *Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.*

*Reasonable time may depend on the nature of the concern being investigated.*

8. *If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:*
  - (a) *A description of and cause of noncompliance; and*
  - (b) *The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.*

*The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.*

GENERAL CONDITIONS:

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

The permittee shall comply with the following:

- (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
- (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
- (c) Records of monitoring information shall include:
  1. the date, exact place, and time of sampling or measurements;
  2. the person responsible for performing the sampling or measurements;
  3. the dates analyses were performed;
  4. the person responsible for performing the analyses;
  5. the analytical techniques or methods used;
  6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utility Services

I. D. Number: 3048P00417  
Permit Number: D048-193001  
Expiration Date: 08/16/96

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

**SPECIFIC CONDITIONS:**

Location: The wastewater treatment plant is located at 2600 Harrell Road, Orlando, Orange County, Florida.

Treatment Required:

- OPS 1. For discharge to perc-ponds, treatment beyond secondary such that Nitrate Nitrogen ( $\text{NO}_3$ ) not exceed 12.0 mg/L and basic disinfection in accordance with Rule 17-600.440(4), F.A.C.
- OPS 2. For discharge to drainfields, treatment beyond secondary such that Total Suspend Solids (TSS) not exceed 10.0 mg/L, Nitrate Nitrogen ( $\text{NO}_3$ ) not exceed 12.0 mg/L and basic disinfection in accordance with Rule 17-600.440(4), F.A.C.
- OPS 3. For discharge at the public access cemetery, treatment beyond secondary such that Total Suspended Solids (TSS) not exceed 5.0 mg/L and high level disinfection in accordance with Rule 17-600.440(5), F.A.C.

Operators Required: This is a Class B, Category II treatment facility. In accordance with Chapter 17-602, F.A.C. an operator of minimum certification Class C shall be on-site for sixteen (16) hours per day for seven (7) days per week. The lead/chief operator must be Class B, or higher. Diversion of acceptable quality reclaimed water to the cemetery holding pond shall occur only during periods of certified operator presence at the treatment plant site.

PERMITTEE:  
Southern States Utility Services

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

I. D. Number: 3048P00417  
Permit Number: D048-193001  
Expiration Date: 08/16/96

SPECIFIC CONDITIONS:

- OPS 1. A. The required sampling for discharge to perc-ponds and drainfields shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
Flow	continuous, 7 days per week
Chlorine residual	continuous, 7 days per week
pH	continuous, 7 days per week
CBOD <sub>5</sub>	weekly
TSS	weekly
Fecal coliform	weekly
Nitrate as N	weekly

- B. The required sampling of the reclaimed water for reuse at Chapel Hill Cemetery shall be as follows:

<u>Parameter</u>	<u>Sample Point</u>	<u>Recording or sampling Frequency</u>
Flow	(a)	continuous
Chlorine residual	(a)	continuous
Turbidity	(b)	continuous
pH	(a)	continuous
CBOD <sub>5</sub>	(a)	weekly
TSS	(b)	daily, 7 days per week
Fecal coliform	(a)	daily, 7 days per week

(a) after disinfection

(b) before disinfection

The sampling and analysis required above shall be in accordance with Chapter 17-601, F.A.C. and approved standard methods. Properly executed Monthly Operating Reports (MOR's) shall be submitted monthly to this office and Orange County Environmental Protection Department, by the 28th day of the following month.

- OPS 2. Daily flow records for reclaimed water discharged to each reuse system shall be maintained and submitted each month with the MOR's.

- OPS 3. Groundwater monitoring shall be performed in accordance with the previously approved groundwater monitoring plan, including new monitoring wells five (5) through eight (8), with the following modifications:

Reporting Frequency: The ground water monitoring data shall be reported according to the following schedule:

PERMITTEE:  
Southern States Utility Services

I. D. Number: 3048P00417  
Permit Number: D048-193001  
Expiration Date: 08/16/96

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

SPECIFIC CONDITIONS:

<u>Sample Period</u>	<u>Report Due Date</u>
1st Quarter (January-March)	April 15
2nd Quarter (April-June)	July 15
3rd Quarter (July-September)	October 15
4th Quarter (October-December)	January 15

Samples can be taken any time within the quarter. All analyses, however, shall be submitted to the department no later than the fifteenth (15) day after the end of each quarter.

Reporting Format: Complete the "Ground Water Monitoring Yearly Report" and prepare data graphs for each monitoring well. The first yearly report and graphs shall be submitted along with your next Quarterly groundwater monitoring reports. Future yearly reports shall be due once each year thereafter.

Note: Please make copies of the enclosed blank forms as you will need them for future use.

- OPS 4. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
- OPS 5. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
- OPS 6. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
- OPS 7. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.
- ENG 8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration date of this permit.
- OPS 9. Domestic residual (sludge) disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Residuals shall be analyzed quarterly and submitted to the department in accordance with Rule 17-7.540(1) and (2), F.A.C., or if not analyzed shall be disposed of at approved sanitary landfills.

PERMITTEE:  
Southern States Utility Services

I. D. Number: 3048P00417  
Permit Number: D048-193001  
Expiration Date: 08/16/96

Attention: Rafael A. Terrero, P.E.  
Chief Engineer

SPECIFIC CONDITIONS:

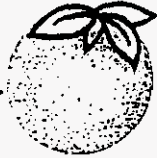
- OPS* 10. Normal percolation pond operating conditions should have 1-7 days hydraulic loading followed by 5-14 days resting periods with the maximum allowable wastewater level in any of the percolation ponds not closer than three (3) feet from the top of the berm. Once that level is reached, the pond shall be removed from use until the next loading cycle. A staff gauge with graduation in feet and tenths shall be provided in each pond. Any emergency discharge of water from the percolation pond will be considered a violation of this permit unless as a result of the storm event which produces rainfall in excess of 7.0 inches for any day or the cumulation of rainfall greater than 10 inches for any three consecutive days. To document the rainfall, it is required that rain gauge readings be taken at the same time each day. It should be noted that discharge is allowed only in amount equal to the volume of excess rainfall (i.e., rainfall in excess of 7.0 inches for any day or the accumulation of rainfall greater than 10 inches for any three (3) consecutive days) times the surface area of pond(s). Within 24 hours of both commencement and ending of discharge, the permittee must notify the event to the department in writing. Within 10 days a report must be provided containing information on the time of discharge, volume discharged, a log of daily rain gauge reading, and wastewater characteristics for pH, CBOD<sub>5</sub>, TSS, TN and TP.
- OPS* 11. Percolation pond maintenance shall include periodically scraping the bottom to remove solids, emergent vegetation, silt deposits and discing the pond bottom. Vegetation along the berms shall be kept mowed for aesthetic purposes and to allow visual inspection of the berm slopes for erosion and deterioration.

ISSUED *f-28-5*

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

*Wally Auler*  
A. Alexander  
District Director  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803-3767

Orange



County

Environmental Protection Department

J. M. Bateman, P.E., Manager  
2002 East Michigan Street  
Orlando, Florida 32806-4999  
Telephone (407) 836-7400

PERMITTEE:

Southern States Utilities Inc.  
1000 Color Place  
Apopka, FL 32703

Attn: Charles Sweat, Vice President  
Operations

I.D. #: EPD 91-008  
Permit/Certi. #: DO91-10  
Date of Issue: 9/12/91  
Expiration Date: 8/16/96  
Latitude/Longitude:  
28 34'45"/81 16'18"  
Section/Township/Range:  
22 13 30

PROJECT: UNIVERSITY  
SHORES WASTEWATER TREAT-  
MENT FACILITY # 2 AND  
DISPOSAL SYSTEMS

This permit is issued under the provisions of Chapter 24, Art. III, Code of Laws, Orange County, Florida. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or specifically described as follows:

Operate: A 1.0 MGD design capacity, complete mix activated sludge wastewater treatment facility, with disinfection by chlorination, flow equalization and tertiary filtration. The facility includes a 0.6± acre, lined reject storage pond with provisions to return substandard water to the plant headworks for retreatment. The disinfected reclaimed water is discharged to groundwater via:

<u>REUSE SYSTEM</u>	<u>CAPACITY (AADF)</u>
1. Chapel Hill Cemetery (67± acres) irrigation system including 6.75 mg wet weather storage pond.	0.285 MGD
2. Two (2) on site percolation ponds (3.7± acres)	0.137 MGD
3. Two (2) S.R. 50 percolation ponds (7.6± acres)	0.099 MGD
4. Two (2) Trevarthon Rd. percolation ponds (2.3± acres)	0.098 MGD
5. Powerline easement drainfields (1.59± acres)	0.251 MGD
Total.....0.870 MGD	

Flows to the facility are limited to 0.870 MGD, the permitted capacity of the reuse systems.



Operate Permit/University Shores #2

Continued

Location: 2600 Harrell Road, Orlando, Florida

Treatment Required:

1. For discharge to the percolation ponds, treatment beyond secondary such that nitrate nitrogen (NO<sub>3</sub>) not exceed 12.0 mg/l and basic disinfection in accordance with Rule 17-600.440(4), F.A.C.
2. For discharge to drainfields, treatment beyond secondary such that total suspended solids (TSS) not to exceed 10.0 mg/l, nitrate nitrogen (NO<sub>3</sub>) not to exceed 12.0 mg/l and basic disinfection in accordance with Rule 17-600.440(4), F.A.C.
3. For discharge to the Public Access (Chapel Hill Cemetery), treatment beyond secondary such that total suspended solids (TSS) not exceed 5.0 mg/l and high level disinfection in accordance with Rule 17-600.440(5), F.A.C.

Operators Required: This is a Category II, Class B, wastewater treatment facility requiring on site staffing by a Class C or higher certified operator, sixteen hours per day, seven days per week, in accordance with Chapter 17-602 F.A.C. The lead/chief operator must be certified Class B or higher. Diversion of acceptable quality reclaimed water to the public access (Chapel Hill Cemetery) holding pond shall occur only during periods of certified operator presence at the treatment facility.

Operate Permit/University Shores #2

SPECIFIC CONDITIONS:

1. A. The required sampling for discharge to percolation ponds and drainfields shall be as follows:

<u>Parameter</u>	<u>Recording or Sampling Frequency</u>
Flow	continuous, 7 days per week
Chlorine residual	continuous, 7 days per week
pH	continuous, 7 days per week
CBOD5	weekly
TSS	weekly
Fecal coliform	weekly
Nitrate as N	weekly

- B. The required sampling of the reclaimed water for reuse at Chapel Hill Cemetery shall be as follows:

<u>Parameter</u>	<u>Sample Point</u>	<u>Recording or Sampling Frequency</u>
Flow	(a)	continuous
Chlorine residual	(a)	continuous
Turbidity	(b)	continuous
pH	(a)	continuous
CBOD5	(a)	weekly
TSS	(b)	daily, 7 days per week
Fecal coliform	(a)	daily, 7 days per week

(a) after disinfection (b) before disinfection

The sampling and analysis required above shall be in accordance with Chapter 17-601, F.A.C. and approved standard methods. Properly executed Monthly Operating Reports (MOR's) shall be submitted monthly to the Department and the Florida Department of Environmental Regulation (FDER) by the 28th day of the following month.

2. Daily flow records for reclaimed water discharged to each reuse system shall be maintained and submitted each month with the MOR's.
3. Groundwater monitoring shall be performed in accordance with the previously approved groundwater monitoring plan, including new monitoring wells five (5) through eight (8), with the following modifications:

Operate Permit/University Shores #2

Specific Conditions (continued)

Reporting Frequency: The groundwater monitoring data shall be reported according to the following schedule:

<u>Sample Period</u>	<u>Report Due Date</u>
1st Quarter (January - March)	April 15
2nd Quarter (April - June)	July 15
3rd Quarter (July - September)	October 15
4th Quarter (October - December)	January 15

Samples can be taken any time within the quarter. All analyses, however, shall be submitted to the Department no later than the fifteenth (15th) day after the end of each quarter.

Reporting Format: Complete the "Ground Water Monitoring Yearly Report" and prepare data graphs for each monitoring well. The first yearly report and graphs shall be submitted along with your next Quarterly groundwater monitoring reports. Future yearly reports shall be due once each year thereafter.

4. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
5. The maintenance and operation log required pursuant to Rule 17-602.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
6. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
7. Operational difficulties shall be immediately reported to both the Department and to the F.D.E.R.
8. The permittee shall submit the prescribed application and supporting data for an operation permit no later than sixty (60) days prior to expiration date of this permit.
9. Domestic residual (sludge) disposal shall be in accordance with Rule 17-640.500, F.A.C. Residuals shall be analyzed quarterly and submitted to the Department in accordance with Rule 17-7.540(1) and (2), F.A.C., or if not analyzed shall be disposed of at approved sanitary landfills.

Operate Permit/University Shores #2

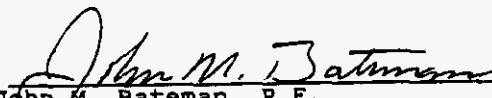
Specific Conditions (continued)

10. Normal percolation pond operating conditions should have 1 - 7 days hydraulic loading followed by 5 - 14 days resting periods with the maximum allowable wastewater level in any of the percolation ponds not closer than three (3) feet from the top of the berm. Once that level is reached, the pond shall be removed from use until the next loading cycle. A staff gauge with graduation in feet and tenths shall be provided in each pond. Any emergency discharge of water from the percolation pond will be considered a violation of this permit unless as a result of the storm event which produces rainfall in excess of 7.0 inches for any day or the cumulation of rainfall greater than 10 inches for any three consecutive days.

To document the rainfall, it is required that rain gauge readings be taken at the same time each day. It should be noted that discharge is allowed only in amount equal to the volume of excess rainfall (i.e., rainfall in excess of 7.0 inches for any day or the accumulation of rainfall greater than 10 inches for any three (3) consecutive days) times the surface area of pond(s). Within 24 hours of both commencement and ending of discharge, the permittee must notify the event to the Department in writing. Within 10 days a report must be provided containing information on the time of discharge, volume discharged, a log of daily rain gauge reading, and wastewater characteristics for pH, DBOD5, TSS, TN and TP.

11. Percolation pond maintenance shall include periodically scraping the bottom to remove solids, emergent vegetation, silt deposits and discing the pond bottom. Vegetation along the berms shall be kept mowed for aesthetic purposes and to allow visual inspection of the berm slopes for erosion and deterioration.

Issued this 12th day of September 1991.

  
John M. Bateman, P.E.  
Environmental Protection Officer  
Orange County

  
FD/nr



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV  
345 COURTLAND STREET  
ATLANTA, GEORGIA 30365

Permit No. FLO024856

AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et. seq; the "Act"),

Southern States Utilities, Inc.,  
[REDACTED]

*University Shores*

is authorized to discharge from a facility located at

2600 Harrell Road  
Orange County  
Orlando, Florida

to receiving waters named

Tributary to Little Econlockhatchee River

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, and III. The permit consists of this cover sheet, Part I 3 page(s), Part II 15 page(s) and Part III 1 page(s).

This permit shall become effective on September 1, 1988.

This permit and the authorization to discharge shall expire at midnight,  
August 31, 1988.

TYPO.

1973

August 23, 1988  
Date Signed

*[Signature]*  
Bruce R. Barrett, Director  
Water Management Division

#106

**Venetian Village - 567**

**Lake County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

**Permittee:**  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

**Attention:** Charles L. Sweat, Pres.

**I. D. Number:** 3035PO1268  
**Permit/Certification**  
**Number:** D035-155737  
**Date of Issue:**  
**Expiration Date:** April 21, 1994  
**County:** Lake  
**Project:** Venetian Village, S.T.P.

This permit is issued under the provisions of Chapter(s) 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-3, 17-4 and 17-6, F.A.C. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

**Operate:** A 0.036 MGD design capacity extended aeration wastewater treatment facility. The disinfected effluent is discharged to ground water via a percolation pond and no discharge to surface waters.

**Location:** Tammi Drive, Lake Jem, Lake County, Florida.

**Treatment Required:** Secondary treatment and basic disinfection.

**Operators Required:** This is a Class C, Category III treatment facility. In accordance with Chapter 17-16, F.A.C. an operator of minimum certification Class C shall be on-site for one-half (1/2) hour per day for five (5) days per week and a weekend visit, as a minimum.

General Conditions are attached to be distributed to the permittee only.

PERMITTEE:

I.D. Number:  
Permit/Certification Number:  
Date of Issue:  
Expiration Date:

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.  
  
This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal plant or aquatic life or property and penalties therefor caused by the construction or operation of this permittee source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the condition of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:
  - a. Having access to and copying any records that must be kept under the conditions of the permit;
  - b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
  - c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. a description of and cause of non-compliance; and



**GENERAL CONDITIONS:**

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except where such use is prescribed by Section 403.111 and 403.73, F.S. Such evidence shall only be used to the extent it is consistent with the Florida Rules of Civil Procedure and appropriate evidentiary rules.
10. The permittee agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules.
11. This permit is transferable only upon Department approval in accordance with Rule 17-4.120 and 17-30.300, F.A.C., as applicable. The permittee shall be liable for any non-compliance of the permitted activity until the transfer is approved by the Department.
12. This permit or a copy thereof shall be kept at the work site of the permitted activity.
13. This permit also constitutes:
  - ( ) Determination of Best Available Control Technology (BACT)
  - ( ) Determination of Prevention of Significant Deterioration (PSD)
  - ( ) Certification of compliance with state Water Quality Standards (Section 401, PL 92-500)
  - ( ) Compliance with New Source Performance Standards
14. The permittee shall comply with the following:
  - (a) Upon request, the permittee shall furnish all records and plans required under Department rules. During enforcement actions, the retention period for all records will be extended automatically unless otherwise stipulated by the Department.
  - (b) The permittee shall hold at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation) required by the permit, copies of all reports required by this permit, and records of all data used to complete the application for this permit. These materials shall be retained at least three years from the date of the sample, measurement, report, or application unless otherwise specified by Department rule.
  - (c) Records of monitoring information shall include:
    1. the date, exact place, and time of sampling or measurements;
    2. the person responsible for performing the sampling or measurements;
    3. the dates analyses were performed;
    4. the person responsible for performing the analyses;
    5. the analytical techniques or methods used;
    6. the results of such analyses.
15. When requested by the Department, the permittee shall within a reasonable time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware the relevant facts were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be corrected promptly.

PERMITTEE:  
Southern States Utilities, Inc.  
Attention: Charles L. Sweat, Pres.

I. D. Number: 3035P01268  
Permit/Certification Number:  
D035-15537  
Date of Issue:  
Expiration Date: April 21, 1994

**SPECIFIC CONDITIONS:**

1. The required sampling shall be as follows:

<u>Parameter</u>	<u>Recording or sampling Frequency</u>
TSS	monthly
BOD <sub>5</sub>	monthly
pH	daily, 5 days per week
Chlorine residual	daily, 5 days per week
Flow	daily, 5 days per week
Fecal coliform	quarterly

The sampling and analysis required above shall be in accordance with Chapter 17-19, F.A.C. and approved standard methods. Properly executed reports shall be submitted monthly to this office and to Lake County Pollution Control on a monthly basis, by the 15th day of the following month.

2. This facility which has a design capacity less than 100,000 GPD is exempt from groundwater monitoring as set forth in Rule 17-4.245, F.A.C.
3. Facilities discharging to groundwaters shall be operated and maintained at all times so as to prevent overflow or seepage of water to adjacent ground surfaces or runoff to surface waters.
4. The maintenance and operation log required pursuant to Rule 17-16.360(e), F.A.C., shall be stored on-site in a weather resistant structure.
5. The boundary of the zone of discharge shall be 100 feet from the site (wetted disposal area) boundary or to the installation's property boundary whichever is less. The zone of discharge shall be the volume underlying the surface within this boundary to the base of the unconfined aquifer.
6. Operational difficulties shall be immediately reported to both the local pollution control program and to the Department of Environmental Regulation.
7. The permittee shall submit the prescribed application and supporting data for an operation permit no later than 60 days prior to expiration of this permit.

PERMITTEE:  
Southern States Utilities, Inc.  
Attention: Charles L. Sweat, Pres.

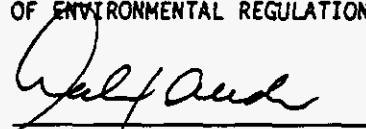
I. D. Number: 3035PO1268  
Permit/Certification Number:  
D035-15537  
Date of Issue:  
Expiration Date: April 21, 1991

**SPECIFIC CONDITIONS:**

8. The reclaimed water delivered to the land application system shall be adequately chlorinated at all times so as to maintain 0.5 mg/l total chlorine residual after a minimum contact period of 15 minutes (based upon peak flow).
9. Waste sludge disposal shall be in accordance with Rule 17-7, Part IV, F.A.C. Sludge which has not been analyzed pursuant to Rule 17-7.540(1) and (2), F.A.C. shall be disposed of at approved sanitary landfills or as otherwise provided in Rule 17-7.540(6), F.A.C.

ISSUED 5-16-89

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL REGULATION

  
A. Alexander  
Deputy Assistant Secretary  
3319 Maguire Boulevard  
Suite 232  
Orlando, Florida 32803

**Woodmere - 888**

**Duval County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



DEPARTMENT OF THE ARMY  
 JACKSONVILLE DISTRICT CORPS OF ENGINEERS  
 P. O. BOX 4970  
 JACKSONVILLE, FLORIDA 32232-0019

AUG 23 1991

REPLY TO  
 ATTENTION OF

Regulatory Division  
 North Florida Field Office  
 199101545(NW-NFFO)  
 NW-3

C. VARGAS & ASSOC.  
 ROUTING

<input checked="" type="checkbox"/> CV	_____	<input type="checkbox"/> CIL	_____
<input checked="" type="checkbox"/> SA	_____	<input type="checkbox"/> EC	_____
<input type="checkbox"/> STP	_____	<input type="checkbox"/> LE	_____
<input type="checkbox"/> CR	_____	<input checked="" type="checkbox"/> TCRERAO	_____
<input type="checkbox"/> RP	_____	<input checked="" type="checkbox"/> SUEST	_____
<input type="checkbox"/> PROJ.	_____	<input type="checkbox"/> _____	_____
OK TO FILE	9/10/9.04		

Stephen Manis, P.E.  
 C. Vargas and Associates, Limited  
 Post Office Box 8906  
 8596 Arlington Expressway  
 Jacksonville, Florida 32211

Dear Mr. Manis:

Reference is made to your letter dated August 8, 1991, submitted on behalf of Southern States Utilities, Incorporated, concerning the rehabilitation of a previously permitted WASTEWATER EFFLUENT OUTFALL PIPE *SSNWS80279*. The proposal would entail the replacement outfall diffuser, transfer pipe, and the attachment of steel rails to the replacement pipe (for the purpose of ballast). The project is located in Section 53, Township 01 South, Range 27 East, east side of the St. Johns River and south of Reddie Point, Jacksonville, Duval County, Florida.

YOUR PROPOSAL IS AUTHORIZED BY A NATIONWIDE PERMIT IN ACCORDANCE WITH THE ENCLOSED COPY OF OUR REGULATIONS AS STATED IN 33 CFR PART 330.5(CA)(2). This verification is valid until the nationwide permit is modified, reissued, or revoked prior to January 13, 1992. It is incumbent upon you to remain informed of changes to the nationwide permits. We will issue a public notice announcing the changes when they occur. Furthermore, if you commence or are under contract to commence this activity before the date the nationwide permit is modified or revoked, you will have 12 months from the date of the modification or revocation to complete the activity under the present terms and conditions of this nationwide permit.

Further Department of the Army permits are not required providing the work is done in accordance with the enclosed drawings/information submitted, the conditions listed in 33 CFR 330.5(b)(1-14) and the following conditions: Activities authorized by nationwide permit may be initiated only after the State permit/certification pursuant to Chapters 253 and 403 of Florida Statutes and in concurrence with coastal zone consistency pursuant to 15 CRFD 930, if applicable, has been granted by the State of Florida. The State shall not be deemed to waive its rights to certify any activity proposed under Corps nationwide permits for failure to issue a State permit or certification within 60 days of application to the State. Waivers shall only be effective when specifically exercised by the State.

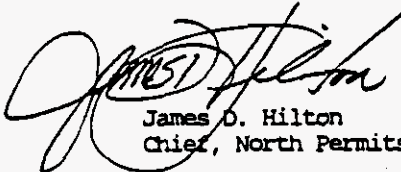
This letter does not give absolute authority to perform the work as specified on your application. The proposed work may be subject to local building restrictions mandated by the National Flood Insurance Program.

You should contact your local office that issues building permits to determine if your site is located in a flood-prone or floodway area, and you must comply with the local building requirements mandated by the National Flood Insurance Program. If the local office cannot provide you the necessary information, you may provide this office a letter with a small scale map showing the location of the site, requesting a flood-hazard evaluation of the site. The request should be addressed to the Chief, Flood Control and Flood Plain Management Branch, Jacksonville District, U.S. Army Corps of Engineers, P.O. Box 4970, Jacksonville, Florida 32232-0019.

This letter does not obviate the requirement to obtain any State or local permits which may be necessary for your proposed work. You should check State permitting requirements with the Florida Department of Environmental Regulation. A list of addresses of the appropriate State office is enclosed for your information and use.

Thank you for your cooperation with our permit program.

Sincerely,

A handwritten signature in dark ink, appearing to read "James O. Hilton". The signature is fluid and cursive, with a large initial "J" and "H".

James O. Hilton  
Chief, North Permits Branch

Enclosures



## Florida Department of Environmental Regulation

Northeast District • Suite 8200, 7625 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

### PERMITTEE:

Rafael A. Terrero, P.E.  
Chief Engineer  
SSU Services  
1000 Color Place  
Apopka, Florida 32703

I.D. Number: 3116P02312  
Permit/Case Number: DC16-194535  
Date of Issue: July 26, 1991  
Expiration Date: April 1, 1992  
County: Duval  
Lat/Long: 30°27'12"N/81°36'10"W  
Section/Township/Range:  
Project: Woodmere Wastewater  
Facility (WWF) Dechlorination

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-7, 17-301, 17-302, 17-600, 17-601, 17-602, 17-610, 17-640 and 17-650. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

The Department permits the construction, operation and use of a sulfur dioxide (SO<sub>2</sub>) effluent dechlorination system (designed to dechlorinate no less than 0.50 MGD of chlorinated effluent) to serve the existing Woodmere Wastewater Facility which discharges to the St. Johns River.

Woodmere Wastewater Facility is located at 5710 Edenfield Road, Jacksonville, Duval County, Florida.

Construction Permit No. DC16-194535 is issued in accordance with the application received March 20, 1991 and supplemented by additional information received May 3, 1991.

**PERMITTEE:**

Rafael A. Ferrero, P.E.  
Woodmere Wastewater Facility (WWF)  
Dechlorination

I.D. Number: 3116PO2312  
Permit Number: DC16-194535  
Date of Issue: July 26, 1991  
Expiration Date: April 1, 1992

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:



PERMITTEE:

Rafael A. Ferrero, P.E.  
Woodmere Wastewater Facility (WWF)  
Dechlorination

I.D. Number: 3116P02312  
Permit Number: DC16-194535  
Date of Issue: July 26, 1991  
Expiration Date: April 1, 1992

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

2. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.

PERMITTEE:

Rafael A. Terrero, P.E.  
Woodmere Wastewater Facility (WWF)  
Dechlorination

I.D. Number: 3116PO2312  
Permit Number: DC16-194535  
Date of Issue: July 26, 1991  
Expiration Date: April 1, 1992

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards  
( ) (Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

**PERMITTEE**

Rafael A. Ferrero, P.E.  
Woodmere Wastewater Facility (WWF)  
Dechlorination

I.D. NUMBER: 3116P02312  
PERMIT/CERT NUMBER: DC16-194535  
DATE OF ISSUE: July 28, 1991  
EXPIRATION DATE: April 1, 1992

**SPECIFIC CONDITIONS:**

1. During the period of operation allowed by this permit, the permittee shall furnish one copy of the monthly operations report on the operation of the pollution control facility. Such report shall also contain information on the daily quantities of domestic wastewater residuals (sludge) generated at the source, type and degree of its treatment and the site of its ultimate disposal. Reports shall be submitted on a monthly basis to the Department for the purposes of this permit, the Department shall mean (1) the State of Florida Department of Environmental Regulation (DER), 7825 Baymeadows Way, Suite B-200, Jacksonville, Florida 32256-7577 and (2) the City of Jacksonville Department of Health, Welfare & Bio-Environmental Services (HWBES) Water Resources Division (WRD), 421 West Church Street, Suite 412, Jacksonville, Florida 32202-4111.
2. The effluent from this source shall be adequately chlorinated at all times so as to provide a basic level of disinfection as required by Florida Administrative Code (FAC) Rule 17-600.440(4).
3. The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of FAC Chapter 17-602. Sampling and monitoring of this facility will be in accordance with FAC Chapter 17-601.
4. The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in FAC Chapters 17-301 and 17-302.
5. No additional connection shall be made to this facility without prior approval of the Department.
6. The permit holder shall also comply with county, municipal, federal or other state regulations.
7. An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the Department in accordance with FAC Rule 17-600.720(2).
8. A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner, so as to comply with General Condition No. 12 above.

**PERMITTEE:**

Rafael A. Terrero, P.E.  
Woodmere Wastewater Facility (WWF)  
Dechlorination

I.D. Number: 3116202312  
Permit/Case Number: DC16-194535  
Date of Issue: July 26, 1991  
Expiration Date: April 1, 1992

**SPECIFIC CONDITIONS:**

9. Upon commencement of dechlorination operations, the Permittee shall ensure that the effluent total residual chlorine (TRC) content does not exceed 0.01 mg/l prior to its discharge to the St. Johns River, as required by Florida Administrative Code (FAC) Rule 17-302.560(10). The limit is necessary to prevent toxic effects from chlorine in the receiving body of water. Dechlorination requirements shall thereafter be met for the remaining service life of the WWF. Note that dechlorination requirements must be met independently of all effluent disinfection requirements of FAC Rule 17-600.440(4).
10. Upon commencement of dechlorination operations, and throughout all subsequent operations of the subject WWF, the Permittee shall maintain separate records of total residual chlorine content with respect to effluent chlorination (disinfection) and dechlorination prior to discharge to surface waters. The information shall be submitted with the Monthly Operating Reports (MORs).

Note that effluent TRC content following dechlorination shall be sampled on a daily basis, seven (7) days per week by (1) a grab sample taken during periods of peak flow or (2) a continuous-measurement device.

Until further notice from the Department, effluent TRC content (test results) following dechlorination shall be reported on DER Form 17-1.205(7) [effective November 30, 1982], Page 1 of 2 in the column spaces beneath the heading "TOTAL P (mg/l)". The column heading shall be revised to indicate that (final) effluent TRC results are being recorded.

11. Upon commencement of dechlorination operations, and continuing throughout all subsequent operations of the subject WWF, effluent shall be sampled for pH, five (5)-day biochemical oxygen demand (BOD<sub>5</sub>), total suspended solids (TSS), TRC and fecal coliform following its dechlorination and prior to its discharge to surface waters.

Note that the Department may require that effluent be sampled for additional parameters (following dechlorination and prior to discharge to surface waters) at a future date.

12. Construction Permit No. DC16-194535 is issued subject to the following conditions
- a. During construction and prior to commencement of dechlorination operations, the monitoring requirements and effluent limitations contained in Construction Permit No. DC16-144990, Specific Condition No. 16 shall remain in effect and fully enforceable.
  - b. Upon commencement of effluent dechlorination operations and continuing for the remaining service life of Woodmere WWF, the monitoring requirements and effluent limitations stated in Construction Permit No. DC16-144990, Specific Condition No. 16 are modified only to the extent stated in Construction Permit No. DC16-194535, Specific Condition No. 11. All other monitoring requirements and effluent limitations stated in Specific Condition No. 16 of Construction Permit No. DC16-144990 remain in effect and fully enforceable.

Permittee:

Rafael A. Terrero, P.E.  
Woodmere Wastewater Facility (WWF)  
Dechlorination

I.D. Number: 3116PO2312  
Permit/Certification Number: DC16-194535  
Date of Issue: July 26, 1991  
Expiration Date: April 1, 1992

SPECIFIC CONDITIONS:

- c. This Specific Condition applies only to modifications regarding compliance with Construction Permit No. DC16-144990, Specific Condition No. 16. All other conditions and requirements of Construction Permit No. DC16-144990 remain unchanged, in effect and fully enforceable.
13. The compliance milestones for Construction Permit No. DC16-194535 are as follows:
- a. Commence project construction no later than August 15, 1991.
  - b. Complete all project construction and commence effluent dechlorination operations no later than December 31, 1991.
  - c. Submit a Domestic Wastewater Treatment and Disposal Systems Certification of Completion of Construction using DER Form 17-1.205(3) no later than thirty (30) days following completion of all project construction and commence of effluent dechlorination operations. Submittal shall be made to WRD and must include a separate letter (bearing the original signature and embossed seal of a Florida-registered professional engineer) verifying that the subject WWF complies with the effluent dechlorination requirements of FAC Rule 17-302.560(10).

FILING AND ACKNOWLEDGEMENT  
 FILED on this date pursuant to § 222.52 Florida  
 Statutes with the designated Department Clerk,  
 receipt of which is hereby acknowledged

George A. Wilson      7/25/91  
 Clerk                              Date

RS  
Issued this 26th day of July 19 91

CJH  
CITY OF JACKSONVILLE  
DEPARTMENT OF HEALTH, WELFARE AND  
BIO-ENVIRONMENTAL SERVICES

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

James L. Manning  
James L. Manning P. E.  
Deputy-Director

Ernest E. Frey  
Ernest E. Frey, P.E.  
Deputy Assistant Secretary



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

### PERMITTEE:

Rafael A. Terrero, P.E.  
Chief Engineer  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

I.D. Number: 3116PO2312  
Permit/Case Number: D016-194530  
Date of Issue: August 6, 1991  
Expiration Date: April 30, 1996  
County: Duval  
Lat/Long: 30°27'12"N/81°36'10"W  
Section/Township/Range:  
Project: Woodmere Wastewater  
Facility (WWF)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 17-4, 17-7, 17-301, 17-302, 17-600, 17-601, 17-602, 17-610, 17-640 and 17-650. The above named permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

The Department permits the operation of a 0.500 mgd conventional activated sludge wastewater facility with an aerated surge tank and chlorination, discharging to a force main and thence to the St. Johns River; domestic wastewater residuals are treated by aerobic digestion and hauled off-site for disposal by land application; the subject facility serves the Woodmere Wastewater Facility Certificated Area of Service.

Woodmere Wastewater Facility is located at 5710 Edenfield Road, Jacksonville, Duval County, Florida.

Operation Permit No. D016-194530 is issued in accordance with the application received March 20, 1991 and completed by additional information received June 3, 1991.

**PERMITTEE:**

Rafael A. Terrero, P.E.  
Woodmere Wastewater Facility (WWF)

I.D. Number: 3116PO2312  
Permit Number: DO16-194530  
Date of Issue: August 6, 1991  
Expiration Date: April 30, 1996

**GENERAL CONDITIONS:**

1. The terms, conditions, requirements, limitations, and restrictions set forth herein are "Permit Conditions" and as such are binding upon the permittee and enforceable pursuant to the authority of Sections 403.161, 403.727, or 403.859 through 403.861, Florida Statutes. The permittee is hereby placed on notice that the department will review this permit periodically and may initiate enforcement action for any violation of the "Permit Conditions" by the permittee, its agents, employees, servants, or representatives.
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the department.
3. As provided in Subsections 403.087(6) and 403.722(5), Florida Statutes, the issuance of this permit does not convey any vested rights or any exclusive privileges. Nor does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state or local laws or regulations. This permit does not constitute a waiver of or approval of any other department permit that may be required for other aspects of the total project which are not addressed in the permit.
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the state. Only the Trustees of the Internal Improvement Trust Fund may express state opinion as to title.
5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, plant or aquatic life or property and penalties therefore caused by the construction or operation of this permitted source, nor does it allow the permittee to cause pollution in contravention of Florida Statutes and department rules, unless specifically authorized by an order from the department.
6. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed or used by the permittee to achieve compliance with the conditions of this permit, as required by department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by department rules.
7. The permittee, by accepting this permit, specifically agrees to allow authorized department personnel, upon presentation of credentials or other documents as may be required by law, access to the premises, at reasonable times, where the permitted activity is located or conducted for the purpose of:

PERMITTEE:

Rafael A. Terrero, P.E.  
Woodmere Wastewater Facility (WWF)

I.D. Number: 3116PC2312  
Permit Number: D016-194530  
Date of Issue: August 6, 1991  
Expiration Date: April 30, 1996

- a. Having access to and copying any records that must be kept under the conditions of the permit;
- b. Inspecting the facility, equipment, practices, or operations regulated or required under this permit; and
- c. Sampling or monitoring any substances or parameters at any location reasonably necessary to assure compliance with this permit or department rules.

Reasonable time may depend on the nature of the concern being investigated.

2. If, for any reason, the permittee does not comply with, or will be unable to comply with, any condition or limitation specified in this permit, the permittee shall immediately notify and provide the department with the following information:
  - a. A description of and cause of non-compliance; and
  - b. the period of non-compliance, including exact dates and times; or, if not corrected, the anticipated time the non-compliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the non-compliance.

The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the department for penalties or revocation of this permit.

9. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data and other information relating to the construction or operation of this permitted source, which are submitted to the department, may be used by the department as evidence in any enforcement case arising under the Florida Statutes or department rules, except where such use is proscribed by Sections 403.73 and 403.111, Florida Statutes.
10. The permittee agrees to comply with changes in department rules and Florida Statutes after a reasonable time for compliance, provided however, the permittee does not waive any other rights granted by Florida Statutes or department rules.
11. This permit is transferable only upon department approval in accordance with Florida Administrative Code Rules 17-4.12 and 17-30.30, as applicable. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the department.
12. This permit is required to be kept at the work site of the permitted activity during the entire period of construction or operation.



**PERMITTEE:**

Rafael A. Ferrero, P.E.  
Woodmere Wastewater Facility (WWF)

I.D. Number: 3116PC2312  
Permit Number: DC16-194530  
Date of Issue: August 6, 1991  
Expiration Date: April 30, 1996

13. This permit also constitutes:

- ( ) Determination of Best Available Control Technology (BACT)
- ( ) Determination of Prevention of Significant Deterioration (PSD)
- ( ) Certification of Compliance with State Water Quality Standards  
(Section 401, PL 92-500)
- ( ) Compliance with New Source Performance Standards

14. The permittee shall comply with the following monitoring and record keeping requirements:

- a. Upon request, the permittee shall furnish all records and plans required under department rules. The retention period for all records will be extended automatically, unless otherwise stipulated by the department, during the course of any unresolved enforcement action.
- b. The permittee shall retain at the facility or other location designated by this permit records of all monitoring information (including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation), copies of all reports required by this permit, and records of all data used to complete the application for this permit. The time period of retention shall be at least three years from the date of the sample, measurement, report or application unless otherwise specified by department rule.
- c. Records of monitoring information shall include:
  - the date, exact place, and time of sampling or measurements;
  - the person responsible for performing the sampling or measurements;
  - the date(s) analyses were performed;
  - the person responsible for performing the analyses;
  - the analytical techniques or methods used; and
  - the results of such analyses.

15. When requested by the department, the permittee shall, within a reasonable period of time furnish any information required by law which is needed to determine compliance with the permit. If the permittee becomes aware that relevant facts were not submitted or were incorrect in the permit application or in any report to the department, such facts or information shall be submitted or corrected promptly.

**PERMITTEE**  
Rafael A. Terrero  
Woodmere Wastewater Facility (WWF)

**I.D. NUMBER:** 3116P02312  
**PERMIT/CERT NUMBER:** D016-194530  
**DATE OF ISSUE:** August 6, 1991  
**EXPIRATION DATE:** April 30, 1996

**SPECIFIC CONDITIONS:**

1. *OPS* During the period of operation allowed by this permit, the permittee shall furnish one copy of the monthly operations report on the operation of the pollution control facility. Such report shall also contain information on the daily quantities of domestic wastewater residuals (sludge) generated at the source, type and degree of its treatment and the site of ultimate disposal. Reports shall be submitted on a monthly basis to the Department; for the purposes of this permit, the Department shall mean (1) the State of Florida Department of Environmental Regulation (DER), 7825 Baymeadows Way, Suite B-200, Jacksonville, Florida 32256-7577 and (2) the City of Jacksonville Department of Health, Welfare & Bio-Environmental Services (HWBES) Water Resources Division (WRD), 421 West Church Street, Suite 412, Jacksonville, Florida 32202-4111.
2. *OPS* Domestic wastewater residuals (sludge) or other solid waste shall not be discharged into waters either directly or indirectly and the same shall be disposed of in a manner approved by DER.
3. *OPS* The effluent from this source shall be adequately chlorinated at all times so as to provide a basic level of disinfection as required by Florida Administrative Code (FAC) Rule 17-600.440(4).
4. *OPS* The personnel in charge of the operation, supervision or maintenance of the treatment facilities shall meet the requirements of FAC Chapter 17-602.
5. *OPS* The discharge authorized by this permit shall be consistent at all times with the water quality standards set forth in FAC Chapters 17-301 and 17-302.
6. *OPS/ENG* No additional connection shall be made to this facility without prior approval of the Department.  
*OPS/ENG* The permit holder shall also comply with county, municipal, federal or other state regulations.
7. *OPS* An Operation and Maintenance Manual for this facility shall be available at the facility for use by operation and maintenance personnel and for inspection by the Department in accordance with FAC Rule 17-600.720(2).
8. *OPS* A copy of these permit conditions shall be forwarded by the Permittee to the lead operator and/or the utility company who is charged to maintain and operate this facility, if other than the owner, so as to comply with General Condition No. 12 above.
9. *OPS* Domestic wastewater residuals shall be disposed of in accordance with FAC Chapter 17-640. All domestic wastewater residuals applied to the land shall be treated as required by FAC Rule 17-640.600. Domestic wastewater residuals which meet the requirements for a Class AA designation as specified by FAC Rules 17-640.850(1) and 17-640.850(2) may be distributed and marketed or applied to agricultural land as required by FAC Rules 17-640.850(3) and 17-640.850(4). Domestic wastewater residuals which are not subject to the provisions of FAC Rule 17-640.850 shall be disposed of in accordance with FAC Rule 17-640.700(3) or FAC Rule 17-640.700(4).

**PERMITTEE:**  
Rafael A. Ferrero  
Woodmere Wastewater Facility (WWF)

I.D. Number: 3116PO2312  
Permit/Case Number: DC16-194530  
Date of Issue: August 6, 1991  
Expiration Date: April 30, 1996

**SPECIFIC CONDITIONS:**

- ENG  
OPS
11. The Department is conducting Water Quality Based Effluent Limitation (WQBEL) studies for certain parts of Duval County. If a WQBEL is developed for this source which requires the annual effluent limits to be revised, the Permittee shall be notified in writing by HWBES Water Resources Division. After notification, the Permittee shall be allowed (a) 90 days to bring the wastewater facility into compliance with the revised effluent limits or (b) 60 days to submit an application for (1) a Construction Permit which will bring the facility into compliance within 180 days of Construction Permit issue date or (2) a Temporary Operation Permit with a compliance schedule or (3) administrative relief pursuant to FAC Rules 17-4.23 and 17-4.244. Department studies do not relieve the applicant of specific responsibilities in rule or elsewhere in this permit.

The Department will modify this permit at a later date to require ambient water quality monitoring per FAC Rule 17-650.500.

PERMITTEE:  
Rafael A. Terrero  
Woodmere

I.D. NUMBER: 3116P02312  
PERMIT/CERTIFICATION: D016-194530  
DATE OF ISSUE: August 6, 1991  
EXPIRATION DATE: April 30, 1996

SPECIFIC CONDITIONS:

12. The monitoring requirements and effluent limitations for this WWF are as follows:

PARAMETER	EFFLUENT LIMIT	MINIMUM FREQUENCY	SAMPLE TYPE	SAMPLE LOCATION
FLOW	0.50 MGD (b)	Continuous	(d)	Effluent
CBOD <sub>5</sub>	(a)	Weekly	Composite (h)	Influent & Effluent (e)
TSS	(a)	Weekly	Composite (h)	Influent & Effluent
pH Units	6.0 to 8.5	Continuous	pH Meter (j)	Effluent
Chlorine Residual	Min. 0.5 mg/l(f) Max. 0.01 mg/l(g)	(i)	Chlorine Meter (j)	Effluent
Fecal Coliform	Avg. ≤200/100 ml Max. 800/100 ml	Weekly	Grab (c)	Effluent

(a) Effluent Limits, Maximum (mg/l)

	Annual average	Monthly average	Weekly average	One time grab max.
CBOD <sub>5</sub>	20	30	45	60
TSS	20	30	45	60

- (b) Annual average daily flow shall not exceed value shown.
- (c) Grab samples will be collected during periods of minimal wastewater facility pollutant removal efficiencies, or maximum organic loading in the effluent.
- (d) Effluent flow rate is measured at a V-notch weir located on the discharge side of the chlorine contact chamber. Flow rate shall be measured by a recording flow meter and a totalizer.
- (e) Prior to commencement of dechlorination operations, effluent shall be sampled for pH, total residual chlorine (TRC) content, carbonaceous five (5)-day biochemical oxygen demand (CBOD<sub>5</sub>), total suspended solids (TSS) and fecal coliform following chlorination and prior to discharge to the St. Johns River. Upon commencement of dechlorination operations and continuing throughout all subsequent WWF operations, effluent shall be sampled (1) for TRC content following chlorination and prior to dechlorination and (2) for TRC content, pH, CBOD<sub>5</sub>, TSS and fecal coliform at the effluent pump station, following dechlorination and prior to discharge to the St. Johns River.
- (f) Effluent TRC content following chlorination shall not fall below 0.5 mg/l for the purpose of maintaining compliance with disinfection requirements of FAC Rule 17-600.440(4).

**PERMITTEE:**

Rafael A. Terrero  
Woodmere Wastewater Facility (WWF)

I.D. Number: 3116PO2312  
Permit/Case Number: DO16-194530  
Date of Issue: August 6, 1991  
Expiration Date: April 30, 1996

**SPECIFIC CONDITIONS:**

- (g) Upon commencement of dechlorination operations, the Permittee shall ensure that the effluent total residual chlorine (TRC) content does not exceed 0.01 mg/l prior to its discharge to the St. Johns River, as required by Florida Administrative Code (FAC) Rule 17-302.560(10). The limit is necessary to prevent toxic effects from chlorine in the receiving body of water. Dechlorination requirements shall thereafter be met for the remaining service life of the WWF. Note that dechlorination requirements must be met independently of all effluent disinfection requirements of FAC Rule 17-600.440(4).
- (h) A sixteen (16)-hour composite sample is required. Beginning September 1, 1991 (and continuing throughout all subsequent WWF operations), the Permittee shall ensure that composite samples are flow-proportioned.
- (i) Effluent chlorine residual following chlorination/disinfection shall be measured on a continuous basis. Effluent TRC content following dechlorination shall be measured (1) by taking one (1) or more grab sample(s) during a period of peak flow rate or (2) on a continuous basis.
- (j) Effluent pH and TRC content (following chlorination) may be determined by hourly measurements taken during the entire period of required operator attendance (as a substitute for continuous measurement).

*OPS*  
13. In accordance with the requirements of City of Jacksonville Environmental Protection Board (EPB) Rule 3.409 for privately-owned regional sewerage utilities, Woodmere Wastewater Facility shall be operated and staffed in accordance with the requirements of FAC Rule 17-602.370(3)(b) for a Category II, Class B Treatment Process having a permitted annual average daily flow rate which exceeds 1.0 MGD. Therefore, the subject facility shall be staffed by a State-licensed Class C (or higher) operator for no less than sixteen (16) hours per day, for no less than seven (7) days per week. The lead/chief operator shall be a State-licensed Class B (or higher) operator.

*OPS*  
14. The domestic wastewater residuals from the subject WWF shall be sampled and tested after final treatment but prior to utilization or disposal in accordance with the requirements of FAC Rule 17-640.700. Domestic wastewater residuals shall be sampled and tested at least once during any rolling ninety (90)-day period for the following parameters:

PERMITTEE:

Rafael A. Terrero  
Woodmere Wastewater Facility (WWF)

I.D. Number: 3116PO2312  
Permit/Cert Number: D016-194530  
Date of Issue: August 6, 1991  
Expiration Date: April 30, 1996

SPECIFIC CONDITIONS:

- OPS*
- Total Nitrogen - 1 dry weight
  - Total Phosphorus - 1 dry weight
  - Total Potassium - 1 dry weight
  - Total Solids - 1 dry weight
  - Cadmium mg/kg dry weight
  - Copper mg/kg dry weight
  - Lead mg/kg dry weight
  - Nickel mg/kg dry weight
  - Zinc mg/kg dry weight
  - pH standard units

No later than sixty (60) days following the completion of all sampling and testing, a copy of the test analyses shall be submitted to WRD. The test analyses shall be submitted on the stationary of the testing laboratory and contain the signature(s) of the person(s) performing the tests.

- JPS  
ENG.*
15. The Agricultural Use Plan shall be updated at least once every 365 days as required by FAC Rule 17-640.500(1)(f). The updated Agricultural Use Plan shall be submitted (to WRD and DER) using DER Form 17-640.900(1) and shall be accompanied by the following information:

- a. A summary of the total domestic wastewater residuals, nitrogen and heavy metals applied on an annual basis.
- b. The cumulative heavy metals applied by all other wastewater facilities that utilize the same land application site (as Woodmere WWF) for disposal of domestic wastewater residuals.
- c. The pH of the residuals/soils mixture for the land application site.
- d. The above-specified information shall be current to within forty five (45) days prior to the date of submittal.

Pursuant to FAC Rule 17-640.700(3)(p), records of application areas and application rates of domestic wastewater residuals must be maintained by the Permittee and must be available for inspection upon request by DER or WRD. Records shall be kept on DER Form 17-640.900(3) [or by an approved method which provides equivalent detail] and shall include information specified in FAC Rules 17-640.700(3)(p)(1) through 17-640.700(3)(p)(7).

- OPS*
16. No later than September 15, 1991, effluent discharged from the subject facility shall be sampled and tested for the following parameters:
- a. Organic nitrogen.
  - b. Nitrates (NO<sub>3</sub>-N) and nitrites (NO<sub>2</sub>-N).

PERMITTEE:

Rafael A. Terrero  
Woodmere Wastewater Facility (WWF)

I.D. Number: 3116PO2312  
Permit/Cert Number: DO16-194530  
Date of Issue: August 6, 1991  
Expiration Date: April 30, 1996

SPECIFIC CONDITIONS:

- c. Total ammonia ( $\text{NH}_3\text{-N}$  and  $\text{NH}_4^+\text{-N}$ ).
- d. Total Kjeldahl nitrogen.
- e. Total nitrogen.
- f. Total phosphorus.
- g. Orthophosphates.

Sixteen (16)-hour, flow-proportioned composite samples shall be taken; following the first sampling/testing episode, effluent shall be sampled and tested at least once every ninety (90) days until further notice from the Department. Test results shall be recorded on a separate sheet (showing parameters and corresponding concentrations in mg/l) that shall be submitted with the MOR for the month during which samples were taken.

- OPS* 17. Effluent TRC content following dechlorination shall be reported (in the monthly operating reports) in addition to and separately from effluent TRC content following chlorination/disinfection.
- EJW* 18. No later than February 29, 1996, the Permittee shall apply for an operation permit for the subject WWF. The application shall be submitted using the proper forms and in accordance with the Administrative Procedures of the Florida Department of Environmental Regulation.
- OPS* 19. In accordance with FAC Rule 17-4.244(3), the Permittee shall initiate the series of tests described below beginning October 31, 1991 to evaluate whole effluent toxicity of the discharge from outfalls. All test species, procedures and quality assurance criteria used shall be in accordance with Methods for Measuring the Acute Toxicity of Effluents to Freshwater and Marine Organisms, Environmental Protection Agency (EPA) 600/4-85/013, or the most current edition. A standard reference toxicant quality assurance test shall be conducted concurrently with each species used in the toxicity tests and the results submitted with the monthly operating report (MOR). Alternatively, if monthly quality assurance (QA)/quality control (QC) reference toxicant tests are conducted, these results must be submitted with the MOR.
- a. The Permittee shall conduct 96-hour acute static toxicity tests using the Ceriodaphnia dubia (water fleas) and the Notropis leadsi. All tests will be conducted on four separate grab samples collected at evenly spaced (6-hour) intervals over a 24-hour period and used in four separate tests in order to account for variations in effluent quality.

**PERMITTEE:**

Rafael A. Terrero  
Woodmere Wastewater Facility (WWF)

I.D. Number: 3116PC2312  
Permit/Cart Number: D016-194530  
Date of Issue: August 6, 1991  
Expiration Date: April 30, 1996

**SPECIFIC CONDITIONS:**

- b. If control mortality exceeds 10% for either species in any test, the test(s) for that species (including the control) shall be repeated. A test will be considered valid only if control mortality does not exceed 10% for either species. If, in any separate grab sample test, 100% mortality occurs prior to the end of the test, and control mortality is less than 10% at that time, that test (including the control) shall be terminated with the conclusion that the sample demonstrates unacceptable acute toxicity.
- c. The toxicity tests specified above shall be conducted once every two months until six consecutive valid bi-monthly tests have been passed, and once every six months thereafter for the duration of the permit, unless notified otherwise by the Department. These tests are referred to as "routine" tests.
- d. Results from "routine" tests shall be reported according to EPA/600/4-85/013, Section 13, Report Preparation (or the most current edition), and shall be submitted as an attachment to the MOR in the following manner: if less than 50% survival of a test species occurs in any of the four separate grab sample tests, "<100%" should be entered.
- e. If unacceptable acute toxicity (greater than 50% lethality of either test species in any of the four separate grab sample tests within the specified time) is found in a "routine" test, the Permittee shall conduct three additional definitive acute toxicity tests using both species. For each additional test, the sample collection requirements and test acceptability criteria specified in Section 13 above must be met for the test to be considered valid. The first test shall begin within two weeks of the "routine" tests, and shall be conducted weekly thereafter until three additional, valid tests are completed. The additional tests will be used to determine if the toxicity found in the "routine" test is still present. The Department shall be contacted for approval of the effluent dilutions to be used in the definitive tests.
- f. Results from additional tests, required due to unacceptable acute toxicity in the "routine" tests, shall be submitted in a single report prepared according to EPA/600/4-85/013, Section 13, Report Preparation (or the most current edition) and submitted within 45 days of completion of the third additional, valid test.



Permittee:

Rafael A. Terrero  
Woodmere Wastewater Facility (WWF)

I.D. Number: 3116P02312

Permit/Certification Number: D016-194530

Date of Issue: August 6, 1991

Expiration Date: April 30, 1996

SPECIFIC CONDITIONS:

- 9. All routine screening tests shall be conducted using a control (0% effluent) and one test concentration of 100% final effluent.

FILING AND ACKNOWLEDGEMENT

FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Judy W. Harrison 8/28/91  
Clerk Date

RS  
Issued this 28 day of AUG 19 91

CJH

CITY OF JACKSONVILLE  
DEPARTMENT OF HEALTH, WELFARE AND  
BIO-ENVIRONMENTAL SERVICES

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

James L. Manning  
James L. Manning P. E.  
Deputy Director

Ernest E. Frey  
Ernest E. Frey, P.E.  
Director of District Management

PERMIT NO. FL0026786  
Minor non-POTW

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION IV

AUTHORIZATION TO DISCHARGE UNDER THE  
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

In compliance with the provisions of the Clean Water Act, as amended (33 U.S.C. 1251 et seq.; the "Act"),

Southern States Utility Services, Inc.  
1000 Color Place  
Apopka, Florida 32703

is authorized to discharge from a facility named

~~REDACTED~~  
Woodmere Wastewater Treatment Facility,  
located at

5710 Edenfield Road  
Jacksonville, Duval County, Florida

to receiving waters named

St. John's River

in accordance with effluent limitations, monitoring requirements and other conditions set forth herein. The permit consists of this cover sheet, Part I 4 pages, Part II 16 pages, Part III 1 page and Part IV 2 pages.

This permit shall become effective on November 1, 1990.

This permit and the authorization to discharge shall expire at midnight, September 30, 1995.

September 28, 1990  
Date Issued

John J. Marlar, Jr.  
W. Ray Cunningham, Director  
Water Management Division

#888

**Zephyr Shores - 1427**

**Pasco County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



*Florida Department of Environmental Regulation*

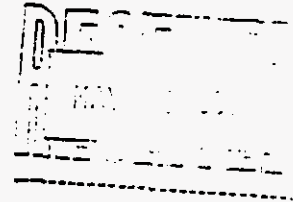
Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347

Lawton Chiles, Governor

813-623-5561

Carol M. Browner, Secretary

May 7, 1991



Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

Attention: Mr. Charles Sweat

Re: Proposed Final Agency Action (Consent Order) in Case  
of Southern States Utilities, Inc. (Zephyrshores S.T.P.),  
OGC File No. 91-0996.

Dear Mr. Sweat:

The purpose of this letter is to complete the resolution of the violation(s) previously identified by the Department of Environmental Regulation ("DER") in the Warning Notice WN91-0016DW51SWD dated April 8, 1991, which is attached. The corrective actions required to bring your facility into compliance have been performed. However, you must pay to the Department the amount of \$20,000.00 to complete settlement of the violations described in the attached Warning Notice, along with \$250.00 to reimburse the DER's costs, for a total of \$20,250.00. This payment must be made to "The Department of Environmental Regulation" by certified check or money order and shall include thereon the OGC number assigned above and the notation "Pollution Recovery Fund". The payment shall be sent to the Southwest District Office, 4520 Oak Fair Blvd., Tampa, Florida within 30 days of your signing this letter.

Your signing of this letter constitutes your agreement to the terms of the letter. After this letter has been countersigned by the DER and filed with the Clerk of the DER, the letter shall constitute a consent order, which is final agency action of the DER, the terms and conditions of which may be enforced in a court of competent jurisdiction pursuant to Sections 120.69 and 403.121, Florida Statutes. Failure to comply with the terms of this letter once signed by you shall constitute a violation of Section 403.161(1)(b), Florida Statutes.

Southern States Utilities, Inc.  
Re: Zephyrshores S.T.P.  
CGC File No. 91-0996  
Page 2

The DER by countersigning this letter, waives its right to seek judicial imposition of damages, or civil penalties for the violations described above. By signing this letter, you waive your rights as described on the back of this document in the Notice of Rights. If you do not sign and return this letter to the Department at the Southwest District address given above by May 17, 1991, it will be assumed that you are not interested in settling this matter according to the terms described herein, and this matter will be referred to the Department's Office of General Counsel with a recommendation that formal enforcement action be taken against you.

Sincerely,

*Richard D. Garrity*  
Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary  
Southwest District

For Southern States Utilities

For the DER:

By:

*Charles H. ...*  
Vice President operations  
May 16, 1991

*R. D. Garrity*  
Deputy Assistant Secretary  
State of Florida Department  
of Environmental Regulation

ENTERED this 23 day of May, 1991 in  
Tampa, Florida.

Attachments

CLAIMS AND ACKNOWLEDGEMENT

THIS STATEMENT IS SUBJECT TO S120.52  
... the use of said Depart-  
... of which is hereby ad-

*Laura C. Newman* 5/28/91  
7016

NOTICE OF RIGHTS

Persons whose substantial interests are affected by the proposed agency action described in this document have a right, pursuant to Section 120.57, F.S., to petition for an administrative determination (hearing) on the proposed action. The Petition must contain the information set forth below and must be filed (received) in the Department's Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the (persons named) above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative determination (hearing) pursuant to Section 120.57, F.S.

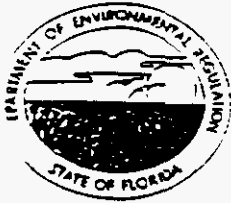
The petition shall contain the following information:

(a) The name, address, and telephone number of each petitioner; the Department's identification number and the county in which the subject matter or activity is located; (b) A statement of how and when each petitioner received notice of the Department's action or proposed action; (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) A statement of the material facts disputed by petitioner, if any; (e) A statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) A statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; (g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action;

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject agency (proposed) action have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed.

\* \* \* \* \*

A party who is adversely affected by this Consent Order is entitled to Judicial Review pursuant to Section 120.68, F.S. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Division of Administrative Hearings and a second copy, accompanied by filing fees prescribed by law, with the District Court of Appeal, First District, or with the District Court of Appeal in the Appellate District where the party resides. The Notice of Appeal must be filed within 30 days of rendition of the Order to be reviewed.



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Park Boulevard • Tampa, Florida 33610-73-7  
Leon Chiles, Governor • (813) 425-5551 • Carol M. Browner, Secretary

April 8, 1991

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Pasco County

Mr. Charles Sweat  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

Dewey Chancey  
Certification No. C-4409  
  
Robert D. Barrett  
Certification No. C-3128

WARNING NOTICE  
No. WN91-0016DW51SWD

Re: Zephyrshores S.T.P.  
Permit No. DO51-128892

Dear Mr. Sweat:

Pursuant to Chapter 403, Florida Statutes, and the rules and regulations promulgated therein which authorizes and empowers the Department of Environmental Regulation to control, abate and prohibit pollution of air and water in the state of Florida, you are hereby notified of specific violations of these rules and regulations as follows:

1. On April 1, 1991 Department personnel conducted an inspection of Zephyrshores Sewage Treatment Plant (STP) and found a bypass pump installed in the Chlorine Contact Chamber which discharges to an unpermitted pond system. This is a violation of your permit and, therefore, a violation of Section 403.161(1)(b) Florida Statutes (F.S.).
2. A bypass was valved into the clarifier/skimmer return to allow unchlorinated effluent, solids, and debris to flow to the unpermitted pond referenced in paragraph #1 above. This is a violation of Section 403.161(1)(a) F.S.
3. A portable gasoline powered pump was setup to pump from this unpermitted onsite pond. The discharge from this pump enters a stormwater retention pond in the neighboring Mobile Home Park. This is a violation of Section 403.161(1)(a) F.S.

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0946

Charles Sweat  
Dewey Chancy, Operator  
Robert D. Barrett, Operator  
Re: Japnyrshores STP -  
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4. The Department was not notified of the planned bypassing of components critical to the functioning of the treatment plant as designed in violation of Rule 17-600.740(2)(f) Florida Administrative Code (F.A.C.).
5. The existing permitted percolation/evaporation ponds are discharging effluent off site, causing severe ponding on the neighboring property to the south. The west pond is seeping through the west berm. This is a violation of Section 403.161(1)(a) F.S.
6. The Department was not notified, by wire or telephone, within 24 hours of each unpermitted discharge, described in paragraph #5 above, in violation of Rules 17-602.360(1)(c) and 17-600.750(1) F.A.C.
7. The weekend operator (R. D. Barrett C-3128) failed to make the required entries into the operator's log in violation of Rule 17-602.360(1)(e) F.A.C.
8. The last entry in the onsite log by the Certified Operator (D. Chancey C-4409) was March 19, 1991 in violation of Rule 17-602.360(1)(e) F.A.C.
9. A trainee, (Ed Epperly) who is not an operator certified by the Department, is being utilized to meet the operator onsite time requirement. This is a violation of rule 17-602.370(2) F.A.C. and Section 403.101(4)F.S.
10. The trainee has been signing the name of the operator (D. Chancey) in the maintenance logs, at direction of the operator and in the absence of said operator. This constitutes falsification of records and is in violation of Section 403.161(1)(c) F.S.
11. The onsite operator's log does not include operator in and out times, operator signature, and does not detail specific operation, maintenance, or major repairs performed in violation of Rule 17-602.360(1)(e).
12. Monthly Operating Reports indicate effluent quality violations for Nitrates for the months of July and September 1990 and January and February 1991 in violation of your operating permit and, therefore, in violation of Section 403.161(1)(b) F.S.



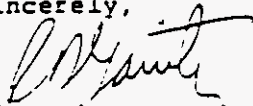
Charles Sweat  
Dewey Chancy, Operator  
Robert D. Barrett, Operator  
Re: Cephyrshores STP - -  
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13. There is no "Reduced Pressure Zone" (RPZ) backflow preventor on the potable waterline supplying the wastewater treatment plant. This is a violation of Rule 17-550.360(1) F.A.C.
14. The blower motors are not operating as designed due to a faulty or missing check valve. The access control fence around the permitted percolation/evaporation ponds is in poor repair. This is in violation of Rule 17-600.740(2)(e) F.A.C.
15. The Chlorine gas cylinder was not properly restrained to prevent tipping, additionally there was no respiratory protection meeting NIOSH Standards available. This is a violation of Rule 17-600.300(4)(b) F.A.C.

You are advised that operation of your system in violation of state regulations subjects you to judicial imposition of damages and civil penalties, pursuant to Sections 403.141 and 403.161, Florida Statutes. The violations set forth in the Warning Notice may be resolved by the execution of a mutually acceptable Consent Order providing an acceptable time schedule within which the violations will be corrected. This Consent Order will set forth the specific requirements for compliance and the time periods within which compliance must be achieved. The Consent Order will also set forth a settlement payable to the State in compensation for violations of State statutes.

You are requested to contact Mr. Pete Burghardt of the Domestic Waste Section at (813) 623-5561, Extension 311, within five (5) days of receipt of this Notice to set a time and date for an informal conference to be held at this office. The purpose of this meeting will be the resolution and settlement of the above violations. In addition, you are requested to respond, in writing, within ten (10) days from receipt of this Notice detailing your plans to comply with the cited statutes and/or rules.

Sincerely,

  
Richard D. Garcia, Ph.D.  
Deputy Assistant Secretary  
Southwest District

RDG/pob  
pc: Office of General Counsel  
Pete Burghardt, DER  
Glen Thompson, Pasco County Health Unit

# Commonwealth

## ENGINEERING ASSOCIATES

CONSULTING ENGINEERS INCORPORATED

President  
John D. Froscher, P.E., C.O.  
Vice Presidents  
James C. Boyd, P.E.  
David E. Allen, P.E.  
Senior Associate  
Stephen E. Bailey, P.E.  
Associates  
Neco M. Downey  
Thomas F. Wille, A.E.T.

November 6, 1991

Mr. Joseph A. Amato, P.E.  
Permitting Engineer  
Florida Department of Environmental Regulation  
4520 Oak Fair Boulevard  
Tampa, Florida 33610-7347

Re: Zephyr Shores WWTF  
Commonwealth Project No. 611-06-302  
SSU Work Order No. 1572S0

Dear Mr. Amato:

As we discussed on the telephone, SSU Services has negotiated with Pasco County Utilities for connection to their existing force main at Handcart Road and S.R. 54. Flow in excess of Zephyr Shores effluent disposal capacity will be pumped to Pasco County's Southeast Subregional WWTF for treatment and disposal. Pasco County and SSU are finalizing a temporary emergency service agreement, which will be reviewed by the Pasco County Board of Commissioners on November 18, 1991.

In order to minimize review time for this project, I have attached the following items for your information and review:

1. Four (4) originals of an application to construct domestic wastewater collection/transmission systems. Note that Pasco County has not signed the application or completed the WWTF information on page 2 of 6. Pasco County will sign the application and provide the required information after the service agreement has been signed by SSU Services. An original signed application will be sent to you.
2. One (1) copy of the draft temporary service agreement between Pasco County and SSU Services.
3. Two (2) copies of the plans.
4. One (1) check in the amount of \$500.00.

---

Mr. Joseph A. Amato, P.E.  
Florida Department of Environmental Regulation

November 3,

If you require any additional information or have any questions, do not hesitate to contact this office. We would appreciate any efforts you could expend to provide a timely review of this project.

Sincerely,  
Commonwealth Engineering Associates, Inc.



Mark A. Maederer, P.E.  
Project Manager

cc: Mr. Chuck Wood, SSU, via US  
Mr. Rafael Terrero, P.E., SSU, via US  
Mr. Joe Mack, SSU, via US  
Mr. Bill Williams, SSU, via US  
Mr. Stephen E. Bailey, Commonwealth  
Ms. Chris Arcand, SSU, via US

mam/zsder.310/proj/chronol/via: FED. EX.

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Apple Valley	Inspection	FDER	3-1-91
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<b>Grand Terrace</b>	Inspection	FDER	8-29-91
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<b>Hermits Cove</b>	Sanitary Survey	FDER	11-19-91
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<b>Keystone Heights</b>	Sanitary Survey	FDER	10-4-89
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<b>Lake Ajay Estates</b>	Sanitary Survey	FDER	9-24-91
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<b>Pine Ridge Estates</b>	Sanitary Survey	FDER	4-12-89
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<b>Point O' Woods</b>	Sanitary Survey	FDER	11-14-90
<b>Pomona Park</b>	Sanitary Survey	FDER	11-19-91
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<b>Postmaster Village</b>	Sanitary Survey	FDER	9-21-88
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<b>Samira Villas</b>	Sanitary Survey	FDER	8-20-91
<b>Saratoga Harbour</b>	Sanitary Survey	FDER	11-19-91
<b>Silver Lake Estates</b>	Sanitary Survey	FDER	8-14-91
<b>Silver Lake Oaks</b>	Inspection	FDER	11-20-91
<b>Skycrest</b>	Inspection	FDER	8-14-91
<b>Spring Hill Utilities</b>	Sanitary Survey	FDER	4-22-86

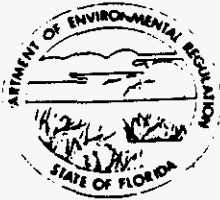
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Zephyr Shores	Sanitary Survey	FDER	7-31-91

**Amelia Island - 1518**

**Nassau County (SSU)**

**Water**

**- 1992 FPSC Filing -**



# Florida Department of Environmental Regulation

Northeast District • 3426 Bills Road • Jacksonville, Florida 32207 • 904-798-4200

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Ernest Frey, Deputy Assistant Secretary

## PUBLIC WATER PLANT COMPLIANCE INSPECTION

Name of System: ANGLIA ISLAND WTP Inspection Date: 4/20/89  
 System Owner: SOUTH FLORIDA STATES UTILITIES ID No. 245-0023  
 Address: PO Box 907 Phone No. 261-0321  
 Operator: CECOT 021041 City: LAKEVIEW BEACH Zip: 32054  
 Cert. level & No. 2-3815

Community ( ) Special Non-Community ( ) Non-Community ( )

## INSPECTION RESULTS

selections marked with an "X" are unsatisfactory  
Referenced sections are from Florida Administrative Code, Chapter 17

___	Aeration	555.350	_____
___	Auxiliary Power	555.320(6)	_____
___	Bacteriological Monitoring	550.510	_____
___	Certified Operator	555.350	_____
___	Chemical Monitoring	550.510 & 520	_____
___	Chlorine Test Kit (DPD)	550.510(6)d	_____
___	Cross-connection	555.360	_____
___	Disinfection	550.510(6)d	_____
___	Plant _____ mg/l; Remote <u>3.57</u> mg/l		_____
___	Flow Meter	555.320(8)	_____
___	Gas Chlorination	555.320(5)	_____
___	Housekeeping	555.350	_____
___	Maintenance of Facilities	555.350	_____
___	Monthly Operational Reports	550.730	_____
___	Av. Flow _____ MGD; Max _____ MGD		_____
___	Number of Wells	555.315(1)	_____
___	Raw Sample Tap	555.315(2)f	_____
___	6' X 6' Concrete Well Pad	555.315(2)(b)5	_____
___	Safety Equipment	555.320(5)	_____
___	Sanitary Hazard	555.312	_____
___	System Pressure	555.320(7)	_____

Test 2 TURBIDITY SAMPLES PLANT EFFLUENT - 1.5 NTU  
LAKEVIEW BEACH STATION - 1.7 NTU  
NOTE TO INSPECTOR: OBSERVED AT LAKEVIEW BEACH

It is required that a written response be provided to this office within ten (10) days regarding any unsatisfactory results listed above.

Inspector James R. Maher Date 5/12/89  
Jim Maher

cc: Jim County Health Unit



## Florida Department of Environmental Regulation

Northeast District • 3426 Bills Road • Jacksonville, Florida 32207 • 904-798-4200

Rob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary  
Ernest Frev, Deputy Assistant Secretary

October 20, 1988

Mr. Jerry Wright  
Southern States Utilities, Inc.  
Post Office Box 907  
Fernandina Beach, Florida 32034

Dear Mr. Wright:

Nassau County - PW  
Amelia Island WTP

An inspection was performed at Amelia Island Water Treatment Plant on October 13, 1988, by me, in the presence of Mr. Jerry Wright, Plant operator. The only deficiency found at the water plant is that turbidity (6.4 NTU) exceeds the maximum contaminant levels of 1.0 NTU.

We recommend that you continue with your plans to clean the storage tank and to evaluate the effects of inject the different chemicals. After this trial, please submit two samples in consecutive days to recheck turbidity and provide copy of the analysis to us. I was please to note that the operation and maintenance of the water plant is very good.

A copy of the inspection is enclosed for your records. Thank you for your cooperation during this inspection.

Sincerely,

*Blanca R. Rodriguez*  
Blanca R. Rodriguez

BRR:lr

cc: County Health Department

State of Florida  
 Department of Environmental Regulation  
**SANITARY SURVEY REPORT**  
 for  
Drinking Water System

Inspection date: 10-13-88

**I. GENERAL**

Plant name Amelia Island WTP County NAVSAR  
 Plant owner Southern States Utilities contacted Jerry Wright  
 Plant address P.O. Box 907 Operator certification no. C-3915  
 City Fernandina Beach ZIP 32034 Phone no. 261-0821 Basin code 19  
 Population Served 5,367 (Est.) No. of service connections 1789 Aug'88  
 Type of Service Community Type of meter at plant & capacity in-line  
 Percent or no. of meters 100% Plant designed by B.H.R.  
 Plant capacity (design) 3.6 MGD Plant output, average (MGD) 0.678 Aug'88  
 Storage capacity (design) 1.0 MG Maximum hour (1000's gals.) \_\_\_\_\_  
 Approval no. and date \_\_\_\_\_ Emergency water source \_\_\_\_\_  
 Daily maximum (MGD) 0.948 Aug'88 Standby equipment \_\_\_\_\_  
 Emergency power source (\*) diesel Generator capacity: 100%

TYPE OF SERVICE  Community  Non-community  
 Municipal  Subdivision  Common carrier  
 Recreation area  Institution  Motel or hotel  
 Trailer park  College or school  Other  
 Restaurant  Industrial plant

II. SOURCE(S) OF RAW WATER SUPPLY  Ground: Number of wells   
 Surface: Purchased

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1971	1974			
Depth drilled	1016	789			
Length, outside casing	492	499			
Diameter, outside casing	12"	8"			
Material, outside casing	Steel	Steel			
Depth to static water level					
Normal suction lift (working level)	9'	9'			
Normal yield in GPM	147	250			
Test yield in GPM	147	250			
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	NO	NO			
Is well protected against surface water?	YES	YES			
Salt water infiltration problems in past?	NO	NO			
Latitude					
Longitude					
Check valve	YES	YES			
Grooved	YES	YES			
Has well ever been contaminated?	NO	NO			
Pump manufacturer's name		Water Layer			
Date manufactured					
Model number					
Capacity	gpm	1400	1400		
Last service (date)					
Comment	HP	40	60		
Maint. schedule (day, week, month, etc.)					

2. Surface Supplies: Provide sketch on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, vacant grounds, etc. and their distance from lake or impoundment.

N/A

Map is attached (check) \_\_\_\_\_  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is as follows: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ low is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant \_\_\_\_\_ Does effluent meet EPA Turb. Stds? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS  
 (Check where applicable)

- A. General:
- |                                                          |                                            |
|----------------------------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> Aeration             | <input type="checkbox"/> Lime softening    |
| <input type="checkbox"/> Coagulation                     | <input type="checkbox"/> Recarbonation     |
| <input type="checkbox"/> Iron removal                    | <input type="checkbox"/> Reverse osmosis   |
| <input checked="" type="checkbox"/> Taste-odor control   | <input type="checkbox"/> Chlorination-post |
| <input checked="" type="checkbox"/> High-rate filtration | <input type="checkbox"/> Fluoridation      |
| <input checked="" type="checkbox"/> Chlorination-pre     | <input type="checkbox"/> Settling          |
| <input type="checkbox"/> Filtration                      | <input type="checkbox"/> pH adjustment     |
| <input checked="" type="checkbox"/> DO poly phosphate    | <input type="checkbox"/> Zeolite softening |

- B. Aeration:
- |                                                |                                                 |
|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Slimes or algae noted | <input type="checkbox"/> Screens in good repair |
| <input type="checkbox"/> Iron deposits         | <input type="checkbox"/> Hydrogen sulfide odor  |

C. Chemical Used (include Chlorine):

Chemical	Type Feeder	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
Chlorine 2 wt T		500 lbs/dry	Ground Storage	Disinfection
Phosphate Electrode		24 gpd	"	retard corrosion
Alum		24 gpd	"	pH adjustment

12-3  
27

- D. Chemical Feeders:
- |                                              |                                                            |
|----------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Oil on floor        | <input type="checkbox"/> Chemical spilled                  |
| <input type="checkbox"/> Spare parts kept    | <input checked="" type="checkbox"/> Easy repair manuals    |
| <input type="checkbox"/> Noisy operation     | <input checked="" type="checkbox"/> Chemicals well stocked |
| <input type="checkbox"/> Water on floor      | <input checked="" type="checkbox"/> Feeders all work       |
| <input type="checkbox"/> Excessive vibration | <input type="checkbox"/> Bags stored dry                   |

- E. Coagulation:
- |                                                     |                                                       |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Settling poor              | <input type="checkbox"/> Chem. dose questionable      |
| <input checked="" type="checkbox"/> No blanket seen | <input type="checkbox"/> Effluent taste & odor strong |
| <input type="checkbox"/> Pinpoint floc              | <input type="checkbox"/> Color removal good           |

- F. Softening:
- |                                                        |                                                     |
|--------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Floc unstable                 | <input type="checkbox"/> Blanket visible            |
| <input type="checkbox"/> Feed intermittent             | <input type="checkbox"/> Settling good              |
| <input checked="" type="checkbox"/> Water leaves clear | <input type="checkbox"/> Acc. silica used           |
| <input type="checkbox"/> Sludge not excessive          | <input type="checkbox"/> Sludge return used         |
| <input type="checkbox"/> Comp. aid used                | <input type="checkbox"/> No control of sludge level |

- G. Fluoridation:
- |                                             |                                                |
|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Analysis OK        | <input type="checkbox"/> Feeder good condition |
| <input type="checkbox"/> Separate storage   | <input type="checkbox"/> Acid spilled          |
| <input type="checkbox"/> Dusty enclosure    | <input type="checkbox"/> Frequent shutdowns    |
| <input type="checkbox"/> Monthly samples OK | <input type="checkbox"/> Corrosion evident     |

- H. Filtration:
- |                                              |                                                   |
|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Mudballs present    | <input type="checkbox"/> Clearwell turbidity seen |
| <input type="checkbox"/> Carryover excessive | <input type="checkbox"/> Backwash cleans media    |
| <input type="checkbox"/> Gallery kept clean  | <input type="checkbox"/> Plant appears overloaded |
| <input type="checkbox"/> Air binding present | <input type="checkbox"/> Little foreign material  |
| <input type="checkbox"/> Short filter runs   | <input type="checkbox"/> Sediment in clearwater   |
| <input type="checkbox"/> Algae in filter     |                                                   |

3. Disinfection:

- Odor of chlorine (leak)  Ample stock of chlorine
- Lead washers kept  Ammonia fresh (odor)
- Note effluent residual  Air pack pressure OK
- Respirator in date  Repair parts kept
- Corrosion noticeable  Note chlorine rate - 230 #/day
- Machine function good  Fan works OK
- Chlorine residual records current

Chlorine residual before entering distribution line 1.5 ppm.  
 Chlorine residual at extremity of distribution system 0.9 ppm.  
 Reserve supply of chlorine (specify units) (2) one ton cylinders  
 Other observation(s) \_\_\_\_\_

IV. STORAGE FACILITIES:

- Ground storage  Elevated storage
- Hydro pneumatic tank  Clear well

Tank number	1	2	3	4
Capacity	600,000	400,000	9,000	9,000
Material	concrete	concrete	steel	steel
Gravity stain capacity	16"	6"	4"	4"
Flow-pass capacity	16"	N/A	16"	16"
Covered/Screened openings	yes	yes	N/A	N/A
Date of last cleaning				
On/off pressure, where appl.			50-60	90-110
Hgt. to bot. of fl. tank				
Hgt. to max. tank water level				
Comments	aerator			

V. HIGH SERVICE:

Pump number	1	2	3	4	5
Manufacturer's name	Peerless	Peerless	I/Kand	I/Kand	I/K
Date manufactured					
Model number	IE 5012P	3042P	45DT	65DT	65
Capacity	900	500	625	1270	18
Maintenance schedule					
Last service (date)					
Comments	HP	15	35	40	75

VI. DISTRIBUTION SYSTEM:

Material of mains CA, CI, PVC Max. pipe diam. 16" Min. pipe diam. 3/4"  
 Operation pressure 50 No. of dead ends 20 est. How often flushed? 2x/ea  
 No. of fire hydrants 123  
 Are there cross connections with private or other supplies? none known  
 Are there any blowoff lines below grade in the system? yes  
 Are there any sanitary hazards near sources of water supply? none noted  
 Are there any under-water crossings which are suspected of leaking? no  
 If a sewer line is within 100 feet, state material and jointing method. N/A  
 When was the last water supply shortage? N/A  
 Has there been a problem of supply shortages? no  
 Blow off lines below grade  none  few  numerous  
 Observations: \_\_\_\_\_

VII. WATER QUALITY TESTS:

A. Chemical

- 1. Lab capability
  - pH  Radiological
  - Chemical  Physical (color, odor, turbidity)
  - Jar Test  Special
  - Bacteriological  Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain. \_\_\_\_\_



3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? NO If so, specify the chemical parameter(s) and concentration(s) \_\_\_\_\_

4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? NO If so, specify. \_\_\_\_\_

5. Bacteriological  
 1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? YES

2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NO If so, specify. \_\_\_\_\_

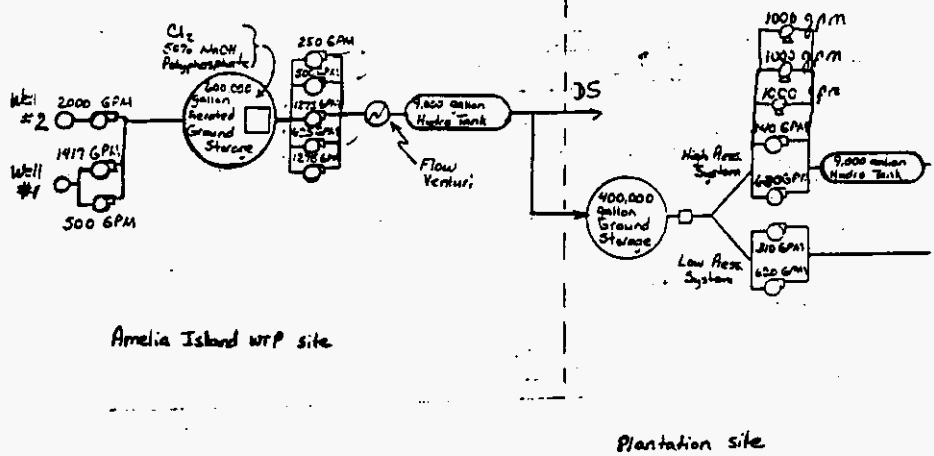
VIII. SUMMARY AND RECOMMENDED ACTION

- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. Turbidity exceeds MCL	17-22.210(g)	Correct turbidity problem
2.		
3.		
4.		
5.		

Inspector's signature: Blanca R Rodriguez Date: 10-20-88  
 Title: Engineer, IV

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 District Manager (signature)



**Apache Shores - 990**

**Citrus County (SSU)**

**Water**

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## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garrity, Deputy Assistant Secretary

*Roberta*  
*Call Bob Williams*  
*ask him to send me*  
*a report, this matter*  
*ASAP. -HANK C15-10-1-90*  
*September 25, 1990*  
*keep for follow up 5 days -*

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Citrus County  
Apache Shores  
PWS-ID # 6090076

RE: Sanitary Survey Report

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water system. On the last two pages of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended corrective action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office, in writing, of your action.

Thank you for your cooperation.

Sincerely,

*Cece Featheringill*  
Cece Featheringill  
Environmental Specialist II  
Drinking Water Section

CF/sem

Enclosure:

cc: Citrus CPHU

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name APACHE SHORES County CITRUS PWS ID 6090076  
 Plant Address HWY 200 - HERNANDO Zip Code 32642 Phone 904-489-2452  
 Owner Name SOUTHERN STATES UTILITIES Phone 904-489-2452  
 Owner Address 1000 COLOR PLACE APOPKA, FL Zip Code 32703  
 Date of this inspection 8/30/90 Date of last inspection 10/24/84 Person contacted BOB WILLIAMS  
 Certified operators and cert. nos. SOUTHERN STATES UTILITIES

PLANT LOCATION: CONTACT UTILITY FOR TOUR  
 Population served 300 Service connections 180 Percent metered 100% Design capacity 37 MGD  
 Design storage capacity 3000 Average output 10,000 GPD Maximum hour day  
 Approval no. and date 11009 - 8/5/69 Type meter and copy NEW

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other  
 Indian Reservation  Motel  School  
 Emergency Power Source BACK UP WELL NONE  
 Type of Capacity of Standby WELL #2 N/A

Sources of Raw Water:  
 Ground\* How many Wells? 3  
 Surface\*\* Identify Source:  
 Purchased\*\*\* Identify supply System:

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify

What, if any, additional treatment is needed? NONE  
 For the control of what deficiencies? -

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

## Sanitary Survey (Groundwater)

Page Two

LAT: 28°55'00"

LONG: 82°21'00"

FWS ID: 6090076

Well Number*	1	2	3				
Year Drilled	1969	1974	1971				
Depth Drilled	110'	110'	74'				
Length, out-side casing	70'	70'	62'				
Diameter, out-side casing	6"	6"	4"				
Material, out-side casing	STEEL	STEEL	STEEL				
Depth to static water level	UNK.	UNK.	UNK.				
Normal suction lift (wkng. level)	40	40	30				
Normal yield, GPM	-	200	60				
Test yield, GPM	UNK.	UNK.	UNK.				
Type of grout	NONE	NONE	NONE				
Drilling method	CABLE	CABLE	CABLE				
Type of strainer	UNK.	UNK.	UNK.				
Depth to top of strainer	UNK.	UNK.	UNK.				
Protection from surface water?	YES	YES	YES				
Is inundation of well possible?	YES	NO	NO				
Salt intrusion noted in past?	NO	NO	NO				
Has the well ever been contaminated?	UNK.	NO	NO				
Pump manufacturer's name	NO PUMP	STA-RITE	STA-RITE				
Model number	UNK.	UNK.	UNK.				
Capacity	0	10HP 200	2HP 60				
Check valve present in line?		YES	YES				
Date of last servicing		UNK.	82				
Maintenance schedule (day/no.)		2/mo	2/mo				

COMMENTS (condition): #1 WELL ALSO USED FOR BACKUP.  
BACKUPS FINISHED MONTHLY

\*attach additional copies of this page as needed.

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>NO</u>	Backup machine Operative <u>N/A</u>	Make of chlorinator <u>ADVANCE</u>	Capacity, lb./24 hr <u>10 LBS.</u>
Evidence of leaks <u>NO</u>	Reserve supply <u>YES</u>	Gas or hypo used <u>GAS</u>	Chlorine feed rate <u>1 LB/DAY</u>
Air-pack or respirator adequate <u>YES</u>	Residual at plant <u>0.5</u>	Condition of equipment <u>OK</u>	Automatic switchover <u>NO</u>
Residual at remote tap <u>0.5</u>	Residual at remote tap <u>0.5</u>	Ammonia smells fresh <u>YES</u>	More capacity needed <u>NO</u>
Comments on chlorination <u>WELL KEPT -</u>			

NEEDS DUAL CYLINDERS w/  
LOSS OF CHLORINE ALARM.

<u>AERATOR</u>	Type of aerator _____	Tray area or weir length _____	Condition of screens _____
Bloodworms present _____	Condition of aerator _____		Adequate for Fe, H <sub>2</sub> S control _____
<u>COAGULATION</u>	Chemical used _____	Purpose _____	
Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____
<u>LIME SOFTENING</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Any auxiliary chemicals used _____		Points of application (in unit) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____
<u>FLUORIDATION</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	
<u>STABILIZATION</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____

FILTERS & FILTRATION

Size and number	<u>TWO - UNK #</u>	Type of filters	<u>(2) MARLO IRON FILTERS</u>
Can you see filter media	<u>NO</u>	Length of filter runs	<u>UNK</u>
What is the normal filter rate	<u>UNK</u>	Are mudballs visible	<u>N/A</u>
Capacity of filters	<u>UNK</u>	Is there air-binding	<u>N/A</u>
Loss in head ga. present	<u>-</u>	What is the usual backwash rate	<u>ALTERNATE DAILY</u>
At what head loss is BW done	<u>-</u>	Are filters overloaded	<u>NO</u>
Has cementation ever occurred	<u>-</u>	Cracks and Channelling	<u>-</u>
Where in relation to filtration is stabilization done	<u>-</u>	Range of turbidity in effluent	<u>-</u>
If high rate, what is turbidity at interface	<u>-</u>	Distance from top of media to trough overflow	<u>-</u>
Can you observe algae in filters	<u>-</u>		

REVERSE OSMOSIS

Make and type of units	<u></u>	Pressure required	<u></u>
Auxiliary chemicals used	<u></u>	Proportion of waste to product streams	<u></u>
Quality of effluent	<u></u>	Stabilization	<u></u>
Booster pump	Type of pre-treatment <u></u>	Type of membranes	<u></u>

ZEOLITE SOFTENING

Unit mfg. & model	<u></u>	Resin capacity	<u></u>
Disinfection of beds	Grade of salt for regen. <u></u>	Stability of effluent	<u></u>
		Resin prevented from escaping	<u></u>

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.									
Manufacturer name									
Pump type & motor HP									
Model number									
Date Installed									
Capacity									
Maintenance schedule									
Date last serviced									

Comments: \_\_\_\_\_

STORAGE FACILITIES: ( )ground; (✓)hydro pneumatic; ( )elevated; ( )clearwell.

Tank No.	STANBY 1	2							
Capacity	3000	3000							
Material	STEEL	STEEL							
Gravity drain capacity	YES	YES							
Bypass capacity	No	No							
Covered/screened openings	N/A	N/A							
Date of last cleaning	1980	UNK.							
Pressure gauge	YES	YES							
Sight glass	YES	YES							
On/Off pressure	39-58	38-58							
Hgt. to bottom of el. tank	N/A	UNK							
Hgt to max. water level	N/A	UNK							

Comments: #1 STORAGE TANKED FINISHED



**DISTRIBUTION SYSTEM** Material of mains PVC System looped YES  
 Operation pressure 58 Max. pipe diam. 4" Min. pipe diam. 2" No. of dead ends 12  
 How often flushed B. MONTHLY No. of fire hydrants NONE Known cross-connections with private supplies NO  
 Blowoff lines below grade NO Routine cross-connection control program YES

**PLANT LABORATORY CAPABILITY**  
 pH  Chlorine: type \_\_\_\_\_ Color \_\_\_\_\_  
 Bacteriological  Iron  Turbidity  Alkalinity  Hardness  
 Chlorides  Stability  Jar tests  Fluorides  Complete  
 Radiological  Marble tests  Organics  Inorganics

Person in charge of laboratory, and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING** System is in full compliance with which requirements?  
 Check.  Inorganic chemical  Organic chemical N/A  
 Bacteriological  Turbidity  Other: \_\_\_\_\_  
 Radiological  Secondaries

Violations of sampling requirements: No

Violations of maximum contaminant levels: No

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
<u>IMPROPER RAW WATER SAMPLE TAP</u>	<u>17-SSS-315(2)(b)6.f.</u>	<u>INSTALL SMOOTH NOSE DOWN-OPENING TAP AT THE WELL.</u>
<u>SINGLE GAS CHLORINATOR INSUFFICIENT</u>	<u>17-SSS-320(5)(a)</u>	<u>PROVIDE AUTOMATIC CYLINDER SWITCHOVER DEVICE WITH EQUIVALENT GAS CHLORINE DEMAND EQUAL TO ONE TO TEN POUNDS PER 24 HOURS</u>
<u>NO CHLORINE ALARM</u>	<u>17-SSS-320(6)(a)</u>	<u>PROVIDE A DEVICE WHICH SOUNDS AN ALARM TO DETECT LOSS OF CHLORINATION CAPABILITY</u>

Inspector's signature [Signature] Date: 9/11/90  
 Title EIS II Approved by [Signature] Date: 7/12/91

**Apple Valley - 332**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name APPLEVALEY - SAN ANTONIO County SEMINOLE PWS ID 3598039  
 Plant Address 115 W HILLCREST Zip 32714 Plant Phone (407) 210-3100  
 Location Description: \_\_\_\_\_  
 Owner COUNTY STATE UTILITIES Owner Phone (407) 210-3100  
 Address 1920 33RD AVE City APPEVALEY State FL Zip 32714  
 Date of this inspection: 8-1-91 Date of last compliance inspection: 4-6-79 Person Contacted: DAVID COOPER  
 Service area characteristics: C G MC NTMC

1. Certified Operators  
 Certification No.: J. W. JOHNSON 6-7154
2. Maintenance and Operation Log Book: Yes  No  Not Applicable
3. Meter/Time Lapse Clock: Yes  No  TOTAL: NO METERS OR CLM
4. Well(s): Number: 2 6' X 6' X 4" Concrete Pad: YES

In Line Check Valve Present?: YES Raw Water Tap?: YES - 100' - 100'  
 Comments: SEE COMMENTS ON PAGE 2

5. CHLORINATION  
 Manufacturer's Name of Chlorinator: TRICAL Gas:  Hypo:  Cl<sub>2</sub> Residual: HIGHLAND 6.9  
 Plant 1.7 Trm Remote TRACE  
 Comments: \_\_\_\_\_

6. Other Treatment(s): AGGATION  
 Comments: \_\_\_\_\_

7. Storage Facilities: (B) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	W1	W2	G						
Pressure Gauge	YES	YES	-						
Sight Glass	YES	YES	-						
On/Off pressure	YES	YES	-						

Comments: \_\_\_\_\_

DEFICIENCIES: 1. NO REMOTE CHLORINE (449 E. HIGHLAND)  
RESIDUAL DETECTED  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: [Signature] EMG II Date: 8-1-91  
 Received By: Donald B. Pender Date: 8-1-91

Form Left on Site/Left with Operator or Water Purveyor

**Bay Lake Estates - 784**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**

not Fisher

11-ET  
LAKES  
ESTATE  
WATER

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name BAY LAKE STATES County OCEOLA PWS ID 3490090  
HERON C. OFF. BAY SHORE OFF. OLD MELBOURNE HWY. Plant  
Plant Address OFF 1924 E. G. HWY 15 Zip 32304 Phone ( ) -

Location Description: \_\_\_\_\_  
Owner SSU, INC. Owner Phone (607) 890-0058  
Address 1000 LOLOR PL. APOPLA State FL Zip 32704  
Date of this inspection: 9-24-91 Date of last survey: 9-27-90 Date of last compliance inspection: \_\_\_\_\_ Person Contacted: BILL TRIENDEL  
Service area characteristics: C  NC \_\_\_\_\_ NTHC \_\_\_\_\_

- 65 SERVICES
1. Certified Operators & Certification No.: BILL TRIENDEL C-6411
  2. Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_
  3. Meter/Time Lapse Clock: Yes  No \_\_\_\_\_
  4. Well(s): Number: 1 \_\_\_\_\_ 6' X 6' X 4" Concrete Pad: YES OK
- In Line Check Valve Present?: YES OK Raw Water Tap?: YES OK

Comments: 30kw ONAN, MANUAL GENERATOR  
5. CHLORINATION  
Manufacturer's Name: CHLOR AQUA 200 STROKE C12 Residual: \_\_\_\_\_  
of Chlorinator: FEED Gas: \_\_\_\_\_ llypo:  Plant 115 Remote \_\_\_\_\_  
Comments: REGAL GASV 100 GPD, ONE CYLINDER ON SCALE / CHAIN

6. Other Treatment(s): AQUA MAG  
Comments: \_\_\_\_\_  
7. Storage Facilities: (G) ground:  hydropneumatic; (E) elevated; (C) clearwell

Tank Number	1	3000g							
Pressure Gauge	Yes								
Sight Glass	Yes								
On/Off pressure	42/62								

Comments: PLUGGED / ABANDONED 6" WELL @ 15' FROM POTABLE WELL.

DEFICIENCIES: \_\_\_\_\_  
NONE AT THIS TIME - "GOOD JOB"  
\_\_\_\_\_  
\_\_\_\_\_

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Bham Engineer Date: 9-24-91  
Received By: Bill Luedl Date: 9/24/91

894-7555  
EXT 26

Form Left on Site/Left with Operator or Water Purveyor



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-4767 • 407-894-7555

Bob Martinez, Governor

Dele Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

**CERTIFIED**  
P 239 862 810

October 5, 1990

Southern States Utilities Services, Incorporated  
1000 Color Place  
Apopka, Florida 32704

OCD-PW-SS-90-0472

Attention: Charles L. Sweat, Vice President  
of Operations

Osceola County-PW  
Bay Lake Estates  
PWS ID Number 3490090

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water system on September 27, 1990 by Mr. Gary P. Miller of this office in the presence of Messrs. Richard Eck and Bill Trendel for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the survey and/or determined from records on file in this office are explained below. Please see page six (6) of the survey report form which refers to each violation of Chapters 17-550, 17-555, 17-560 and 17-602 of the Florida Administrative Code (F.A.C.) for each deficiency.

1. An air-pack or respirator, approved by your local fire department for gas chlorine use, was not provided on-site or in the operator's truck. [Rule 17-555.320(5), F.A.C.]
2. The well check valve was leaking water. [Rule 17-555.350(1), F.A.C.]
3. The pressure tank was not provided with by-pass piping for proper maintenance/control. [Rule 17-555.330, F.A.C.]
4. Pressure tank was not being maintained in good operating condition (access manhole rusted). [Rule 17-555.350, F.A.C.]

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within sixty (60) days of the date of this letter.

0970

Mr. Charles L. Sweat  
Page Two  
OCD-PW-SS-90-0472  
October 5, 1990

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapters 17-550, 17-555, 17-560 and 17-602, Florida Administrative Code.
2. "How Does One Initiate a Cross Connection Control Program."
3. "Be a Cross Connection Expert."
4. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. Gary P. Miller at (407)894-7555.

Sincerely,



Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

JMMc:gm/mg  
cc: Osceola County Health Department

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Bay Lake Estates County Osceola PWS ID 3490090  
 Plant Address C.R. 500A, Peron Ct. Zip Code - Plant Phone ( ) -  
 Owner Name Charles E. Sweat V.P. of operations  
Southern States Utilities Service, Inc. Owner Phone (407) 880-005  
 Owner Address 1000 Collier Place City Apopka State FL Zip Code 32704  
 Date of this Insp. 9/27/90 Date of last Insp. 5/9/86 Person Contacted Richard Eck  
Bill Trindel  
 Certified Operators Richard Eck Certified Operators Numbers C-3607  
Bill Trindel C-6477

Category C, class D plants  
 Population served 224 Service Connections 64 % metered 100%  
 Design Capacity 198 mgd Design Storage Capacity - Average output 1026 mgd  
 Maximum Hour - Maximum Day 107 mgd (5/30/90)

Approval Number & Date 14269 5/24/72 type meter & copy Hersey 6"  
1/15 8 in. 115" 11/10/55  
 Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input type="checkbox"/> Lodge              | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Other <u>-</u>         |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Motel              | <input type="checkbox"/> School                 |                                                 |

Emergency Water Source None Emergency Power Source On-site

Type of Standby - Capacity of Standby 30 KW-2750A

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*

How many wells? 1 Identify Source: - Identify supply system: -

- Treatment in use at this plant: (check all that apply)
- |                                                  |                                        |                                          |                                                   |
|--------------------------------------------------|----------------------------------------|------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Aeration                | <input type="checkbox"/> E.D.          | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling                 |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration    | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.            |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt. hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) <u>-</u> |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation  | <input type="checkbox"/> pH adjustment   |                                                   |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal  | <input type="checkbox"/> T & O control   |                                                   |

What, if any, additional treatment is needed? -

For the control of what deficiencies? -

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required



Well Number*	1								
Year Drilled	1986								
Depth Drilled	505'								
Length (outside casing)	271'								
Diameter (outside casing)	8"								
Material (outside casing)	5/8"								
Depth to static Water level	34'								
Normal suction lift (wkng. level)									
Normal yield, GPM									
Test yield, GPM	1100								
Type of grout	neat cement								
Drilling method	cable tool								
Type of strainer									
Depth to top of strainer									
Protection from surface water?	Yes								
Is inundation of well possible?	No								
Salt intrusion noted in past?	No								
Has the well ever been contaminated?	No								
Pump manufacturer's name	Fecker's								
Model number	8MA-A-Turbine								
Capacity	275								
Check valve present in line?	Yes								
Date of last servicing	-								
Maintenance Schedule (day/mo.)	-								

COMMENTS (conditional): Well check valve leaking (puck)

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Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator Recal Capacity, lb./24 hr. 100 gpd  
Dual system? No Backup machine operative OK Gas or hypo used Gas Chlorine  
feed rate 4000 Evidence of leaks NO Reserve supply OK  
Condition of equipment OK Automatic switchover NO Air-pack or respirator  
adequate NO Ammonia smells fresh OK More capacity needed OK Residual  
at plant 2.3 Residual at remote tap 2.7 Comments on chlorination \_\_\_\_\_

No air-pack or respirator on site or in the operator's truck.

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

*Agua Mag: Chem Feed Pump  
Capacity 0.6 gph  
Model # C15305P*

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Was cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product \_\_\_\_\_  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump Number									
Manufacturer Name									
Pump type and motor HP									
Model number									
Date installed									
Capacity									
Maintenance Schedule									
Date Last Serviced									

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1								
Capacity	3,000								
Material	Steel								
Gravity drain capacity	Yes								
Bypass capacity	No								
Covered/screened openings	—								
Date of last cleaning	—								
Pressure Gauge	Yes								
Sight Glass	Yes								
On/OFF pressure	4 3/4								
Height to bottom of el. tank	—								
Height to Maximum water level	—								

COMMENTS: No bypass capacity  
P/T clean-out pipe rusted

DISTRIBUTION SYSTEM:

Material of mains PVC  
System Looped YES Operation pressure 45-63 Maximum pipe diameter 2"  
Minimum pipe diameter 2" Number of dead ends 6 How often flushed weekly  
Number of fire hydrants none Known cross-connections with private supplies none  
Blowoff lines below grade NO Routine cross-connection control program YES

PLANT LABORATORY CAPABILITY:

- |                                          |                                                    |                                     |
|------------------------------------------|----------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bacteriological | <input type="checkbox"/> Marble tests              | <input type="checkbox"/> Fluorides  |
| <input type="checkbox"/> Chlorides       | <input type="checkbox"/> Chlorine: type <u>CLP</u> | <input type="checkbox"/> Inorganics |
| <input type="checkbox"/> Radiological    | <input type="checkbox"/> Turbidity                 | <input type="checkbox"/> Color      |
| <input type="checkbox"/> pH              | <input type="checkbox"/> Jar tests                 | <input type="checkbox"/> Hardness   |
| <input type="checkbox"/> Iron            | <input type="checkbox"/> Organics                  | <input type="checkbox"/> Complete   |
| <input type="checkbox"/> Stability       | <input type="checkbox"/> Alkalinity                |                                     |

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

OK Bacteriological OK Secondaries THM  
OK Radiological OK Inorganic chemical OK Other: UR 550C  
OK Turbidity OK Organic chemical

Violations of sampling requirements: None

Violations of maximum contaminant levels: None

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>well check valve leaks</u>		<u>SEE COVER LETTER</u>
<u>Cl - a - back or expansion</u>		
<u>P/T - (expand) (contract)</u>		
<u>P/T - (contract) (expand)</u>		

Inspector's Signature: [Signature] Date: 9/28/90  
Title: E.S.T. Approved by: [Signature] Date: 10/5/90  
For: Manager Drinking Water Program

**Beacon Hills - 886**

**Duval County (SSU)**

**Water**

**- 1992 FPSC Filing -**



Duval County Public Health Unit  
WATER SUPPLY SYSTEM INSPECTION REPORT



WATER PLANT NAME BEACON HILLS  
LOCATION 1174 1/2 SWEET CHERRY LN DATE JAN 7, 1990  
OWNER SSU % F SANDERSON ID 216 C064  
ADDRESS 1000 CULLEN PLACE, APOPKA FL SURVEYED 2/1990  
32703

1 GENERAL APPEARANCE	S	OPERATORS NAME <u>CHUCK FENNER</u>		
2 AERATOR		CERTIFICATION # <u>C 2119</u>		
3 VERMIN PROOF		HAS/ HAS NOT SUBMITTED FOR MONITORING REQUIREMENTS ON:		
4 FLOW METER				
5 RAW SAMPLING TAP				
6 WELL PROTECTION				
7 CROSS CONNECTION				
8 SANITARY HAZARDS		BACTERIOLOGICALS	S	
9 WATER APPEARANCE		NITRATE		
10 WATER PRESSURE		PRIMARY INORGANICS		
CHLORINE ROOM		PRIMARY ORGANICS		
SCALES		SECONDARY CONTAMINANTS		
13 VENTILATION		VOLATILE ORGANICS		
14 CHLORINE RESIDUAL <u>0.2</u>		UNREGULATED ORGANICS		
15 OPERATION RECORDS		RADIONUCLIDES		
16 OTHER REQUIREMENTS				
17				
SYMBOLS		X-VIOLATION	S-SATISFACTORY	O-NOT APPLICABLE

ITEM	COMMENTS AND INSTRUCTIONS
S	

White - Owner's Copy  
Blue - Office File Copy  
Pink - Operator's Copy  
Green - Inspector's Copy

For Roy  
ENVIRONMENTAL SPECIALIST



Duval County Public Health Unit  
WATER SUPPLY SYSTEM INSPECTION REPORT



WATER PLANT NAME Cobbles stone  
LOCATION 12303 McCannick Rd. DATE Oct 8, 91  
OWNER Southern State Utility I.D. 216 1126  
ADDRESS 1806 COLLIER PALM, APPELLE FL SURVEYED 12/10  
32703

1. GENERAL APPEARANCE	<u>S</u>	OPERATORS NAME	<u>DAN CHASSE</u>
2. AERATOR		CERTIFICATION #	<u>6976</u>
3. VERMIN PROOF			
4. FLOW METER		HAS/ HAS NOT SUBMITTED FOR MONITORING REQUIREMENTS ON	
5. RAW SAMPLING TAP			
6. WELL PROTECTION			
7. CROSS CONNECTION		BACTERIOLOGICALS	<u>S</u>
8. SANITARY HAZARDS		NITRATE	
9. WATER APPEARANCE		PRIMARY INORGANICS	<u>910925</u>
10. WATER PRESSURE		PRIMARY ORGANICS	<u>910726</u>
11. CHLORINE ROOM		SECONDARY CONTAMINANTS	<u>911221</u>
12. SCALES		VOLATILE ORGANICS	<u>901017</u>
13. VENTILATION		UNREGULATED ORGANICS	<u>900226</u>
14. CHLORINE RESIDUAL <u>1.5</u>	<u>✓</u>	RADIONUCLIDES	<u>911117</u>
15. OPERATION RECORDS			
16. OTHER REQUIREMENTS			
17.			

SYMBOLS      X-VIOLATION      S-SATISFACTORY      O-NOT APPLICABLE

ITEM	COMMENTS AND INSTRUCTIONS
<u>S</u>	

Authority  
Chapter 381, 403, FS  
Chapter 17-550 10D-4 FAC  
17-555  
SE-001 17-560

White - Owner's Copy  
Blue - Office File Copy  
Pink - Operator's Copy  
Green - Inspector's Copy

[Signature]  
ENVIRONMENTAL SPECIALIST





**Florida Department of Environmental Regulation**

Northeast District • Suite 200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577 • 904-448-4300

Bob Martinez, Governor

Dale Thachtman, Secretary

John Shearer, Assistant Secretary  
Ernest Frey, Deputy Assistant Secretary

September 18, 1990

Mr. Bert Phillips  
Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

*Copy to  
CLS  
Frank [unclear]*

Dear Mr. Phillips:

Duval County - PW  
Beacon Hills S/D WTP

On August 23, 1990, an inspection was done of the referenced drinking water plant. The following items are of note:

*This is reviewed with [unclear]*

1. The aerators were fairly clean and well maintained with the exception of one large spider web with egg sacks in the larger aerator. J.J. Welsh assured me this would be removed.
2. The ground storage tanks are still leaking. J.J. indicated that draining, sealing and recoating the interior would be feasible as of the first of the year when funds will be available. This is acceptable as long as, in the interim, the tanks are kept patched from the exterior as needed, and the algae and growth that appears where the leaks occur is continually kept in check.
3. The free chlorine residual was 0.8 mg/l at the plant but 0.0 at the Amoco at Cobblestone Shopping Plaza. Ron Roy of the Duval County Health Department confirmed that the next day there was a positive free chlorine reading at this same Amoco.

A field test with your operators, myself, and Mr. Roy present is planned for later this month to demonstrate that the auxiliary power at Beacon Hills can meet the demand of both Beacon Hills' and Cobblestone's distribution systems. With this confirmation, and the correcting of the tank problem in January, this system should be approaching full compliance.

A copy of the inspection sheet is enclosed for your records. If you have any questions, I can be reached at (904) 448-4330 ext. 305. Your past and continued cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

*James R. Maher*  
James R. Maher

*JRM:jm*  
enclosure

cc: J.J. Welsh  
Chris Carter, Duval County Health Department





# Florida Department of Environmental Regulation

Northeast District • 3425 Billis Road • Jacksonville, Florida 32207 • 904-795-4200

Rob Martinez, Governor

D. Teachtmann, Secretary

John Smeater, Assistant Secretary  
Ernest Fries, Deputy Assistant Secretary

## PUBLIC WATER PLANT COMPLIANCE INSPECTION

Name of System BEACON HILLS S/D Inspection Date 8/23/90  
 System Owner SWANEE GRANITE UTILITIES ID No. 2160064  
 Address 1100 COVER PLACE City ALACHUA Phone No. 743-1553  
 Operator TOBY COLLIER Cert. level & No. C-6617

Community ( ) Special Non-Community ( ) Non-Community

## INSPECTION RESULTS

Selections marked with an "X" are unsatisfactory  
 Referenced sections are from Florida Administrative Code, Chapter 17

<input checked="" type="checkbox"/> Aeration	555.350	OK except 1 spider web
<input type="checkbox"/> Auxiliary Power	555.320(6)	
<input type="checkbox"/> Bacteriological Monitoring	550.510	
<input type="checkbox"/> Certified Operator	555.350	
<input type="checkbox"/> Check Valve	555.330	
<input type="checkbox"/> Chemical Monitoring	550.510 & 520	
<input type="checkbox"/> Chlorine Test Kit (DPD)	555.330(3)	
<input type="checkbox"/> Cross-connection	555.360	
<input type="checkbox"/> Disinfection	550.510(6)d	
Plant <u>0.7</u> mg/l; Remote <u>0.0</u> mg/l		
<input type="checkbox"/> Flow Meter	555.320(8)	
<input type="checkbox"/> Gas Chlorination	555.320(5)	
<input checked="" type="checkbox"/> Maintenance of Facilities	555.350	Tanks still leak algae growth.
<input type="checkbox"/> Monthly Operational Reports	550.730(1)d	
Av. Flow _____ MGD; Max _____ MGD		
<input type="checkbox"/> Number of Wells	555.315(1)	
<input type="checkbox"/> On Site Log	550.740(5)	
<input type="checkbox"/> Plant Design	555.330	
<input type="checkbox"/> Raw Sample Tap	555.315(2)f	
<input type="checkbox"/> 6' X 6' Concrete Well Pad	555.315(2)(b)5	
<input type="checkbox"/> Safety Equipment	555.320(5)	
<input type="checkbox"/> Sanitary Hazard	555.312	
<input type="checkbox"/> System Pressure	555.320(7)	

LOW RCV OF DWAL CHU VERIFIED THAT THE NEXT ONLY THREE WERE CL2  
AT THE REMOTE TAP (AMONG CONVENTIONAL STORAGE CISTERNS)

It is required that a written response be provided to this office within ten (10) days regarding any unsatisfactory results listed above.

Inspector James R. Mahler Date 9/13  
 James Mahler

Alachua County Health Unit

**Beecher's Point - 472**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

December 12, 1991

Mr. Charles Sweat  
Vice President of Operations  
S.S.U. Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Dear Mr. Sweat:

Putnam County - PW  
Beecher's Point WTP

On November 19, 1991 a sanitary survey was done on the referenced drinking water system. The following deficiencies are noted:

1. Failure to meet Primary Inorganic Quality standards. Florida Administrative Code (FAC) Rule 17-555.510(1). A September 25, 1991 chemical analysis yielded the following contaminant level. Sodium - 170 mg/l, exceeding the maximum contaminant level (MCL) of 160 mg/l. One check sample must be taken for sodium. If the results exceed the MCL, three additional samples must be taken within thirty days. If the results consistently exceed the MCL, additional treatment or an alternate supply source may be needed.
2. Failure to meet Secondary Standard quality levels. FAC Rule 17-555.520. A September 25, 1991 chemical analysis yielded the following contaminant levels: chloride - 307 mg/l; exceeding the MCL of 250 mg/l; and TDS - 918, exceeding the MCL of 500 mg/l. Three additional samples for each of these parameters shall be taken within thirty days. If the results consistently exceed the MCL, additional treatment or an alternate source may be needed.

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320



Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

Mr. Charles Sweat  
December 12, 1991  
Page Three

3. Field analysis for iron detected high amounts of iron in the distribution system. The following iron levels were recorded at respective locations:

Wolfe's Camp unoccupied trailer space	- 4.0 mg/l (est)
SSU Blowoff North of Wolfe's camp	- 1.0 mg/l
Ground Storage Tank	- 0.35 mg/l
Hydrotank	- 0.25 mg/l
Raw	.01 mg/l

The September 25, 1991 analysis yielded <.1 from the distribution system. This profile is enigmatic. It seems to indicate corrosive water that picks up iron in the system. However, the lines are all PVC. The steel GST may be involved. To further investigate this matter, you are requested to take samples to a certified lab for iron analysis from each of the locations above, plus two remote distribution locations. You may want to take more than one set on different days.

4. The September 25, 1991 Secondary Standards analysis was incomplete for the field parameters of Dissolved Oxygen, Temperature, pH, and Conductivity. Please measure these parameters in the field and submit the results.

As a reminder, a Turbidity analysis is due in January 1992.

5. With the addition of 27 connections at Wolfe's Camp, 31 connections at Trailboss Campground, and the fifty unit condos to the original 34 connection distribution system, the number of connections served calculates to 143 connections. This yields an estimated population of 357 using an average factor of 2.5 persons per unit. This indicates an emergency generator is needed. If you have a more accurate census, please provide it. A generator must be permitted prior installation.
6. The check valve on the service pump manifold was leaking and must be repaired or replaced.

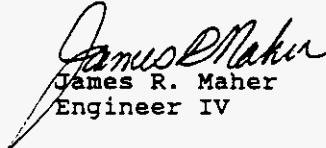
Mr. Charles Sweat  
December 12, 1991  
Page Four

7. A ladder should be provided to access the aerator on top of the ground storage tank for inspection and maintenance.

Some rust was noticed on the GST under the aerator. This may be indicative of the iron problem or corrosion of the tank. Also a building would be useful to protect the service pumps from the effects of weather.

A copy of the survey is enclosed for your records. Please contact me in writing within 15 days of receipt of this letter as to your plans to address the deficiencies listed above and within what time frames. If you have any questions, please contact me at (904) 448-4330 extension 305. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

  
James R. Maher  
Engineer IV

JRM/lgb

Enclosure

cc: Mr. Jerry Boyd  
Mr. Robert Regaldo  
Ms. Laurie Gauch, Putnam County Health Department

FRONT ST IN WELLS

IS. No. 2510070

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
for  
Drinking Water Systems

Inspection date: 11/19

GENERAL

Plant name BEECHER'S POINT County PUTNAM  
Plant owner SSO Inc Person contacted CHARLES SWEAT, VP  
Plant address 1000 Cold Place Operator certification no. 75224-8040 C 690  
City APOPKA Zip 32703 Phone no. 407 884 5777 Eastin code \_\_\_\_\_  
Population served 357 No. of service connections 143  
Type of Service Community Type of meter at plant & capacity in line  
Percent of no. of meters 100% Plant designed by CLARK VARGAS  
Plant capacity (design) 173 (GAL) Plant output, average (MGD) .024  
Storage capacity (design) 48,000 Maximum hour (1000's gals.) 5  
Approval no. and date WFS 154601 Emergency water source 2nd WELL  
Daily maximum (MGD) .062 Standby equipment 2 SETS PUMPS  
Emergency power source NONE Capacity NONE

TYPE OF SERVICE  Community  Non-community

- Municipal
- Recreation area
- Trailer camp
- Restaurant
- Subdivision
- Institution
- College or school
- Industrial plant
- Common carrier
- Hotel or hotel
- Other

II. SOURCE(S) OF RAW WATER SUPPLY  Ground: Number of wells 2  
 Surface: Purchased \_\_\_\_\_

A. Ground supplies: (Attach sketch of well(s) in relation to plant location or separate sheet.)

Well no. (if more than 1, attach extra sheets)	1	2	3	4	5
Year drilled	1974	1974			
Depth drilled	165'	165'			
Length, outside casing					
Diameter, outside casing	4"	4"			
Material, outside casing	STEEL	STEEL			
Depth to static water level					
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	NO	NO			
Is well protected against surface water?	YES	YES			
Salt water infiltration problems in past?	NO	NO			
Latitude	29° 28' 05"				
Longitude	81° 40' 30"				
Check valve	YES	YES			
Grouted	NO	NO			
Has well ever been contaminated?	NO	NO			
Pump manufacturer's name					
Date manufactured					
Model number					
Capacity	400	50	40		
Last serviced (date)					
Comments	NO	3	1		
Maint. schedule (day, week, month, etc.)					

ii. Surface Supplies: Provide section on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, public grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is known: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Stat? \_\_\_\_\_  
 Other observations \_\_\_\_\_

iii. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                                                      |                                                       |
|------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration         | <input type="checkbox"/> Lime softening               |
| <input type="checkbox"/> Coagulation                 | <input type="checkbox"/> Recarbonation                |
| <input type="checkbox"/> Iron removal                | <input type="checkbox"/> Reverse osmosis              |
| <input type="checkbox"/> Taste-odor control          | <input checked="" type="checkbox"/> Chlorination-post |
| <input type="checkbox"/> High-rate filtration        | <input type="checkbox"/> Fluoridation                 |
| <input checked="" type="checkbox"/> Chlorination-pre | <input type="checkbox"/> Settling                     |
| <input type="checkbox"/> Filtration                  | <input type="checkbox"/> pH adjustment                |
|                                                      | <input type="checkbox"/> Zeolite softening            |
- B. Aeration:
- |                                                |                                                            |
|------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Slimes or algae noted | <input checked="" type="checkbox"/> Screens in good repair |
| <input type="checkbox"/> Iron deposits         | <input type="checkbox"/> Hydrogen sulfide odor             |

C. Chemical Used (include Chlorine):

Chemical	Type (Feeder)	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
Chlorine	100 lb	100 lb	AST	Disinfection

- D. Chemical Feeders:
- |                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Oil on floor        | <input type="checkbox"/> Chemical spilled       |
| <input checked="" type="checkbox"/> Spare parts kept    | <input type="checkbox"/> Has repair manuals     |
| <input checked="" type="checkbox"/> Noisy operation     | <input type="checkbox"/> Chemicals well stocked |
| <input checked="" type="checkbox"/> Water on floor      | <input type="checkbox"/> Feeders all work       |
| <input checked="" type="checkbox"/> Excessive vibration | <input type="checkbox"/> Bags stored dry        |
- E. Coagulation:
- |                                                     |                                                       |
|-----------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Settling poor   | <input type="checkbox"/> Chem. dose questionable      |
| <input checked="" type="checkbox"/> No blanket seen | <input type="checkbox"/> Effluent taste & odor strong |
| <input checked="" type="checkbox"/> Pumpout flow    | <input type="checkbox"/> Color removal good           |
- F. Softening:
- |                                                          |                                                     |
|----------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Flow unstable        | <input type="checkbox"/> Blanket visible            |
| <input checked="" type="checkbox"/> Feed intermittent    | <input type="checkbox"/> Settling good              |
| <input checked="" type="checkbox"/> Water leaves clear   | <input type="checkbox"/> Add. slimes used           |
| <input checked="" type="checkbox"/> Sludge not excessive | <input type="checkbox"/> Sludge return used         |
| <input checked="" type="checkbox"/> Coag. aid used       | <input type="checkbox"/> No control of sludge level |
- G. Fluoridation:
- |                                                        |                                                |
|--------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Analyses OK        | <input type="checkbox"/> Feeder good condition |
| <input checked="" type="checkbox"/> Separate storage   | <input type="checkbox"/> Acid supplied         |
| <input checked="" type="checkbox"/> Dusty enclosure    | <input type="checkbox"/> Frequent shutdowns    |
| <input checked="" type="checkbox"/> Monthly samples OK | <input type="checkbox"/> Corrosion evident     |
- H. Filtration:
- |                                                         |                                                   |
|---------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Mudballs present    | <input type="checkbox"/> Clearwell turbidity seen |
| <input checked="" type="checkbox"/> Carryover excessive | <input type="checkbox"/> Backwash cleans media    |
| <input checked="" type="checkbox"/> Gallery kept clean  | <input type="checkbox"/> Plant appears overloaded |
| <input checked="" type="checkbox"/> Air binding present | <input type="checkbox"/> Little foreign material  |
| <input checked="" type="checkbox"/> Short filter runs   | <input type="checkbox"/> Sediment in clearwater   |
| <input checked="" type="checkbox"/> Algae in filter     |                                                   |



III. Disinfection:

<input checked="" type="checkbox"/>	Order of chlorine (leak)	<input checked="" type="checkbox"/>	Ample stock of chlorine
<input checked="" type="checkbox"/>	Lead washers kept	<input checked="" type="checkbox"/>	Ammonia fresh (odor)
<input checked="" type="checkbox"/>	Note effluent residual	<input checked="" type="checkbox"/>	Air pack pressure OK
<input checked="" type="checkbox"/>	Respirator in date	<input checked="" type="checkbox"/>	Repair parts kept
<input checked="" type="checkbox"/>	Corrosion noticeable	<input checked="" type="checkbox"/>	Note chlorine rate 2 @ 1 day
<input checked="" type="checkbox"/>	Machine function good	<input type="checkbox"/>	Tank works OK

Chlorine residual records current  
 Chlorine residual before entering distribution line 0.3 ppm.  
 Chlorine residual at extremity of distribution system 0.3 ppm.  
 Reserve supply of chlorine (specify units) 150 # cylinders Cont. of 16 minutes  
 Other observation(s) \_\_\_\_\_

IV. STORAGE FACILITIES:

<input checked="" type="checkbox"/>	Ground storage	<input type="checkbox"/>	Elevated storage
<input checked="" type="checkbox"/>	Hydropneumatic tank	<input type="checkbox"/>	Clear well

Tank number	1	2	3	4
Capacity	41,000	3000		
Material	Steel	Steel		
Working steel capacity	6"	6"		
Working capacity	6"	6"		
Covered/covered openings	yes	no		
Date of last cleaning				
On/off pressure, where appl.		40-60		
Rel. to top of H <sub>2</sub> O tank				
Rel. to max. raw water level	141			
Comments	Some Rust seen under lacquer			

V. PIPE SERVICE:

Pipe number	1	2	3	4
Manufacturer's name	Cowles	Cowles		
Date manufactured	85	89		
Model number	7656	3656		
Capacity	160	160		
Maintenance inspection				
Last inspection date				
Comment	no	7"	7"	

Could use a welding

Material of main PVC CS Max. pipe diam. 6" Min. pipe diam. 3/4"  
 Operation pressure 45 No. of dead ends 2 See other disconnection  
 No. of flare openings 0  
 Are there cross connections with private or other supplies? none known  
 Are there any blowoff lines below grade in the system? yes  
 Are there any sanitary hazards near sources of water supply? no  
 Are there any underwater crossings which are supported by floating  
 If a sewer line is within 100 feet, state material and supporting method no  
 When was the last water supply shortage? 6/18/66 no 27 collapse  
 Has there been a problem of supply shortages? no  
 Blow off lines below grade:  none  few  numerous  
 Observations: \_\_\_\_\_

VI. WATER QUALITY TESTS:

A. Chemical  
 B. Microbiological

<input checked="" type="checkbox"/>	pH	<input type="checkbox"/>	Radiochemical
<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Physical (color, odor, turbidity)
<input type="checkbox"/>	Tap Test	<input type="checkbox"/>	Sensory
<input type="checkbox"/>	Bacteriological	<input checked="" type="checkbox"/>	Chlorine residual

Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain: \_\_\_\_\_

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? YES If so, specify the chemical parameter(s) and concentration(s): Sodium 170 Chloride 307 TDS 918 Field tested from 1.0 to 4.0 ppm
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? YES If so, specify: Lead exceeds 40 know more
5. Bacteriological
1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? YES
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NO If so, specify: \_\_\_\_\_

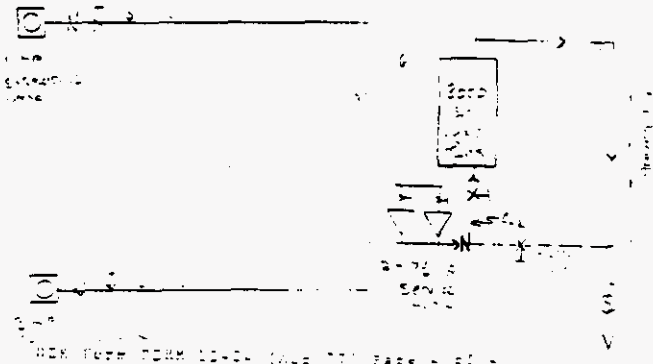
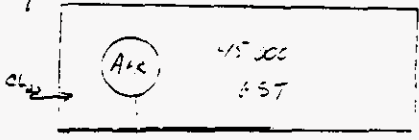
VIII. SUMMARY AND RECOMMENDED ACTION

- This facility meets or exceeds all State and Federal regulations.  
 Attached is supplemental information concerning this facility.  
 The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. FAILURE TO MEET QUALITY SWS	17-550.510 & 520	TAKE RECORDS, TEST IF NEEDED
2. PARAMETERS EXCEEDED INCLUDE NA, CL, TDS, Fe		
3. NEED AN EMERGENCY GENERATOR	17-555.307(6) PERMIT - INSTALL	
4. CHECK VALVE CLEARING	17-555.350	REPAIR OR REPLACE
5. Aerial: /-57 needs lock!		

Inspector's signature: James R. Mader Date: 12/1/19  
 Title: ENGINEER II

Approved by: B. Rodriguez Date: 12/18/19  
 District Manager Signature:



**Burnt Store - 2202**

**Charlotte/Lee County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

South District • 2269 Bay Street • Fort Myers, Florida 33901-2896 • 813-332-2667

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Philip Edwards, Deputy Assistant Secretary

February 9, 1989

Southern States Utilities, Inc.  
Charles Sweat, President  
1000 Color Place  
Apopka, Florida 32703

RE: Charlotte County - PW  
Burnt Store Utilities  
Sanitary Survey Report

Dear Mr. Sweat:

Attached is a copy of the recently completed Sanitary Survey Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. These deficiencies are violations of Florida Administrative Code Chapter 17-22 and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within twenty (20) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame. Please address all questions or correspondence, including written notification of corrective actions completed, to the attention of Steven L. Hooper, Environmental Specialist.

Thank you for your cooperation.

Sincerely,

Philip R. Edwards  
Deputy Assistant Secretary

PRE/TWL/ish

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Burnt Store Utilities County Charlotte PWS ID 5080318  
 Plant Address 17430 Burnt Store Rd. Punta Gorda Zip Code 33950 Plant (813) 743-6211  
 Owner Name Charles Sweat, President Owner (407) 880-0100  
 Name Southern States Utilities, Inc. Phone 880-0100  
 Owner Address 1000 Color Place, Apopka, Florida Zip Code 32703  
 Date of this inspection 1/17/89 Date of last inspection 5/9/86 Person contacted Wayne Vowell, Util. Director  
 Certified operators and cert. nos. Wayne Vowell C-2666; Pete Whisenant, Trainee

Population served	200-500	Service connections	214	Percent metered	100%	Design capacity	0.230 MGD
Design storage capacity	0.540 MG	Average output	101,655 GPD	Maximum hour	8551 GPH	Maximum day	205,226 GPD
Approval no. and date	WC08-74267 (9/2/83)		Type meter	Badger (Turbine) 0-2000 GPM			
	WC08-145964 (8/4/88)		Addition and copy				

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source Same as normal operation Emergency Power Source Diesel Gen. 150 KW (caterpillar)

Type of Standby See Emergency Pwr. Source Capacity of Standby Same as normal operation

Sources of Raw Water:

<input checked="" type="checkbox"/> Ground*	<input type="checkbox"/> Surface**	<input type="checkbox"/> Purchased***
How many Wells? <u>3</u>	Identify Source: _____	Identify supply System: _____

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Iron Removal	<input checked="" type="checkbox"/> pH adjustment
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> T & O control
<input type="checkbox"/> Chlor.-pre.	<input checked="" type="checkbox"/> Filt. hi-rate	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input checked="" type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Other--specify _____		

What, if any, additional treatment is needed? None known

For the control of what deficiencies? None Known

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

Well Number*	8A	8	4				
Year Drilled	-	1984	1986				
Depth Drilled	450'	600'	600'				
Length, out-side casing	200'	300'	300'				
Diameter, out-side casing	4"	8"	8"				
Material, out-side casing	PVC	PVC	PVC				
Depth to static water level	Artesian	-----	-----				
Normal suction lift (wkng. level)	-	-	-				
Normal yield, GPM (approx.)	85	15	97				
Test yield, GPM	-	-	550				
Type of grout	Cement	Neat Cement	Neat Cement				
Drilling method	-	Rotary	Rotary				
Type of strainer	None	None	None				
Depth to top of strainer	-	-	-				
Protection from surface water?	Yes	Yes	Yes				
Is inundation of well possible?	No	No	No				
Salt intrusion noted in past?	Yes	Yes	Yes				
Has the well ever been contaminated?	No	No	No				
Pump manufacturer's name	Goulds	Goulds					
Model number	3656	3656					
Capacity GPM	200	200					
Check valve present in line?	Yes	Yes					
Date of last servicing	10-88	10-88					
Maintenance schedule (day/mo.)	Daily	Daily					

COMMENTS (condition): Two pumps draw from three wells.

\*Attach additional copies of this page as needed.  
DER Form PERM 13-24 (Aug. 80)

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream,  
lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry  
weather flow at intake \_\_\_\_\_

Identify pollution  
sources above intake \_\_\_\_\_

Recurrent algae blooms  
give trouble? \_\_\_\_\_ Interval of  
algae problems \_\_\_\_\_

Treatment for  
algae blooms \_\_\_\_\_ Complaints (algae) \_\_\_\_\_

Does the plant have  
a turbidimeter? \_\_\_\_\_ Are daily deter-  
minations made? \_\_\_\_\_ Reported as  
required? \_\_\_\_\_

Does effluent meet  
Ch. 17-22 Standards? \_\_\_\_\_

Is intake protected  
from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_  
Protection of  
spring \_\_\_\_\_

Yield in gpm: \_\_\_\_\_  
Is flow related to water level  
in nearby body of water? \_\_\_\_\_ Evidence of  
pollution? \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>Yes</u>	Backup machine <u>Operative Yes</u>	Make of chlorinator <u>W-T</u>	Capacity, lb./24 hr <u>20 PPD</u>
Evidence of leaks <u>No</u>	Reserve (3) <u>150 lbs.</u> supply cylinders	Gas or hypo used <u>Gas</u>	Chlorine feed rate <u>5.4 PPD</u>
Air-pack or respirator adequate <u>Yes</u>	(Scott press. pack)	Condition of equipment <u>Good</u>	Automatic switchover <u>Yes</u>
Residual at plant <u>1.1 mg/l</u>	Residual at remote tap <u>1.4 mg/l</u>	Ammonia smells fresh <u>--</u>	More capacity needed <u>No</u>
		Comments on chlorination _____	

AERATOR

Type of (2) Degasifier <u>Tray area or aerator</u>	Forced air weir length <u>-</u>	Condition of screens <u>Good</u>
Bloodworms present <u>NO</u>	Condition of aerator <u>Satisfactory</u>	Adequate for Fe, H <sub>2</sub> S control <u>Yes</u>

COAGULATION

Blanket visible <u>N/A</u>	Chemical used _____	Purpose _____
	Flocculation good or poor _____	Settling good? _____
		Carryover _____

LIME SOFTENING

Any auxiliary chemicals used <u>N/A</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Nature and abundance of floc _____		Points of application (in unit) _____	
Is settling good _____	Excessive carryover _____	Appearance of sludge blanket _____	Turbidity in clearwell _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Secondary precipitation _____
			Sludge recirculation used _____

FLUORIDATION

Corrosion noted <u>N/A</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Split sample agreement _____	Gelling or plugging _____	Feeder make and model _____	
	Sufficient analyses _____	Feeder condition _____	

STABILIZATION

Stability index of effluent <u>-</u>	Is pH control practiced <u>Yes</u>	Chemical(s) used <u>Sulf. Acid &amp; Soda Ash</u>
--------------------------------------	------------------------------------	---------------------------------------------------



FILTERS & FILTRATION

Size and number	(2) 5 Micron (18"Dia)	Type of filters	Brunswick Filterite Cartridge
Can you see filter media	NO	Length of filter runs	Continuous (Quarterly Change)
What is the normal filter rate	61 GPM (each) approx.	Are mudballs visible	N/A
Capacity of filters	150 GPM max. (each)	Is there air-binding	N/A
Loss in head ga. present	N/A	What is the usual backwash rate	N/A
At what head loss is BW done	N/A	Are filters overloaded	NO
Has cementation	N/A	Cracks and Channelling	N/A
Where in relation to	filtration is stabilization done	Pre & Post	
If high rate, what is turbidity at interface	N/A	Range of turbidity in effluent	0.240 NTU
Can you observe algae in filters	N/A	Distance from top of media to trough overflow	N/A

REVERSE OSMOSIS

Make and type of units	Dowex RO LP 9621	Pressure required	260 PSI
Auxiliary chemicals used	Sulfuric Acid, Soda Ash, AF-400	Proportion of waste to product streams	2 6% waste
Quality of effluent	Satisfactory	Stabilization	Satisfactory
Booster (1) Goulds pump	Type of pre-treatment Sulf. Acid	Type of membranes	Dowex low pressure permeators

ZEOLITE SOFTENING

Unit mfg. & model		Resin copy	
Disinfection of beds	N/A	Stability of effluent	
Grade of salt for regen.		Resin prevented fm escaping	

.....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.	1	2						
Manufacturer name	Goulds	Goulds						
Pump type & motor HP	Centrif. 20	Centrif. 20						
Model number	3655	3655						
Date Installed	7-79	7-79						
(GPM) Capacity	260	260						
Maintenance schedule	Daily	Daily						
Date last serviced	3-88	2-88						

Comments: \_\_\_\_\_

STORAGE FACILITIES: (X)ground; (X)hydropneumatic; ( )elevated; (X)clearwell.

Tank No.	1	2	3
Capacity (MG)	0.5	0.02	0.02
Material	Conc.	Steel	Conc.
Gravity drain capacity	6" Line	None	None
Bypass capacity	Full Cap.	Full Cap.	None
Covered/screened openings	cov/scr	closed	cov/scr
Date of last cleaning	7-79	1980	1978
Pressure gauge	N/A	Yes	N/A
Sight glass	N/A	Yes	N/A
On/Off pressure (PSI)	N/A	45-60	N/A
Hgt. to bottom of el. tank	N/A	N/A	N/A
Hgt to max. water level	N/A	N/A	N/A
Comments:	Storage Tank	Press. Tank	Clear-well
	on-site	on-site	on-site

DISTRIBUTION SYSTEM Material of mains PVC, DI System looped Partly  
 Operation pressure 45-60PSI Max. pipe diam. 12" Min. pipe diam. 2" No. of dead ends Many  
 How often flushed Monthly No. of fire hydrants 301 Known cross-connections with private supplies None  
 Blowoff lines below grade Yes Routine cross-connection control program Routine Surveillance

PLANT LABORATORY CAPABILITY

X pH X Chlorine: type Free Residual Color  
Bacteriological x Iron Turbidity X Alkalinity x Hardness  
X Chlorides Stability Jar tests Fluorides Complete  
Radiological Marble tests Organics Inorganics

Person in charge of laboratory, and credentials: Wayne Vowell C-2666

COMPLIANCE MONITORING System is in full compliance with which requirements? Check.

X Bacteriological X Turbidity X Inorganic chemical X Organic chemical N/A THM  
X Radiological X Secondaries X Other: VOC & SOC

Violations of sampling requirements: None Known

Violations of maximum contaminant levels: None Known

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
No deficiencies noted at this time		

Inspector's signature: Thomas W. Lafferty Date: 2-9-89  
 Title Engineer III Approved by: [Signature] Date: 2/10/89  
 District Manager (signature)

**Carlton Village - 555**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Carlton Village County lake PWS ID 3350152

Plant Address \_\_\_\_\_ Zip \_\_\_\_\_ Plant Phone (\_\_\_\_) \_\_\_\_\_

Location Description: Lady Lake City

Owner Southern States Utilities, Inc. Owner Phone 1-9-9 890-0100  
Address 1000 Colu St City Apopka State FL Zip 32704

Date of this inspection: 10/23/91 Date of last survey: 8/15/87 Date of last compliance inspection: \_\_\_\_\_  
Person Contacted: Brian Hunt

Service area characteristics: C  CSC  IIC  HTIC

1. Certified Operators & Certification No.: Brian Hunt CS825 5 days/week
2. Maintenance and Operation Log Book: Yes  No  Not Applicable
3. Meter/Time Lapse Clock: Yes  No
4. Well(s): Number: 2 6' X 6' X 4" Concrete Pad: yes

In Line Check Valve Present? Yr 1 Raw Water Tap? YES

Comments: sub pump (zone 1, 2nd p) main well

5. CHLORINATION  
Manufacturer's Name SAC PD Cl<sub>2</sub> Residual: \_\_\_\_\_  
of Chlorinator: Precision Gas: \_\_\_\_\_ Hypo:  Plant 1.2 Remote 0.8

Comments: check chlorine pressure relief

6. Other Treatment(s): \_\_\_\_\_  
Comments: well #2 back up well → motor, well access

7. Storage Facilities: (G) ground:  (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	Pressure Gauge	Sight Glass	On/Off pressure						
<u>1000</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						

Comments: \_\_\_\_\_

DEFICIENCIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Huguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Nick Kadon Engineering Date: 10/27/91  
Received By: Brian Hunt Date: 10/23/91

Form left on site/left with Operator or Water Purveyor

**Chuluota - 335**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

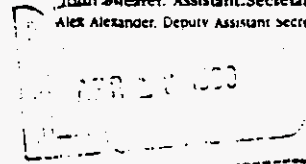
Bob Martinez, Governor

Dale Twachtmann, Secretary

John Bennett, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

**CERTIFIED**  
P 299 900 654

April 16, 1990



OCD-PW-SS-90-0134

Southern States Utilities Services  
1000 Color Place  
Apopka, Florida 32703

Attention: Charles Sweat

Seminole County - PW  
Chuluota Water Plant  
PWS ID Number 3590186

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water system on April 4, 1990 by Mr. Robert Ansag of this office in the presence of Mr. Sam Sparks for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the survey and/or determined from records on file in this office are explained below. Please see page six (6) of the survey report form which refers to each violation of Chapters 17-550, 17-555, 17-560 and 17-602 of the Florida Administrative Code (F.A.C.) for each deficiency.

1. There was a lack of safety and control equipment for gas chlorine use. In accordance with Rule 17-555.320(5), F.A.C., the following items are required:
  - a. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - b. An air-pack or respirator approved by your local fire department on-site.
  - c. Device to sound an alarm outside of the gas chlorine room or in the office or laboratory of the plant upon the loss of chlorination capability. [Rule 17-555.320(5), F.A.C.]
2. Aerator and ground storage tank were not being maintained in good operating condition or being protected from contamination as required. There was algae build-up in the aerator, as well as mosquitoes. [Rule 17-555.350, F.A.C.]
3. There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on several potable water outlets checked by the department representative. [Rule 17-555.360(4)(c), F.A.C.]

Mr. Charles Sweat  
Page Two  
OCD-PW-SS-90-0134  
April 16, 1990

4. Raw water sampling tap on the well pump discharge was not smooth-nosed. [Rule 17-555.315(2)(f), F.A.C.]
5. A metering device that accurately indicates pumpage of finished water to the distribution system was not provided. The meters installed between the pressure tank and the well head will not give an accurate pumpage of the finished water. [Rule 17-555.320(8), F.A.C.]

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within 60 days of the date of this letter.

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapters 17-550, 17-555, 17-560 and 17-602, Florida Administrative Code.
2. "How Does One Initiate a Cross Connection Control Program."
3. "Be a Cross Connection Expert."
4. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. Robert Ansag at (407)894-7555.

Sincerely,



Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

JMMc:pjm/rca/mg

cc: Seminole County Health Department



**Citrus Park - 1117**

**Marion County (SSU)**

**Water**

**- 1992 FPSC Filing -**



*held* *Richard*

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-755

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Alex Alexander, Deputy Assistant Secretary

November 30, 1988

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

OCD-PW-88-0822

Attention: Charles Sweat, President

Marion County-PW  
Citrus Park Subdivision  
PWS ID Number 3420199

Salt Springs Village  
PWS ID Number 3420408

RECEIVED

DEC 08 1988

Fla. Public Service Commission  
Division of Water and Sewer

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water systems on November 14, 1988 by Mr. Gary P. Miller of this office in the presence of Mr. Thomas Gustafson for the purpose of conducting a sanitary survey and compliance inspection. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the survey and/or determined from records on file in this office are explained below. Please see page six (6) of the Citrus Park Subdivision survey report form which refers to each violation of Chapters 17-16 and 17-22 of the Florida Administrative Code for each deficiency.

Citrus Park Subdivision:

1. According to the on-site maintenance/operation log, the certified operator was not making the required weekend visit.
2. The monthly operational report for November, 1987 was not submitted.
3. Raw water sampling tap on well #1 pump discharge was not a down-flow type as required.
4. A check valve was not installed between the raw water sampling tap (Well #2) and the chlorine injection point in order to insure this sample is not chlorinated.
5. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Gas chlorine cylinder properly secured with a chain.
  - b. An approved air-pack or respirator.
6. Pressure tank was not being maintained in good operating condition (rust).

Southern States Utilities  
Page Two  
OCD-PW-88-0822  
November 30, 1988

7. There was not an approved backflow prevention device on the potable water supply line at the sewer treatment plant (reduced pressure backflow preventer).
8. A cross connection control program had not been instituted as required.
9. There was a history of unsatisfactory bacteriological results from the wells. Please indicate what measures have been, or are going to be, taken to correct the aforementioned condition.

Salt Springs Village:

1. Well #5 was not functional.
2. The wells were not being protected from contamination (openings on top of the well casings).

It will be necessary for you to correct the above-referenced deficiencies for the subject system. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within 60 days of the date of this letter.

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. Please also indicate which information is not reasonably available.

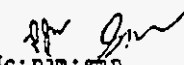
The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapter 17-16, Florida Administrative Code.
2. Chapter 17-22, Florida Administrative Code.
3. "How Does One Initiate a Cross Connection Control Program."
4. "Be a Cross Connection Expert."
5. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. Gary P. Miller at (407)894-7555.

Sincerely,

  
Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

  
JMC:ppm:gmp  
cc: Marion County Health Department  
Richard Redemann, FPSC

STATE OF FLORIDA  
 DEPARTMENT OF ENVIRONMENTAL REGULATION  
 Sanitary Survey Report

Plant Name Citrus Park S/D County Murder PWS ID 3420199  
 Plant Address 931 S.E. 14<sup>th</sup> St Zip Code - Plant Phone ( ) -  
 Owner Name Southern States Utilities Owner Phone (907) 580-010  
 Owner Address 1000 Colo. Blvd City Apelka State FL Zip Code 3270  
 Date of this Insp. 1/14/88 Date of last Insp. 8/13/81 Person Contacted Thomas Gustafson  
 Certified Operators Thomas Gustafson Certified Operators Numbers C-4991

Caterina Class C Plant routes 5 visits/week if one  
is M.O.W. sub-station w/1/87 w/1/87 visit not being made  
 Population served 950 Service Connections 370 % metered 100  
 Design Capacity 1541 Design Storage Capacity - Average output 100  
 Maximum Hour - Maximum Day 235 (12/7/87)

Approval Number & Date WL42-2005 4/22/77 Type meter & copy Precision 4

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source and well Emergency Power Source Natural Gas

Type of Standby well Capacity of Standby One Generator 30kw

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many wells? 2 Identify Source:          Identify supply system:         

Treatment in use at this plant: (check all that apply)

<input type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt.hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed?         

For the control of what deficiencies?         

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required  
 DER Form Perm 13-24 (August, 80)

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3420199

Well Number*	West 1	East 2							
Year Drilled	1977	1983							
Depth Drilled	226'	190'							
Length (outside casing)	105'	140'							
Diameter (outside casing)	6"	6"							
Material (outside casing)	Steel	Steel							
Depth to static Water level	87.9'	89'							
Normal suction lift (wkng. level)									
Normal yield, GPM									
Test yield, GPM									
Type of grout	Feeding cement	Feeding cement							
Drilling method	air	comb.							
Type of strainer									
Depth to top of strainer									
Protection from surface water?	Yes	Yes							
Is inundation of well possible?	No	No							
Salt intrusion noted in past?	No	No							
Has the well ever been contaminated?	No	No							
Pump manufacturer's name	unk	unk							
Model number	unk	unk							
Capacity	158	158							
Check valve present in line?	Yes	No							
Date of last servicing									
Maintenance Schedule (day/mo.)									

COMMENTS (conditional):

Sample for an anal. must be done - spring  
 check valve needed in well #2.  
 Old well #2 was abandoned.

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution sources above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_

Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Chapter 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator Resul Capacity, lb./24 hr. 10 gpd  
Dual system? NO Backup machine operative KS Gas or hypo used 60% Chlorine  
feed rate 1 Evidence of leaks NO Reserve supply KS  
Condition of equipment low Automatic switchover NO Air-pack or respirator  
adequate Yes Ammonia smells fresh Yes More capacity needed NO Residual  
at plant 0.8 Residual at remote tap 0.8 Comments on chlorination  
Gas cylinder not secured (channel)  
Air-pump - replication needed.  
Goulds lower ph-1 dg 25'0 - 1 dp

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin copy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):



~~HIGH SERVICE~~

<del>Pump Number</del>									
<del>Manufacturer name</del>									
<del>Pump type and motor HP</del>									
<del>Model number</del>									
<del>Date installed</del>									
<del>Capacity</del>									
<del>Maintenance Schedule</del>									
<del>Date Last Serviced</del>									

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number		1							
Capacity		4000							
Material	gal.	steel							
Gravity drain capacity		Yes							
Bypass capacity		Yes							
Covered/screened openings		N/A							
Date of last cleaning									
Pressure Gauge		Yes							
Sight Glass		Yes							
On/Off pressure		50/60							
Height to bottom of el. tank		N/A							
Height to Maximum water level		N/A							

COMMENTS: some rust on pressure tank

DISTRIBUTION SYSTEM:

Material of mains PVC  
 System Looped 4.5 Operation pressure 50-60 Maximum pipe diameter 6"  
 Minimum pipe diameter 2" Number of dead ends None How often flushed monthly  
 Number of fire hydrants 1 Known cross-connections with private supplies STP  
 Blowoff lines below grade None Routine cross-connection control program None

PLANT LABORATORY CAPABILITY:

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine: type <u>APD</u>	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

Bacteriological SH Secondaries THM  
 Radiological SH Inorganic chemical SH Other: NOISE  
 Turbidity SH Organic chemical

Violations of sampling requirements: None

Violations of maximum contaminant levels: History of unsatisfactory well sample

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
mechanical visit - recall level operator	17-16.370 (2)	see memo rec
ADR - not submitted for 11/67	17-16.360(1)(a) & 17-22.870(2)	" "
flow of water and flow data on well #1	17-22.615 (1)(f)	" "
clock valve on well #2	17-22.630	" "
gas analyzer no secured & air fresh sealed	17-22.620 (4) (a)	" "
flow on residence tank	17-22.650 (1)	" "
cross-connection control at S.T.P. building	17-22.610 (3)	" "
cross-connection control program	17-22.610 (2)	" "

Inspector's Signature: Eugene P. Miller Date: 11/14/88  
 Title: E.S. II Approved by: Paul Mowen Date: 11/22/88  
 for Manager, Drinking Water Program



**Citrus Springs Utilities - 9001**

**Citrus County (UFU)**

**Water**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garrity, Deputy Assistant Secretary

September 25, 1990

Southern State Utilities  
Post Office Box 217  
Dunnellon, Florida 32630

Citrus County  
Citrus Springs  
PWS-ID # 6090312

RE: Sanitary Survey Report

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water system. On the last two pages of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended corrective action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office, in writing, of your action.

Thank you for your cooperation.

Sincerely,

Cece Featheringill  
Environmental Specialist II  
Drinking Water Section

CF/sem

Enclosure:

cc: Citrus CPHU  
William Yocum

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name CITRUS SPRINGS County CITRUS PWS ID 6090312  
 Plant Address 1360 N. CITRUS SPRS. RD Zip Code 32630 Phone (904) 489-2452  
 Owner Name SOUTHERN STATE UTILITIES Phone (904) 489-2452  
 Owner Address P.O. Box 217 DUNNELLON FL Zip Code 32630  
 Date of this inspection 8/30/90 Date of last inspection 4/25/85 Person contacted WILLIAM YOCUM  
 Certified operators and cert. nos. SSU - WILLIAM YOCUM, B-1392

PLANT LOC: 125 41, 3 MILES SOUTH OF CR 404  
 Population served 4500 Service connections ~2000 Percent metered 100% Design capacity 2.6 MGD  
 Design storage capacity 12,000 Average output 320,000 Maximum hour - Maximum day -  
 Approval no. and date 11207-A, 11/7/69 Type meter and copy HERSEY SPARUNG ON A

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other  
 Indian Reservation  Motel  School  
 Emergency Water Source 2ND WELL Power Source INTERNATIONAL DEB  
 Type of Standby ONAN 75 GEN SET Capacity of Standby 100%

Sources of Raw Water:  
 Ground\* How many Wells? 3  
 Surface\*\* Identify Source: \_\_\_\_\_  
 Purchased\*\*\* Identify supply System: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify \_\_\_\_\_

What, if any, additional treatment is needed? NONE

For the control of what deficiencies? -

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

Sanitary Survey (Groundwater)  
 Page Two LAT: 29° 00' 47"  
 Lon: 82° 27' 00"

FWS ID: 6090312

Well Number*	3	<del>RE-DRILL</del> 7	2			
Year Drilled	1969	1973	1969			
Depth Drilled	187'	184'	239'			
Length, out-side casing	91'	121'	145'			
Diameter, out-side casing	8"	10"	8"			
Material, out-side casing	STEEL	STEEL	STEEL			
Depth to static water level	66'	100'	UNK			
Normal suction lift (wkng. level)	75'	100'	UNK			
Normal yield, GPM	600	700	500			
Test yield, GPM	UNK	UNK	UNK			
Type of grout	NONE	NONE	NONE			
Drilling method	CABLE TOOL	CABLE TOOL	CABLE TOOL			
Type of strainer	NONE	NONE	NONE			
Depth to top of strainer	N/A	N/A	N/A			
Protection from surface water?	YES	YES	YES			
Is inundation of well possible?	NO	NO	NO			
Salt intrusion noted in past?	NO	NO	NO			
Has the well ever been contaminated?	NO	NO	NO			
Pump manufacturer's name	DEMING	DEMING	DEMING			
Model number	-	-	-			
Capacity GPM	600	700	500			
Check valve present in line?	YES	YES	YES			
Date of last servicing	-	-	-			
Maintenance schedule (day/no.)	-	-	-			

COMMENTS (condition): WELL # 2 STANDBY → RUN ON THURSDAY

... of this page as needed.

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>No</u>	Backup machine Operative <u>N/A</u>	Make of chlorinator <u>GAS-PENWALT HYPO-FWP</u>	Capacity, lb./24 hr <u>450/24</u>
Evidence of leaks <u>No</u>	Reserve supply <u>No</u>	Gas or hypo used <u>BOTH</u>	Chlorine feed rate <u>HYPO 2 LBS/DAY</u>
Air-pack or respirator adequate <u>YES</u>	Residual at remote tap <u>0.3</u>	Condition of equipment <u>GOOD</u>	Automatic switchover <u>No</u>
Residual at plant <u>0.5</u>	Residual at remote tap <u>0.3</u>	Ammonia smells fresh <u>YES</u>	More capacity needed <u>No</u>

Comments on chlorination KEEPING HYPO

IN STANDBY WELL #2.

<u>AERATOR</u>	Type of aerator _____	Tray area or weir length _____	Condition of screens _____
Bloodworms present _____	Condition of aerator _____		Adequate for Fe, H <sub>2</sub> S control _____
<u>COAGULATION</u>	Chemical used _____	Purpose _____	
Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____
<u>LIME SOFTENING</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Any auxiliary chemicals used _____		Points of application (in unit) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____
<u>FLUORIDATION</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	
<u>STABILIZATION</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____



FILTERS & FILTRATION

Size and number _____	Type of filters _____
Can you see filter media _____	Length of filter runs _____
Is it clean after backwash _____	Are mudballs visible _____
What is the normal filter rate _____	Is there air-binding _____
Capacity of filters _____	What is the usual backwash rate _____
Loss in head ga. present _____	Are filters overloaded _____
At what head loss is BW done _____	Cracks and Channelling _____
Has cementation ever occurred _____	Where in relation to filtration is stabilization done _____
If high rate, what is turbidity at interface _____	Range of turbidity in effluent _____
Can you observe algae in filters _____	Distance from top of media to trough overflow _____

REVERSE OSMOSIS

Auxiliary chemicals used _____	Make and type of units _____	Pressure required _____
Quality of effluent _____	Proportion of waste to product streams _____	Stabilization _____
Booster pump _____	Type of pre-treatment _____	Type of membranes _____

ZEOLITE SOFTENING

Disinfection of beds _____	Unit mfg. & model _____	Stability of effluent _____	Resin copy _____
Grade of salt for regen. _____	Resin prevented from escaping _____		

.....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.	019411							
Manufacturer name	OWEN 75 GENSB							
Pump type & motor HP	Auto 5/10							
Model number	UNK							
Date Installed	NEW							
Capacity	-							
Maintenance schedule	-							
Date last serviced	-							

Comments:

STORAGE FACILITIES: ( ) ground; (X) hydro pneumatic; ( ) elevated; ( ) clearwell.

Tank No.	3	7	2				
Capacity	5000	6000	1000				
Material	STEEL	STEEL	STEEL				
Gravity drain capacity	YES	YES	YES				
Bypass capacity	YES	YES	YES				
Covered/screened openings	N/A	N/A	N/A				
Date of last cleaning	UNK	UNK	UNK				
Pressure gauge	YES	YES	YES				
Sight glass	YES	YES	YES				
On/Off pressure	40-70	40-70	40-70				
Hgt. to bottom of el. tank	N/A	N/A	N/A				
Hgt to max. water level	N/A	N/A	N/A				

Comments:

DISTRIBUTION SYSTEM Material of mains PVC System looped Most  
 Operation pressure 40 MIN Max. pipe diam. 14" Min. pipe diam. 2" No. of dead ends 25  
 How often flushed MONTHLY No. of fire hydrants 0 Known cross-connections with private supplies NONE  
 Blowoff lines below grade NONE Routine cross-connection control program -

PLANT LABORATORY CAPABILITY

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> pH	<input type="checkbox"/> Chlorine: type	<input type="checkbox"/> Color
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Iron	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Alkalinity
<input type="checkbox"/> Radiological	<input type="checkbox"/> Stability	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Fluorides
	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Organics	<input type="checkbox"/> Inorganics
			<input type="checkbox"/> Hardness Complete

Person in charge of laboratory, and credentials: \_\_\_\_\_

COMPLIANCE MONITORING

System is in full compliance with which requirements?

Check.  
 Bacteriological     Turbidity     Inorganic chemical     Organic chemical    N/A HM  
 Radiological     Secondaries    Other: \_\_\_\_\_

Violations of sampling requirements: NONE

Violations of maximum contaminant levels: NONE

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
<u>No CHLORINE ALARM</u>	<u>17-555.320(5)(a)</u>	<u>PROVIDE A DEVICE WHICH SOUNDS AN ALARM TO DETECT LOSS OF CHLORINE CAP.</u>
<u>SINGLE GAS CHLORINATOR INSUFFICIENT</u>	<u>17-555.320(5)(a)</u>	<u>PROVIDE AUTOMATIC CYLINDER SWITCHOVER DEVICE WITH EQUIVALENT GAS CHLORINE DEMAND EQUAL TO OR EXCEEDING TEN LBS/24 HRS.</u>

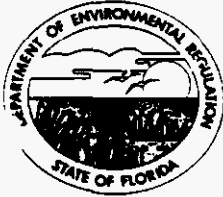
Inspector's signature C. J. Featheringill Date: 9/12/90  
 Title EST Approved by C. J. Featheringill Date: 9/12/90

# **Crystal River Highlands - 984**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347

Lawton Chiles, Governor

Carol M. Browner, Secretary

April 10, 1991

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

RE: Sanitary Survey Conducted 01/17/91  
Crystal River, Stoney Brook  
PWS-ID # 6092342  
Citrus County

Dear Sir:

On a recent inspection of the above mentioned drinking water system, the plant was well maintained and in good operating condition. No deficiencies were noted.

If you have any questions, contact me at (813) 623-5561 Ext. 319. Please continue your efforts to remain in compliance.

Sincerely,

Cece Featheringill  
Environmental Supervisor II  
Drinking Water Section

CF/sem

cc: Dawn Durham, Citrus CPHU



# **Daetwyler Shores - 105**

**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**

### **DAETWYLER SHORES**

On August 14, 1991, an interconnection with the Orlando Utilities Commission converted the Daetwyler Shores system into a consecutive water system for which water is purchased from the O.U.C. (thereby placing the water plant itself out of service). The Florida Department of Environmental Regulation normally does not perform a sanitary survey on consecutive water systems. The most recent FDER survey prior to placing the Daetwyler Shores water plant out of service is attached.



## Florida Department of Environmental Regulation

Central District • 5519 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Alex Alexander, Deputy Assistant Secretary

CERTIFIED  
P-655-626-755

September 16, 1988

RECEIVED

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

OCD-MW-88-0608

Attn: Charles Sweat, President

Orange County-MW  
Daetwyler Shores Subdivision  
PWS I.D. Number 3480265

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water system on 8/10/88 by R. Ansgar of this office in the presence of Mr. Don Corder for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your records.

Deficiencies noted during the survey and/or determined from records on file in this office are explained below. Please refer to pages six (6) and seven (7) of the survey report form which refers to each violation of Chapters 17-16 and 17-22 of the Florida Administrative Code (FAC) for each deficiency.

1. A septic tank and drainfield are located approximately 45 feet from the water supply well. Wastewater plumbing from a commercial building was located within a 100' radius of the well.
2. The pressure tanks were not provided with by-pass piping, sight glass or drain for proper maintenance/control.
3. A metering device that accurately indicates pumpage of finished water to distribution was not provided.
4. A check valve must be installed between the raw sampling tap and the chlorine injection point in order to insure this sample is not chlorinated.
5. A cross connection control program had not been instituted as required.
6. Aerator and ground storage tank are not being maintained in good operating condition or being protected from contamination as required, such as leaking pipes and storage tank.
7. Absence of an approved air-pack or respirator for gas chlorine use.

In view of the aforementioned, you are hereby advised that it will be necessary for you to correct the above-mentioned deficiencies for the subject system. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks.



STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name DUCTWATER SHORES S/A County ORANGE PWS ID 34K0265  
 Plant Address VIA FLORA & FLOWER TRAD Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Owner Name SOUTHERN STATES UTILITIES Phone (407) 840-0102  
 Owner Address 1000 COLOR PLACE APOPKA FL. Zip Code 32703  
 Date of this inspection 4/10/88 Date of last inspection 11-25-80 Person contacted DON CORNER  
 Certified operators and cert. nos. KEN KERLIM "C" 5926

Population served <u>≈ 379</u>	Service connections <u>97</u>	Percent metered <u>100</u>	Design capacity <u>.504 MGD</u>
Design storage capacity <u>2000 GAL.</u>	Average output <u>.0535 MGD</u>	Maximum hour <u>UNK.</u>	Maximum day <u>.189 MGD</u>
Approval no. <u>3197 - G-3-57</u>	and date <u>1/97-12-87</u>	Type meter and copy <u>NONE</u>	

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source NONE Power Source NONE  
 Type of Standby NONE Capacity of Standby NONE

Sources of Raw Water:

<input checked="" type="checkbox"/> Ground*	<input type="checkbox"/> Surface**	<input type="checkbox"/> Purchased***
How many Wells? <u>2</u>	Identify Source: _____	Identify supply System: _____

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> pH adjustment
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> T & O control
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt.hi-rate	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Settling
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Other--specify _____		

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

Well Number*	1	2					
Year Drilled	UNK.	UNK					
Depth Drilled							
Length, out-side casing							
Diameter, out-side casing							
Material, out-side casing							
Depth to static water level							
Normal suction lift (wkng. level)							
Normal yield, GPM							
Test yield, GPM							
Type of grout							
Drilling method							
Type of strainer							
Depth to top of strainer	↓	↓					
Protection from surface water?	YES	YES					
Is inundation of well possible?	NO	NO					
Salt intrusion noted in past?	-	-					
Has the well ever been contaminated?	-	-					
Pump manufacturer's name	JOHNSON	BERKLEY					
Model number	UNK	UNK					
Capacity GPM	500	300					
Check valve present in line?	NO	NO					
Date of last servicing	UNK.	UNK					
Maintenance schedule (day/mo.)	UNK.	UNK.					

COMMENTS (condition): PRIVATE HOME <sup>SEPTIC TANK</sup> & DRAINFIELD LOCATED WITHIN 40' OF THE WELLS. SYSTEM WAS APPROVED IN 1957.

\*Attach additional copies of this page as needed.  
DDP Form DPHM 13-24 (Aug. 70)

Sanitary Survey (Surface Water)

Page Two

PWS ID: 208 026

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream, lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution sources above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_ Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Ch. 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_ Protection of \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution? \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>NO</u>	Backup machine Operative <u>NO/UNK</u>	Make of chlorinator <u>ROGAL</u>	Capacity, lb./24 hr <u>500</u>
Evidence of leaks <u>NO</u>	Reserve supply <u>NO/UNK</u>	Gas or hypo used <u>GAS</u>	Chlorine feed rate <u>15 GPD</u>
Air-pack or respirator adequate <u>NO/UNK ON SITE</u>	Residual at remote tap <u>.2</u>	Condition of equipment <u>GOOD</u>	Automatic switchover <u>NO/UNK</u>
Residual at plant <u>1.4</u>		Ammonia smells fresh <u>NO</u>	More capacity needed <u>NO</u>
		Comments on chlorination <u>NO SPARE PARTS ON SITE. NO AIR PACK OR RESPIRATOR.</u>	

<u>AERATOR</u>	Type of <u>WOOD</u> aerator <u>TRAYS</u>	Tray area or weir length <u>UNK.</u>	Condition of screens <u>GOOD</u>
Bloodworms present <u>NO</u>	Condition of aerator <u>FAIR</u>		Adequate for Fe, H <sub>2</sub> S control <u></u>

<u>COAGULATION</u>	Chemical used <u></u>	Purpose <u></u>	
Blanket visible <u></u>	Flocculation good or poor <u></u>	Settling good? <u></u>	Carryover <u></u>

<u>LIME SOFTENING</u>	Quicklime or hydrated <u></u>	Name of unit <u></u>	Size and type <u></u>
Any auxiliary chemicals used <u></u>		Points of application (in unit) <u></u>	
Nature and abundance of floc <u></u>		Appearance of sludge blanket <u></u>	
Is settling 'good' <u></u>	Excessive carryover <u></u>	Turbidity in clearwell <u></u>	Secondary precipitation <u></u>
Any filter cementation <u></u>	Effluent stability <u></u>	Recarbonation type <u></u>	Sludge recirculation used <u></u>

<u>FLUORIDATION</u>	Chemical used <u></u>	Strength if acid <u></u>	Is dilution used (acid) <u></u>
Corrosion noted <u></u>	Gelling or plugging <u></u>	Feeder make and model <u></u>	
Split sample agreement <u></u>	Sufficient analyses <u></u>	Feeder condition <u></u>	

<u>STABILIZATION</u>	Stability index of effluent <u></u>	Is pH control practiced <u></u>	Chemical(s) used <u></u>
----------------------	-------------------------------------	---------------------------------	--------------------------

FILTERS & FILTRATION

Size and number _____	Type of filters _____
Can you see filter media _____	Length of filter/runs _____
Is it clean after backwash _____	Are mudballs visible _____
What is the normal filter rate _____	Is there air-binding _____
Capacity of filters _____	What is the usual backwash rate _____
Loss in head ga. present _____	Are filters overloaded _____
At what head loss is BW done _____	Cracks and Channelling _____
Has cementation ever occurred _____	Where in relation to filtration is stabilization done _____
If high rate, what is turbidity at interface _____	Range of turbidity in effluent _____
Can you observe algae in filters _____	Distance from top of media to trough overflow _____

REVERSE OSMOSIS

Make and type of units _____	Pressure required _____
Auxiliary chemicals used _____	Proportion of waste to product streams _____
Quality of effluent _____	Stabilization _____
Booster pump _____	Type of pre-treatment _____
	Type of membranes _____

ZEOLITE SOFTENING

Unit mfg. & model _____	Resin capy _____
Grade of salt for regen. _____	Stability of effluent _____
Disinfection of beds _____	Resin prevented fm escaping _____

.....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.	1							
Manufacturer name	BERKLEY							
Pump type & motor HP	CENT. 20							
Model number	UNK.							
Date Installed	UNK.							
Capacity	3.50 GPM							
Maintenance schedule	UNK.							
Date last serviced	UNK.							

Comments: \_\_\_\_\_

\*\*\*\*\*

STORAGE FACILITIES: (X)ground; (X)hydropneumatic; ( )elevated; ( )clearwell.

Tank No.	Ground Storage		F/T					
Capacity GALS	APPROX. 6000		2000					
Material	CONCRETE		STEEL					
Gravity drain capacity	UNK.		YES					
Bypass capacity	YES		-					
Covered/screened openings	YES		-					
Date of last cleaning	UNK		UNK					
Pressure gauge	-		YES					
Sight glass	-		NO					
On/Off pressure			40/64					
Hgt. to bottom of el. tank	-		-					
Hgt to max. water level	-		-					

Comments: Several Leaks Around Storage Tank Same deficiencies as noted

in 1980 San. Survey. 5000 P/T is no longer in use. Leaky pipe line going to S/T. ALSO, Leaky pipe line to IT. No Bypass plumbing.

**DISTRIBUTION SYSTEM**

Material of mains	<u>UNK.</u>	System	<u>looped UNK.</u>
Operation pressure	<u>64</u>	Max. pipe diam.	<u>UNK.</u>
How often flushed	<u>UNK.</u>	Min. pipe diam.	<u>UNK.</u>
Blowoff lines below grade	<u>NO</u>	No. of fire hydrants	<u>1</u>
		Known cross-connections	<u>NOT KNOWN AT 1460</u>
		Routine cross-connection control program	<u>SEVERAL HOMES HAVE BUILT-IN SPRINKLERS</u>
		with private supplies	<u>TIME OF INSPECTION</u>

**PLANT LABORATORY CAPABILITY**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> PH	<input checked="" type="checkbox"/> Chlorine: type <u>DPO</u>	<input type="checkbox"/> Color
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Iron	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Hardness
<input type="checkbox"/> Radiological	<input type="checkbox"/> Stability	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Complete
	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Organics	<input type="checkbox"/> Inorganics

Person in charge of laboratory, and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING** System is in full compliance with which requirements?  
Check.

<input checked="" type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Turbidity	<input checked="" type="checkbox"/> Inorganic chemical	<input checked="" type="checkbox"/> Organic chemical	<input type="checkbox"/> THM
<input checked="" type="checkbox"/> Radiological	<input checked="" type="checkbox"/> Secondaries	Other: _____		

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
(1) SANITARY HAZARDS WITHIN - 17-22.615(2)		IMMEDIATE COMPLIANCE
<u>45' of the well and 50' of waste water plumbing.</u>		IMMEDIATE COMPLIANCE
(2) OPERATION AND MAINTENANCE - 17-22.650(1)		COMPLIANCE
(3) NO CHECK VALVE - 17-22.630		
(4) NO METER - 17-22.620(7)		
(5) NO BY-PASS PLUMBING - 17-22.630		
(6) NO CROSS CONNECTION - 17-22.660(2)		

CONTROL PROGRAM.

Inspector's signature Roberto C. Amos Date: 8/16/88

Title C.S. - II Approved by: Paul J. Morrison Date: 8/31/88  
District Manager (signature)

Sanitary Survey  
Page Seven.

FWS ID: 348-165

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
(7) No Air-Pack or Respiator	17-22.620(a)	IMMEDIATE COMPLIANCE



# **Deltona Utilities - 18001**

**Volusia County (DUI)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 5519 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

CERTIFIED  
P 399 919 445

March 11, 1991

Southern States Utilities, Deltona Office  
255 Enterprise Road  
Deltona, Florida 32725

OCD-PW-SS-91-0091

Attention: Mr. Douglas Lovell, Director - Utility Operations

Volusia County - PW  
Deltona Water Treatment Plant  
PWS ID Number 3640287

Dear Mr. Lovell:

This will confirm a visit to the subject "community" public water system on February 13th and 14th by Mr. Louis Brown of this office in the presence of Mr. Richard Foster, Plant Operations Superintendent for the purpose of conducting a sanitary survey. The cooperation extended by Mr. Foster in facilitating this inspection was greatly appreciated. The overall condition of the plants was very good, reflecting effective operation and maintenance procedures as well as conscientious performance on the part of the operators. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the survey and determined from records on file in this office are explained below. Please see the last page of the survey report form which refers to each violation of Chapters 17-550, 17-555, 17-560 and 17-602 of the Florida Administrative Code (F.A.C.) for each deficiency.

1. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. A fifty-six (56) percent ammonia solution for chlorine leak detection. The ammonia solution should be stored in a container at or near ground level. [Rule 17-555.320(5), F.A.C.]
  - b. A device to sound an alarm outside of the gas chlorine room or in the office or laboratory of the plant upon the loss of chlorination capability. [Rule 17-555.320(5), F.A.C.]
2. A cross connection control program had not been instituted as required. Enclosed is a questionnaire which may assist you in developing a program. [Rule 17-555.360(2), F.A.C.]
3. The diesel fuel storage tanks at wells nineteen (19) and twenty-one (21) had no containment boxes. Concrete containment boxes are required around the storage tanks to minimize potential ground contamination from a fuel spill. [Rules 17-555.330, F.A.C.]



Mr. Douglas Lovell  
Page Two  
OCD-PW-SS-91-0091  
March 11, 1991

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within ninety (90) days of the date of this letter.

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

Based on the results of the sanitary survey and a review of records on file in this office, we make the following recommendations:

1. The interior of the ground storage tanks was not inspected, and consequently, their condition is unknown. Also unknown are the dates when the tanks were last cleaned. A routine maintenance program which provides for periodic cleaning of the tanks' interiors should be established.
2. A routine maintenance program which addresses regular cleaning of the aerator trays should be established. Although the trays are presently in satisfactory condition, the initial stages of algae growth could be observed upon close inspection of some of the units.
3. First quarter VOC and UOC sampling for the water system will be due by March 31, 1991. Prompt attention to this requirement will ensure compliance with Rules 17-550.510(4) and 17-550.510(8), F.A.C.
4. This office has received, during the period February 15 -21, 1991, two complaints from Deltona residents concerning high iron content in their drinking water. The source of one complaint was 2180— *Complaint is Settlement in Captain Drive, and the other, 901 Baylor Drive. This office has forwarded these complaints to the Volusia County Health Department, and requests that Southern States Utilities conduct an investigation of the situation in light of prior evidence of high iron content in the Sagamore and Lombardy areas of the distribution system.* *Hot water* *High iron* *NO* *IAON*
5. For representational purposes, the following analysis was performed:
  - a. The well pump capacity of each plant was calculated.

Mr. Douglas Lovell  
Page Three  
OCD-PW-SS-91-0091  
March 11, 1991

- b. From January through December, 1990 MORs, the maximum daily flow was extracted for each well.
- c. A demand situation, requiring all wells to operate simultaneously at maximum daily flow, was assumed.
- d. Well pump capacity was assumed to approximate available capacity.

Based on the above model, Lombardy, Sagamore, Saxon and Vicksburg exhibited maximum daily flows in excess of available capacity; SR444, Omaha and Courtland had maximum daily flows less than eighty percent of available capacity; Wellington, Diamond Street, Beaver and Golf Course had maximum daily flows less than eighty percent of available capacity.

Be advised that these results provide simply an overview of the supply/demand condition. However, they should be evaluated in the context of the possible need for additional capacity, revised flow parameters or both. It is noteworthy that Sagamore and Lombardy, both of whose maximum daily flows exceeded available capacity, have exceeded contaminant MCLs in the past. Sagamore exceeded the turbidity MCL and Lombardy exceeded the MCLs for turbidity iron, chloride, color and TDS.

The Department is currently involved with enforcement action with your utility because the utility was operating in violation of Rule 17-560.410 Florida Administrative Code (F.A.C.) concerning public notification and Rule 17-550.510(6)(b), concerning microbiological sampling requirements (specifically, recheck sampling), for the reporting period of April 1989 through November 1990.

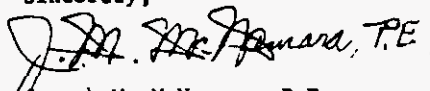
The following reference materials are available upon telephone request to Ms. Mary Glover at (407)894-7555, extension 251.

1. Chapters 17-550, 17-555, 17-560 and 17-602, Florida Administrative Code.
2. "How Does One Initiate a Cross Connection Control Program."
3. "Be a Cross Connection Expert."
4. "What are Cross Connections?"

Mr. Douglas Lovell  
Page Four  
OCD-PW-SS-91-0091  
March 11, 1991

If you have any questions concerning this letter, please contact Mr. Louis Brown at (407)894-7555.

Sincerely,

  
Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

JMMc:lb/mg

cc: Volusia County Health Department  
Richard G. Foster, Southern States Utilities  
Louis Brown

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report  
DELTONA

Plant Name SOUTHERN STATES UTILITIES OFFICE County VOLUNTA PWS ID 2640291  
 Plant Address 255 ENTERPRISE RD DELTONA Zip Code 32725 Plant Phone (407) 574-6690  
 Owner Name SOUTHERN STATES UTILITIES SERVICES Owner Phone (407) 810-6058  
 Owner Address 1000 GLEN PLACE City DELTONA State FL Zip Code 32703  
 Date of this Insp. 2-11-81 Date of last Insp. 11-5-78 Person Contacted RICHARD FOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers \_\_\_\_\_ PLANT OPERATIONS SUPERVISOR \_\_\_\_\_  
ANDY GARNETT 2-6136  
JIMMY RICHIE 6-1236  
DEBRAE GIBBS 6-0164

\*\*\* BASED ON 35 Population served 7100 Service Connections 20400 % metered 100  
 Design Capacity 22.5 MGD Design Storage Capacity 5.0 MG Average output 7.65 MGD  
 Maximum Hour \_\_\_\_\_ Maximum Day 16.0 MG - BASED ON 12 MONTHS OF DATA SEE

REASONS Approval Number & Date SEE INDIVIDUAL PLANTS Type meter & copy INDIVIDUAL PLANTS

PER SERVICE Service area characteristics: (check all that apply)  COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY

- CONNECTION
- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input checked="" type="checkbox"/> Lodge   | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input checked="" type="checkbox"/> Restaurant  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Hotel              | <input checked="" type="checkbox"/> School      |                                                 |

Emergency Water Source 23 INTERCONNECTED WELLS Emergency Power Source SEE INDIVIDUAL PLANTS

Type of Standby SEE INDIVIDUAL PLANTS Capacity of Standby SEE INDIVIDUAL PLANTS

Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\*  
 How many wells? 23 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

- |                                                  |                                                  |                                          |                                                |
|--------------------------------------------------|--------------------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.                    | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration              | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt.-bi-rate           | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation            | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input checked="" type="checkbox"/> Iron Removal | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground) \*\*Use Page 2 (Surface) \*\*\*Page 2 not required  
 \*\* BASED ON A SUMMATION OF THE WELL PUMP CAPACITIES OF ALL THE WELLS.

DER Form Perm 13-24 (August, 80)

\* THIS IS THE NAME AND ADDRESS OF THE ADMINISTRATIVE OFFICE.

THERE IS NO CENTRAL TREATMENT PLANT. SERVICE IS FROM 11 INTERCONNECTED SYSTEMS

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name LEMBARDY County VOLUNIA PWS ID 3640267  
 Plant Address - Zip Code - Plant Phone ( ) NONE  
 Owner Name SOUTHEAST STATES UTILITIES DELTONA OFFICE Owner Phone (407) 574-6680  
 Owner Address 455 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 1-14-91 Date of last Insp. 10-5-78 Person Contacted RICHARD FOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT.  
SEE COVER PAGE SEE COVER PAGE

Population served SEE COVER PAGE Service Connections SEE COVER PAGE  metered COVER  
 Design Capacity 3.24 MG/D Design Storage Capacity 6.5 MG Average output 1.365 MG/D  
 Maximum Hour \_\_\_\_\_ Maximum Day 1.44 MG/D

Approval Number & Date \_\_\_\_\_ Type meter & copy PRECISION 6" AMP 8"  
 Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input checked="" type="checkbox"/> Lodge   | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input checked="" type="checkbox"/> Restaurant  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Hotel              | <input checked="" type="checkbox"/> School      |                                                 |

Emergency Water Source PLANT INTERCONNECT Emergency Power Source DIESEL  
 Type of Standby DNAM 150 GENERATOR Capacity of Standby 150 kW 27.5 kVA AT  
WELL 27

Sources of Raw Water:  Ground\*       Surface\*\*       Purchased\*\*\*  
 How many wells? 5      Identify Source: \_\_\_\_\_      Identify supply system: \_\_\_\_\_

- Treatment in use at this plant: (check all that apply)
- |                                                  |                                        |                                          |                                                |
|--------------------------------------------------|----------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.          | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration    | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt.-hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation  | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal  | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)

\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED ON (407) 574-2121.

Well Number*	6	8	27						
Year Drilled	1966	1966	1977						
Depth Drilled	FEET 246	248	220						
Length (outside casing)	FEET 110	112	95						
Diameter (outside casing)	INCHES 8	8	12						
Material (outside casing)	STEEL	STEEL	STEEL						
Depth to static water level	-	-	-						
Normal suction lift (w/kg. level)	-	-	-						
Normal yield, GPM	290	320	1200						
Test yield, GPM	-	-	-						
Type of grout	CEMENT	CEMENT	CEMENT						
Drilling method	-	-	-						
Type of strainer	-	-	-						
Depth to top of strainer	-	-	-						
Protection from surface water?	YES	YES	YES						
Is inundation of well possible?	NO	NO	NO						
Salt intrusion noted in past?	NO	NO	NO						
Has the well ever been contaminated?	NO	NO	NO						
Pump manufacturer's name	CRANE PUMPS	CRANE PUMPS	CRANE PUMPS						
Model number	-	-	-						
Capacity	25HP 350GPM	25HP 400GPM	25HP 1500GPM						
Check valve present in line?	YES	YES	YES						
Date of last servicing	-	-	-						
Maintenance Schedule (day/mo.)	ONCE / WEEK	ONCE / WEEK	ONCE / WEEK						

COMMENTS (conditional):

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)



PLANT EQUIPMENT

WELLS  
648  
CHLORINATOR: MODEL  
Make of chlorinator CAPITAL - ADVANCE 2000 Capacity, lb./24 hr. 100 PPD  
Dual system? YES Backup machine operative YES Gas or hypo used GAS Chlorine  
feed rate 40 PPD Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NONE More capacity needed --- Residual  
at plant 1.8 PPM Residual at remote tap 6.2 PPM Comments on chlorination EFFECTIVE  
NO AMMONIA FOR CHLORINE LEAK DETECTION.

WELLS  
648  
AERATOR:  
Type of aerator TRAY (CASCADE) Tray area or weir length ---  
Condition of screens SATISFACTORY Bloodworms present \* Condition of  
aerator SATISFACTORY Adequate for Fe, H<sub>2</sub>S control ---  
\* NONE OBSERVED

N/A  
COAGULATION:  
Chemical used --- Purpose --- Settling good? ---  
Blanket visible --- Flocculation good or poor ---  
Carryover ---

N/A  
LINE SOFTENING:  
Quicklime or hydrated --- Name of unit ---  
Size and type --- Any chemicals used ---  
Points of application (in unit) --- Nature and abundance of  
floc --- Appearance of sludge  
blanket --- Is settling good ---  
Excessive carryover --- Turbidity in clearwell --- Secondary  
precipitation --- Any filter cementation --- Effluent stability ---  
Recarbonation type --- Sludge recirculation used ---

N/A  
FLUORIDATION:  
Chemical used --- Strength if acid --- Is dilution used (acid) --- Corrosion  
noted --- Gelling or plugging --- Feeder make and model ---  
Split sample agreement --- Sufficient analyses --- Feeder condition ---

N/A  
STABILIZATION:  
Stability index of effluent --- Is pH control practiced ---  
Chemical(s) used ---

PLANT EQUIPMENT

well 29 CHLORINATOR: MODEL  
Make of chlorinator CAPITAL - ADVANCE 2000 Capacity, lb./24 hr. 100 TFD  
Dual system? YES Backup machine operative YES Gas or hypo used GAS Chlorine  
feed rate 2.5 TFD Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NOHA More capacity needed NO Residual  
at plant 1.5 ppm Residual at remote tap 6.2 ppm Comments on chlorination EFFECTIVE  
NO AMMONIA FOR CHLORINE LEAK DETECTION.

N/A AERATOR:  
Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:  
Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LINE SOFTENING:  
Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FLUORIDATION:  
Chemical used \_\_\_\_\_ Strength of acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:  
Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

HIGH SERVICE

Pump Number		1																		
Manufacturer name		CRANE																		
Pump type and motor HP		DEM. MV																		
Model number		1011C																		
Date installed		-																		
Capacity	GPM	1000																		
Maintenance Schedule		6MO/																		
Date Last Serviced		-																		

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: () ground; () hydropneumatic; () elevated; () clearwell.

Tank Number		GST																		
Capacity		0.5MG																		
Material		CONC.																		
Gravity drain capacity		YES																		
Bypass capacity		YES																		
Covered/screened openings		YES																		
Date of last cleaning		-																		
Pressure Gauge		N/A																		
Sigh/Class		N/A																		
On/Off pressure		N/A																		
Height to bottom of ei. tank		N/A																		
Height to Maximum water level		N/A																		

COMMENTS: \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name SAGAMORE County VOLUSIA PWS ID 3640297  
 Plant Address - Zip Code - Plant Phone ( ) NONE  
 Owner Name SOUTHEAST STATES UTILITIES DELTONA OFFICE Owner Phone (407) 574-6680  
 Owner Address 255 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 2-14-91 Date of last Insp. 10-5-78 Person Contacted RICHARD FOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERV  
SEE COVER PAGE SEE COVER PAGE

Population served SEE COVER PAGE Service Connections SEE COVER PAGE % metered SEE COVER PAGE  
 Design Capacity 3.1 MGD Design Storage Capacity 2.0 MGD Average output 1513 292 GPD  
 Maximum Hour \_\_\_\_\_ Maximum Day 3.1 MGD

Approval Number & Date \_\_\_\_\_ Type meter & copy BADGER CIRCULAR RECORD

Service area characteristics: (check all that apply) C COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input checked="" type="checkbox"/> Lodge   | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input checked="" type="checkbox"/> Restaurant  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Motel              | <input checked="" type="checkbox"/> School      |                                                 |

Emergency Water Source PLANT INTERCONNECT Emergency Power Source DIESEL

Type of Standby GENERATOR Capacity of Standby 100kW 125kVA (WELL 22)

Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\*  
 How many wells? 2 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

- |                                                  |                                       |                                          |                                                |
|--------------------------------------------------|---------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.         | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration   | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt.hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED  
 ON (407) 574-2181.

DER Form Perm 13-24 (August, 80)

\*\* 100kW, 125kVA  
 ONAN 100 - DIESEL - RUNS ENTIRE PLANT (AT WELL 22)

Well Number*	22	32							
Year Drilled	1977	1989							
Depth Drilled	FEET 230	131							
Length (outside casing)	FEET 105	120							
Diameter (outside casing)	INCHES 12	12							
Material (outside casing)	STEEL	STEEL							
Depth to static water level	-	-							
Normal suction lift (wking. level)	-	-							
Normal yield, GPM	1200	520							
Test yield, GPM	-	-							
Type of grout	CEMENT	CEMENT							
Drilling method	-	-							
Type of strainer	-	-							
Depth to top of strainer	-	-							
Protection from surface water?	YES	YES							
Is inundation of well possible?	NO	NO							
Salt intrusion noted in past?	NO	NO							
Has the well ever been contaminated?	NO	NO*							
Pump manufacturer's name	PEARLEN	PEARLESS							
Model number	12MB-5	-							
Capacity	125HP 1500GPM	75HP 650GPM							
Check valve present in line?	YES	YES							
Date of last servicing	-	-							
Maintenance Schedule (day/mo.)	ONCE/ WEEK	ONCE/ WEEK							

COMMENTS (conditional): \* WELL HAD PARTIAL CAVE-IN IN 1990.

Attach additional copies of this page as needed.  
DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

MODEL  
Make of chlorinator CAPITAL - ADVANCE 100 Capacity, lb./24 hr. 200 TPD  
Dual system? YES Backup machine operative YES Gas or hypo used GA Chlorine  
feed rate 45 TPD Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NONE More capacity needed NO Residual  
at plant 0.7 ppm Residual at remote tap 0.2 ppm Comments on chlorination EFFECTIVE

NO AMMONIA FOR CHLORINE LEAK DETECTION.

AERATOR:

Type of aerator TRAY (CASCADE) Tray area or weir length ---  
Condition of screens SATISFACTORY Bloodworms present ✓ Condition of  
aerator SATISFACTORY Adequate for Fe, H<sub>2</sub>S control ---  
\* NONE OBSERVED

N/A COAGULATION:

Chemical used --- Purpose ---  
Blanket visible --- Flocculation good or poor --- Settling good? ---  
Carryover ---

N/A LINE SOFTENING:

Quicklime or hydrated --- Name of unit ---  
Size and type --- Any chemicals used ---  
Points of application (in unit) --- Nature and abundance of  
floc --- Appearance of sludge  
Excessive carryover --- Turbidity in clearwell --- Secondary  
precipitation --- Any filter cementation --- Effluent stability ---  
Recarbonation type --- Sludge recirculation used ---

N/A FLUORIDATION:

Chemical used --- Strength if acid --- Is dilution used (acid) --- Corrosion  
noted --- Gelling or plugging --- Feeder make and model ---  
Split sample agreement --- Sufficient analyses --- Feeder condition ---

N/A STABILIZATION:

Stability index of effluent --- Is pH control practiced ---  
Chemical(s) used ---

HIGH SERVICE

Pump Number	1	2	3	4	5	6	7	8	9	10
Manufacturer name			EMERY							
Pump type and motor HP	Y CENT. 25HP	Y CENT. 10HP	FIREPUMP CENT. 145HP							
Model number	64871 451	64871 4116	628/623							
Date installed	-	-	-							
Capacity	GPM 350	1500	2500							
Maintenance Schedule	ONCE/ WEEK	ONCE/ WEEK	ONCE/ WEEK							
Date last serviced	-	-	-							

Comments: 7 ENGINEER - HAND

\*\*\*\*\*  
STORAGE FACILITIES: (✓) ground; ( ) hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	63T									
Capacity	2.0MG									
Material	CONC.									
Gravity drain capacity	YES									
Bypass capacity	YES									
Covered/screened openings	YES									
Date of last cleaning	UNK									
Pressure Gauge	N/A									
Sight Glass	N/A									
On/Off pressure	N/A									
Height to bottom of el. tank	N/A									
Height to Maximum water level	N/A									

COMMENTS:

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name AGATIA SAXON County WALDOBIA PWS ID 3640287  
 Plant Address - Zip Code - Plant Phone ( ) None \*  
 Owner Name SOUTHEAST STATES UTILITIES, DELTONA OFFICE Owner Phone (407) 574-6680  
 Owner Address 255 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 2-14-91 Date of last Insp. 10-5-89 Person Contacted WILLIARD FASTER

Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT.  
SEE COVER PAGE SEE COVER PAGE

Population served SEE COVER PAGE Service Connections SEE COVER PAGE % metered COVER  
 Design Capacity 3.17MGD Design Storage Capacity 1.5MG Average output 2.13757MGD  
 Maximum Hour - Maximum Day 3.24MGD

Approval Number & Date \_\_\_\_\_ Type meter & copy LARGER CIRCULAR RECORDS

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input checked="" type="checkbox"/> Lodge   | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input checked="" type="checkbox"/> Restaurant  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Hotel              | <input checked="" type="checkbox"/> School      |                                                 |

Emergency Water Source PLANT INTERCONNECT Emergency Power Source GAS

Type of Standby FORD DIRECT DRIVE \*\* Capacity of Standby RUNS HIGH SERVICE PUMP \*\*

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many wells? 4 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

- Treatment in use at this plant: (check all that apply)
- |                                                  |                                         |                                          |                                                |
|--------------------------------------------------|-----------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.           | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration     | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filtr.-hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation   | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal   | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)      \*\* ALL - INTERNATIONAL HARVESTER DIRECT DRIVE  
 \*\*Use Page 2 (Surface)      THAT RUNS THE WELL.  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)

\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED ON (407) 574-6680.



Well Number*	12	9	16	14					
Year Drilled	1969	1965	1976	1971					
Depth Drilled									
Length (outside casing) FEET	235	252	276	253					
Diameter (outside casing) INCHES	10	10	10	10					
Material (outside casing)	STEEL	STEEL	STEEL	STEEL					
Depth to static	-	-	-	-					
Water level	-	-	-	-					
Normal suction lift (wkng. level)	-	-	-	-					
Normal yield, GPM	400	400	400	400					
Test yield, GPM	-	-	-	-					
Type of grout	CEMENT	CEMENT	CEMENT	CEMENT					
Drilling method	-	-	-	-					
Type of strainer	-	-	-	-					
Depth to top of strainer	-	-	-	-					
Protection from surface water?	YES	YES	YES	YES					
Is inundation of well possible?	NO	NO	NO	NO					
Salt intrusion noted in past?	YES*	NO	NO	NO					
Has the well ever been contaminated?	NO	NO	NO	NO					
Pump manufacturer's name	CRANE JEMING	CRANE JEMING	CRANE JEMING	CRANE JEMING					
Model number	-	-	-	-					
Capacity	40HP 500 GPM	50HP 500 GPM	50HP 500 GPM	50HP 500 GPM					
Check valve present in line?	YES	YES	YES	YES					
Date of last servicing	-	-	-	-					
Maintenance Schedule (day/mo.)	ONCE WEEK	ONCE WEEK	ONCE WEEK	ONCE WEEK					

COMMENTS (conditional): \* WELL 12 SOMETIMES EXHIBITS HIGH CHLORIDE LEVELS.

Attach additional copies of this page as needed.

DER Form Form 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

MODEL

Make of chlorinator CAPITAL - ADVANCE 200 Capacity, lb./24 hr. 100 gpd  
Dual system? YES Backup machine operative YES Gas or hypo used YES Chlorine  
feed rate 100 gpd Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NO More capacity needed NO Residual  
at plant 2.5 ppm Residual at remote tap 0.2 ppm Comments on chlorination EFFECTIVE

NO AMMONIA FOR CHLORINE LEAK DETECTION.

AERATOR:

Type of aerator TAN (CASCADE) Tray area or weir length ---  
Condition of screens SATISFACTORY Bloodworms present \* Condition of  
aerator SATISFACTORY Adequate for Fe, H<sub>2</sub>S control ---

\* NONE OBSERVED

N/A COAGULATION:

Chemical used --- Purpose ---  
Blanket visible --- Flocculation good or poor --- Settling good? ---  
Carryover ---

N/A LIME SOFTENING:

Quicklime or hydrated --- Name of unit ---  
Size and type --- Any chemicals used ---  
Points of application (in unit) --- Nature and abundance of  
floc --- Appearance of sludge  
blanket --- Is settling good ---  
Excessive carryover --- Turbidity in clearwell --- Secondary  
precipitation --- Any filter cementation --- Effluent stability ---  
Recarbonation type --- Sludge recirculation used ---

N/A FLUORIDATION:

Chemical used --- Strength if acid --- Is dilution used (acid) --- Corrosion  
noted --- Gelling or plugging --- Feeder make and model ---  
Split sample agreement --- Sufficient analyses --- Feeder condition ---

N/A STABILIZATION:

Stability index of effluent --- Is pH control practiced ---  
Chemical(s) used ---

HIGH SERVICE

Pump Number	1	2	3						
Manufacturer name	CRANE PENDING	CRANE PENDING	CRANE PENDING						
Pump type and motor HP	15HP	100HP	15HP						
Model number	-	6AE-16	DC						
Date installed	-	5/19/88	-						
Capacity	(APPROX) 67M	1490	-						
Maintenance Schedule	1200	1200	1000						
Date Last Serviced	ONCE/ WEEK	ONCE/ WEEK	ONCE/ WEEK						

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: () ground; () hydropneumatic; () elevated; () clearwell.

Tank Number	1	2							
Capacity	1.5MG	6.5MG							
Material	CONC.	CONC.							
Gravity drain capacity	YES	YES							
Bypass capacity	NO	NO							
Covered/screened openings	YES	YES							
Date of last cleaning	-	-							
Pressure Gauge	N/A	N/A							
Sign/Class	N/A	N/A							
On/Off pressure	N/A	N/A							
Height to bottom of el. tank	N/A	N/A							
Height to Maximum water level	N/A	N/A							

COMMENTS: \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name VICKSBURG County VOLUSIA PWS ID 3646217  
 Plant Address - Zip Code - Plant Phone ( ) None \*  
 Owner Name SOUTHEAST STATES UTILITIES DELTONA OFFICE Owner Phone (407) 574-6680  
 Owner Address 255 ENTERPRISE ROAD City DELTONA State FL Zip Code 32110  
 Date of this Insp. 2-14-91 Date of last Insp. 10-5-77 Person Contacted RICHARD FOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT.  
SEE COVER PAGE SEE COVER PAGE

Population served SEE COVER PAGE Service Connections SEE COVER PAGE % metered COVER  
 Design Capacity 12600 GPD Design Storage Capacity None Average output 32750 GPD  
 Maximum Hour \_\_\_\_\_ Maximum Day 90400 GPD

Approval Number & Date \_\_\_\_\_ Type meter & copy BADGER CIRCULAR RECORD

Service area characteristics: (check all that apply)  COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY.

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input checked="" type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Hotel	<input checked="" type="checkbox"/> School	

Emergency Water Source 11 PLANT INTERCONNECT Emergency Power Source DIESEL  
 Type of Standby ONAN 75 GENERATOR Capacity of Standby 75kW 450 HV<sub>2</sub> ENTIRE PLANT  
 Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\*  
 How many wells? 1 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt.-hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)

\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED ON (407) 574-2121.

Well Number*	19								
Year Drilled	1986								
Depth Drilled	FEET 264								
Length (outside casing)	FEET 128								
Diameter (outside casing)	INCHES 12								
Material (outside casing)	STEEL								
Depth to static water level	-								
Normal suction lift (w/kg. level)	-								
Normal yield, GPM	400								
Test yield, GPM	-								
Type of grout	CEMENT								
Drilling method	-								
Type of strainer	-								
Depth to top of strainer	-								
Protection from surface water?	YES								
Is inundation of well possible?	NO								
Salt intrusion noted in past?	NO								
Has the well ever been contaminated?	NO								
Pump manufacturer's name	UNK								
HoJel number	-								
Capacity	5011? 500 GPM								
Check valve present in line?	YES								
Date of last servicing	-								
Maintenance Schedule (day/mo.)	ONCE / WEEK								

COMMENTS (conditional): 1. NO CONTAINMENT BOX FOR DIESEL FUEL STORAGE TANK.

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Attach additional copies of this page as needed.  
DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

MODEL

Make of chlorinator CAPITAL - ADVANCE 400 Capacity, lb./24 hr. 4000  
Dual system? Yes Backup machine operative Yes Gas or hypo used Gas Chlorine  
feed rate 25770 Evidence of leaks No Reserve supply Yes  
Condition of equipment Satisfactory Automatic switchover Yes Air-pack or respirator  
adequate Yes Ammonia smells fresh None More capacity needed - Residual  
at plant 2.5 ppm Residual at remote tap 0.4 ppm Comments on chlorination Effective

NO AMMONIA FOR CHLORINE LEAK DETECTION.

N/A AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FLUORIDATION:

Chemical used \_\_\_\_\_ Strength of acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Celling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name SUNNY County VELVIA PWS ID 364027  
 Plant Address - Zip Code - Plant Phone ( ) NONE\*  
 Owner Name SOUTHEAST STATES UTILITIES, DELTONA OFFICE Owner Phone (407) 574-6680  
 Owner Address 355 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 2-14-81 Date of last Insp. 10-5-77 Person Contacted RICHARD FOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT.

\_\_\_\_\_  
SEE COVER PAGE  
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SEE COVER PAGE  
 \_\_\_\_\_  
SEE COVER PAGE  
 Population served COVER PAGE Service Connections COVER PAGE % metered COVER  
 Design Capacity 120000 GPD Design Storage Capacity NONE Average output 312000 GPD  
 Maximum Hour \_\_\_\_\_ Maximum Day 621000 GPD

Approval Number & Date \_\_\_\_\_ Type meter & copy PRECISION 4IN

Service area characteristics: (check all that apply) C COMMUNITY/ - NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input checked="" type="checkbox"/> Lodge   | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input checked="" type="checkbox"/> Restaurant  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Hotel              | <input checked="" type="checkbox"/> School      |                                                 |

Emergency Water Source PLANT INTERCONNECT Emergency Power Source GEN

Type of Standby GEN 75 GENERATOR Capacity of Standby 45 KW 48.2 KV2 (ENTIRE PLANT RUNS)

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many wells? 1 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

- |                                                  |                                       |                                          |                                                |
|--------------------------------------------------|---------------------------------------|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Aeration                | <input type="checkbox"/> E.D.         | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration   | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt.hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)

\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED ON (407) 574-2181.

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3040207

Well Number*		20							
Year Drilled		1984							
Depth Drilled	FET	284							
Length (outside casing)	FET	68							
Diameter (outside casing)	INCHES	10							
Material (outside casing)		STEEL							
Depth to static water level		-							
Normal suction lift (wkng. level)		-							
Normal yield, GPM		400							
Test yield, GPM		-							
Type of grout		CEMENT							
Drilling method		-							
Type of strainer		-							
Depth to top of strainer		-							
Protection from surface water?		YES							
Is inundation of well possible?		NO							
Salt intrusion noted in past?		NO							
Has the well ever been contaminated?		NO							
Pump manufacturer's name		VEEVALES							
Model number		-							
Capacity		50HP 500GPM							
Check valve present in line?		YES							
Date of last servicing		-							
Maintenance Schedule (day/mo.)		ONCE WEEK							

COMMENTS (conditional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional copies of this page as needed.  
 DER Form Perm 13-24 (August, 80)



PLANT EQUIPMENT

CHLORINATOR:

MODEL

Make of chlorinator CAPITAL - ADVANCE 200 Capacity, lb./24 hr. UNM  
Dual system? YES Backup machine operative YES Gas or hypo used GAZ Chlorine  
feed rate 170 Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NO More capacity needed - Residual  
at plant 1.5 ppm Residual at remote tap 0.7 ppm Comments on chlorination EFFECTIVE  
NO AMMONIA FOR CHLORINE LEAK DETECTION.

N/A AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Celling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name OMAHA County VOLUSIA PWS ID 3640287  
 Plant Address - Zip Code - Plant Phone ( ) None \*  
 Owner Name SOUTHERN STATES UTILITIES DELTONA OFFICE Owner Phone (407) 574-6620  
 Owner Address 255 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 2-14-81 Date of last Insp. 10-5-78 Person Contacted WILLIAM FOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT.  
 \_\_\_\_\_ SEE COVER PAGE \_\_\_\_\_ SEE COVER PAGE  
 \_\_\_\_\_ SEE COVER PAGE \_\_\_\_\_ SEE COVER PAGE  
 Population served SEE COVER PAGE Service Connections SEE COVER PAGE X metered COVER  
 Design Capacity 1.0 MGD Design Storage Capacity None Average output 14033 GPD  
 Maximum Hour \_\_\_\_\_ Maximum Day 1.0 MGD  
 Approval Number & Date \_\_\_\_\_ Type meter & capy TAJGER CIRCULAR RECORDS  
 Service area characteristics: (check all that apply) C COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY  
 \_\_\_\_\_ Airport \_\_\_\_\_ Institution \_\_\_\_\_ Recreation area  Subdivision  
 \_\_\_\_\_ Bathing area \_\_\_\_\_ Interstate Carrier  Residential \_\_\_\_\_ Trailer Park  
 \_\_\_\_\_ Campground  Lodge \_\_\_\_\_ Rest area \_\_\_\_\_ Visitor Center  
 \_\_\_\_\_ Company Town \_\_\_\_\_ Marina  Restaurant \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ Indian Reservation \_\_\_\_\_ Hotel  School \_\_\_\_\_  
 Emergency Water Source PLANT INTERCONNECT Emergency Power Source DIESEL  
 Type of Standby GNAN 100 GENERATOR Capacity of Standby 100 kW 125 kVA (ENTIRE PLANT)  
 Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\*  
 How many wells? 1 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_  
 Treatment in use at this plant: (check all that apply)  
 \_\_\_\_\_ Aeration \_\_\_\_\_ E.D. \_\_\_\_\_ Lime Softening \_\_\_\_\_ Settling  
 Chlorination \_\_\_\_\_ Filtration \_\_\_\_\_ Recarbonation \_\_\_\_\_ Zeolite Soft.  
 \_\_\_\_\_ Chlor.-pre. \_\_\_\_\_ Filt.hi-rate \_\_\_\_\_ Reverse Osmosis \_\_\_\_\_ Other (specify)  
 \_\_\_\_\_ Chlor.-post \_\_\_\_\_ Fluoridation \_\_\_\_\_ pH adjustment \_\_\_\_\_  
 \_\_\_\_\_ Coagulation \_\_\_\_\_ Iron Removal \_\_\_\_\_ T & O control \_\_\_\_\_  
 What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)

\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED ON (407) 574-2121

Well Number*	28								
Year Drilled	1989								
Depth Drilled	FEET 250								
Length (outside casing)	FEET 100								
Diameter (outside casing)	INCHES 12								
Material (outside casing)	STEEL								
Depth to static water level	-								
Normal suction lift (w/kg. level)	-								
Normal yield, GPM	600								
Test yield, GPM	-								
Type of grout	CEMENT								
Drilling method	-								
Type of strainer	-								
Depth to top of strainer	-								
Protection from surface water?	YES								
Is inundation of well possible?	NO								
Saline intrusion noted in past?	NO								
Has the well ever been contaminated?	NO								
Pump manufacturer's name	VEEVALES								
Model number	-								
Capacity	75HP 1500GPM								
Check valve present in line?	YES								
Date of last servicing	-								
Maintenance Schedule (day/mo.)	ONCE WEEK								

COMMENTS (conditional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional copies of this page as needed.  
 DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

MODEL

Make of chlorinator CAPITAL - ADVANCE 200 Capacity, lb./24 hr. 100 GPD  
Dual system? YES Backup machine operative YES Gas or hypo used Gas Chlorine  
feed rate 15 GPD Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NONE More capacity needed NO Residual  
at plant 3.5 ppm Residual at remote tap 0.5 ppm Comments on chlorination EFFECTIVE

NO AMMONIA FOR CHLORINE LEAK DETECTION.

N/A AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FIMORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name COUATLAND County VOLUNTA PWS ID 3640277  
 Plant Address - Zip Code - Plant Phone ( ) NONE \*\*  
 Owner Name SOUTHERN STATES UTILITIES DELTONA OFFICE Owner Phone (407) 574-6680  
 Owner Address 255 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 2-14-91 Date of last Insp. 10-5-77 Person Contacted RICHARD FOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT.

SEE COVER PAGE \_\_\_\_\_  
SEE COVER PAGE \_\_\_\_\_

Population served SEE COVER PAGE Service Connections SEE COVER PAGE % metered COVER  
 Design Capacity 4.76 MG/D Design Storage Capacity 1.6 MG Average output 2,293,083 GPD  
 Maximum Hour \_\_\_\_\_ Maximum Day 4.47 MG/D PRECISION 6" AT WELL 15

Approval Number & Date \_\_\_\_\_ Type meter & copy BADGER CIRCULAR RECORD (AT OTHER WELLS)  
 Service area characteristics: (check all that apply) C COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input checked="" type="checkbox"/> Lodge   | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input checked="" type="checkbox"/> Restaurant  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Hotel              | <input checked="" type="checkbox"/> School      |                                                 |

Emergency Water Source PLANT INTERCONNECT Emergency Power Source DIESEL  
 Type of Standby GEN 125 GENERATOR (WELL 15) Capacity of Standby RUNS ENTIRE PLANT 156 KW

Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\*  
 How many wells? 5 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

- |                                                  |                                        |                                          |                                                |
|--------------------------------------------------|----------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.          | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration    | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt. hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation  | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal  | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground) \*\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED ON (407) 574-2181.  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)

100 kW, 100 kVa  
 \* GEN 125 GENERATOR - DIESEL - RUNS ENTIRE PLANT (AT WELLS 15, 17, 18)  
 75 kW, 96.8 kVa

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3640287

Well Number*	15	17	18	21	24				
Year Drilled	1976	1980	1982	1987	1987				
Depth Drilled FEET	355	253	255	272	260				
Length (outside casing) FEET	171	169	170	120	126				
Diameter (outside casing) INCHES	8	10	10	12	12				
Material (outside casing)	STEEL	STEEL	STEEL	STEEL	STEEL				
Depth to static water level	-	-	-	-	-				
Normal suction lift (w/kg, level)	-	-	-	-	-				
Normal yield, GPM	304	560	400	480	800				
Test yield, GPM	-	-	-	-	-				
Type of grout	CEMENT	CEMENT	CEMENT	CEMENT	CEMENT				
Drilling method	-	-	-	-	-				
Type of strainer	GANV. CONE	-	-	-	-				
Depth to top of strainer	-	-	-	-	-				
Protection from surface water?	YES	YES	YES	YES	YES				
Is inundation of well possible?	NO	NO	NO	NO	NO				
Salt intrusion noted in past?	NO	NO	NO	NO	NO				
Has the well ever been contaminated?	NO	NO	NO	NO	NO				
Pump manufacturer's name	CRANE DEMING	CRANE DEMING	CRANE DEMING	PERLESS	PERLESS				
Model number	71257	-	-	-	4847PM	PE			
Capacity	30HP 1800GPM	50HP 1000GPM	25HP 500GPM	10HP 600GPM	40HP 1000GPM				
Check valve present in line?	YES	YES	YES	YES	YES				
Date of last servicing	-	-	-	-	-				
Maintenance Schedule (day/mo.)	ONCE/ WEEK	ONCE/ WEEK	ONCE/ WEEK	ONCE/ WEEK	ONCE/ WEEK				

COMMENTS (conditional): 1. DIESEL TANK AT WELL 21 DOES NOT HAVE A CONTAINMENT BOX.

2. SOIL CONTAMINATION OCCURRED IN THE VICINITY OF WELL 18 DUE TO A DIESEL SPILL. MONITORING WELLS ARE ON SITE. NO EVIDENCE OF GROUNDWATER CONTAMINATION HAS BEEN FOUND.

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

WELLS  
CHLORINATOR: MODEL  
5, 17, 18 Make of chlorinator CAPITAL - ADVANCE 2000 Capacity, lb./24 hr. 500 FTD  
Dual system? YES Backup machine operative YES Gas or hypo used GA3 Chlorine  
feed rate YES Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NONE More capacity needed NO Residual  
at plant 2.2 PPM Residual at remote tap 0.4 PPM Comments on chlorination EFFECTIVE  
NO AMMONIA FOR CHLORINE LEAK DETECTION.

WELLS  
AERATOR:  
5, 17, 18 Type of aerator TRAY (CASCADE) Tray area or weir length UNK  
Condition of screens SATISFACTORY Bloodworms present NO Condition of  
aerator SATISFACTORY Adequate for Fe, H<sub>2</sub>S control NO  
NO MORE OBSERVED

N/A COAGULATION:  
Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LIME SOFTENING:  
Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FLUORIDATION:  
Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:  
Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

PLANT EQUIPMENT

well 21

CHLORINATOR:

MODEL

Make of chlorinator CAPITAL - ADVANCE 200 Capacity, lb./24 hr. 50 PPD  
Dual system? Yes Backup machine operative Yes Gas or hypo used Gas Chlorine  
feed rate 45 PPD Evidence of leaks NO Reserve supply Yes  
Condition of equipment Satisfactory Automatic switchover Yes Air-pack or respirator  
adequate Yes Ammonia smells fresh None More capacity needed - Residual  
at plant 2.5 PPM Residual at remote tap 6 PPM Comments on chlorination Effective  
NO AMMONIA TOX. CHLORINE LEAK DETECTION

N/A AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_



PLANT EQUIPMENT

WELL 24 CHLORINATOR:

MODEL  
Make of chlorinator CAPITAL - ADVANCE 200 Capacity, lb./24 hr. 160 YPD  
Dual system? YES Backup machine operative YES Gas or hypo used GAS Chlorine  
feed rate 35 YPD Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NONE More capacity needed NO Residual  
at plant 2.5 ppm Residual at remote tap 6.7 ppm Comments on chlorination EFFECTIVE  
NO AMMONIA FOR CHLORINE LEAK DETECTION

N/A AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_ Settling good? \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
Excessive carryover \_\_\_\_\_ Effluent stability \_\_\_\_\_  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_  
Recarbonation type \_\_\_\_\_

N/A FLUORIDATION:

Chemical used \_\_\_\_\_ Strength of acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

HIGH SERVICE

Pump Number	1	2	3						
Manufacturer name	VEERLESS	VEERLESS	VEERLESS						
Pump type and motor HP	50HP CENT.	50HP CENT.	100HP CENT.						
Model number	-	-	-						
Date installed	-	-	1984						
Capacity	GPM	600	600	1100					
Maintenance Schedule	ONCE WEEK	ONCE WEEK	ONCE WEEK						
Date last serviced	-	-	-						

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES:  ground;  hydropneumatic;  elevated;  clearwell.

Tank Number	65T								
Capacity	1,000 G								
Material	CONC.								
Gravity drain capacity	YES								
Bypass capacity	YES								
Covered/screened openings	YES								
Date of last cleaning	UNK								
Pressure Gauge	N/A								
Sign/Class	N/A								
On/Off pressure	N/A								
Height to bottom of el. tank	N/A								
Height to Maximum water level	N/A								

COMMENTS: 1500 GAL HYDRO PNEUMATIC TANK HAS BEEN TAKEN OUT OF SERVICE.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name BEAVER County WALDOBIA PWS ID 3640287  
 Plant Address - Zip Code - Plant Phone ( ) NONE \*  
 Owner Name SOUTHERN STATES UTILITIES DELTONA OFFICE Owner Phone (407) 574-6670  
 Owner Address 255 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 2-14-91 Date of last Insp. 10-5-77 Person Contacted RICHARD FOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT.  
 \_\_\_\_\_ SEE COVER PAGE \_\_\_\_\_ SEE COVER PAGE  
 \_\_\_\_\_  
 Population served SEE COVER PAGE Service Connections SEE COVER PAGE % metered SEE COVER PAGE  
 Design Capacity 2.02 MGD Design Storage Capacity NONE Average output 442167 GPD  
 Maximum Hour \_\_\_\_\_ Maximum Day 1.18 MGD

Approval Number & Date \_\_\_\_\_ Type meter & capy WASHER CIRCULAR RECORDS

Service area characteristics: (check all that apply)  COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input checked="" type="checkbox"/> Lodge   | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input checked="" type="checkbox"/> Restaurant  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Motel              | <input checked="" type="checkbox"/> School      |                                                 |

Emergency Water Source 11 PLANT INTERCONNECT Emergency Power Source DIESEL

Type of Standby GMAN 125 GENERATOR Capacity of Standby 125 KW 156 KVA (RUNS ENTIRE PLANT)

Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\*  
 How many wells? 1 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

- |                                                  |                                        |                                          |                                                |
|--------------------------------------------------|----------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.          | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration    | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt. hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation  | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal  | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)

\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED ON (407) 574-6670.

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 36-16227

Well Number*	23								
Year Drilled	1977								
Depth Drilled	FEET 200								
Length (outside casing)	FEET 90								
Diameter (outside casing)	INCHES 12								
Material (outside casing)	STEEL								
Depth to static water level	-								
Normal suction lift (wkg. level)	-								
Normal yield, GPM	1200								
Test yield, GPM	-								
Type of grout	CEMENT								
Drilling method	-								
Type of strainer	-								
Depth to top of strainer									
Protection from surface water?	YES								
Is inundation of well possible?	NO								
Salt intrusion noted in past?	NO								
Has the well ever been contaminated?	NO								
Pump manufacturer's name	TEENLES								
Model number	-								
Capacity	100 HP 1400 GPM								
Check valve present in line?	YES								
Date of last servicing	-								
Maintenance Schedule (day/mo.)	EVER WEEK								

COMMENTS (conditional):

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Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

MODEL

Make of chlorinator SAPITAL - APPLANCE 260 Capacity, lb./24 hr. 50 TPD  
Dual system? YES Backup machine operative YES Gas or hypo used NO Chlorine  
feed rate 12 TPD Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NO/NE More capacity needed NO Residual  
at plant 2.0 TPD Residual at remote tap 0.4 TPD Comments on chlorination EFFECTIVE

NO AMMONIA FOR CHLORINE LEAK DETECTION

N/A AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good/ \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Celling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name GOLF COURSE County VOLUSIA PWS ID 3640287  
 Plant Address - Zip Code - Plant Phone ( ) NONE \*  
 Owner Name SOUTHERN STATES UTILITIES DELTONA OFFICE Owner Phone (407) 574-6680  
 Owner Address 255 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 8-14-91 Date of last Insp. 10-5-79 Person Contacted RICHARD FOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT  
SEE COVER PAGE SEE COVER PAGE

Population served SEE COVER PAGE Service Connections SEE COVER PAGE % metered SEE COVER PAGE  
 Design Capacity 220000 GPD Design Storage Capacity NONE Average output 120750 GPD  
 Maximum Hour \_\_\_\_\_ Maximum Day 225000 GPD

Approval Number & Date \_\_\_\_\_ Type meter & copy HERSEY STARLING

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input checked="" type="checkbox"/> Lodge   | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input checked="" type="checkbox"/> Restaurant  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Motel              | <input checked="" type="checkbox"/> School      |                                                 |

Emergency Water Source II PLANT INTERCONNECT Emergency Power Source GAS

Type of Standby INTERNATIONAL HARVESTER Capacity of Standby UNK

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many wells? 1 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

- Treatment in use at this plant: (check all that apply)
- |                                                  |                                       |                                          |                                                |
|--------------------------------------------------|---------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.         | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration   | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt.hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)

\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED ON (407) 574-2131.

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3640287

Well Number*	4								
Year Drilled	1965								
Depth Drilled	FEET 254								
Length (outside casing)	FEET 104								
Diameter (outside casing)	INCHES 10								
Material (outside casing)	STEEL								
Depth to static water level	-								
Normal suction lift (wkng. level)	-								
Normal yield, GPM	400								
Test yield, GPM	-								
Type of grout	CEMENT								
Drilling method	-								
Type of strainer	GALV. COARSE								
Depth to top of strainer	-								
Protection from surface water?	YES								
Is inundation of well possible?	NO								
Salt intrusion noted in past?	NO								
Has the well ever been contaminated?	NO								
Pump manufacturer's name	CRANE DEMING								
Model number	-								
Capacity	400 GPM 500 GPM								
Check valve present in line?	YES								
Date of last servicing	-								
Maintenance Schedule (day/mo.)	ONCE/ WEEK								

COMMENTS (conditional):

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Attach additional copies of this page as needed.  
DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator CAPITAL - ADVANCE 200 Capacity, lb./24 hr. 25770  
Dual system? YES Backup machine operative YES Gas or hypo used GAS Chlorine  
feed rate 2770 Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NONE More capacity needed - Residual  
at plant 0.8 ppm Residual at remote tap 0.3 ppm Comments on chlorination EFFECTIVE  
NO AMMONIA OR CHLORINE LEAK DETECTION.

N/A AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FLUORINATION:

Chemical used \_\_\_\_\_ Strength of acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_



WJA HIGH SERVICE

Pump Number									
Manufacturer name									
Pump type and motor HP									
Model number									
Date installed									
Capacity									
Maintenance Schedule									
Date Last Serviced									

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number									
Capacity									
Material									
Gravity drain capacity									
Bypass capacity									
Covered/screened openings									
Date of last cleaning									
Pressure Gauge									
Sign/Glass									
On/Oil pressure									
Height to bottom of el. tank									
Height to Maximum water level									

COMMENTS: HYDROPNEUMATIC TANK TAKEN OUT OF SERVICE.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name DIAMOND STREET County VOLUSIA PWS ID 3640217  
 Plant Address - Zip Code - Plant Phone ( ) NONE \*  
 Owner Name SOUTHEAST STATES UTILITIES DELIGNA OFFICE Owner Phone (407) 574-6680  
 Owner Address 255 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 2-13-91 Date of last Insp. 10-5-78 Person Contacted RICHARD TOSTER  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT  
 \_\_\_\_\_ SEE COVER PAGE \_\_\_\_\_ SEE COVER PAGE  
 \_\_\_\_\_  
 Population served SEE COVER PAGE Service Connections SEE COVER PAGE % metered SEE  
 Design Capacity 2.16 MGD Design Storage Capacity NONE Average output 707167 GPD TOTAL  
 Maximum Hour \_\_\_\_\_ Maximum Day 1.64 MGD \_\_\_\_\_  
 Approval Number & Date \_\_\_\_\_ Type meter & copy WATER SPECIALTY 6" BADGER - CIRCULAR RECORDER  
 Service area characteristics: (check all that apply)  COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other \_\_\_\_\_  
 Indian Reservation  Hotel  School \_\_\_\_\_  
 Emergency Water Source 11 PLANT INTERCONNECT Emergency Power Source DIESEL \_\_\_\_\_  
 Type of Standby 125 KW GENERATOR Capacity of Standby 125KW 250KV - PLANT  
 Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\*  
 How many wells? 2 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_  
 Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Lime Softening  Settling  
 Chlorination  Filtration  Recarbonation  Zeolite Soft.  
 Chlor.-pre.  Filtr.-hi-rate  Reverse Osmosis  Other (specify) \_\_\_\_\_  
 Chlor.-post  Fluoridation  pH adjustment \_\_\_\_\_  
 Coagulation  Iron Removal\*\*  T & O control \_\_\_\_\_  
 What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

\*\* PENTHOSPHATE IS ADDED

DER Form Perm 13-24 (August, 80)

< PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED AT HIS OFFICE IN THE WASTEWATER TREATMENT COMPLEX. THE NUMBER IS (407) 574-2111.

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3640277

Well Number*	3	25							
Year Drilled	1965	1982							
Depth Drilled									
FEET	250	250							
Length (outside casing)									
FEET	96	100							
Diameter (outside casing)									
INCHES	10	12							
Material (outside casing)	STEEL	STEEL							
Depth to static water level	-	-							
Normal suction lift (w/kg. level)	-	-							
Normal yield, GPM	400	500							
Test yield, GPM									
Type of grout	CEMENT	CEMENT							
Drilling method	-	-							
Type of strainer	GALV. SCREEN	-							
Depth to top of strainer	-	-							
Protection from surface water?	YES	YES							
Is inundation of well possible?	NO	NO							
Salt intrusion noted in past?	NO	NO							
Has the well ever been contaminated?	NO	NO							
Pump manufacturer's name	PEERLESS	PEERLESS							
Model number	-	-							
Capacity	30HP 500GPM	100HP 1000GPM							
Check valve present in line?	YES	YES							
Date of last servicing	-	-							
Maintenance Schedule (day/mo.)	ONCE / WEEK	ONCE / WEEK							

COMMENTS (conditional):

Attach additional copies of this page as needed.

DER Form Form 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

MODEL  
 Make of chlorinator CAPITAL - ADVANCE 200 Capacity, lb./24 hr. 25 TPD  
 Dual system? Yes Backup machine operative Yes Gas or hypo used Gas Chlorine  
 feed rate 575 Evidence of leaks NO Reserve supply Yes  
 Condition of equipment SATISFACTORY Automatic switchover Yes Air-pack or respirator  
 adequate Yes Ammonia smells fresh NONE More capacity needed - Residual  
 at plant 0.6 ppm Residual at remote tap 0.2 ppm Comments on chlorination EFFECTIVE.

NO AMMONIA FOR CHLORINE LEAK DETECTION. 2.5 HP SAFARI CHLORINE BOOSTER PUMP  
IS PROVIDED.

N/A AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
 Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
 aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
 Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
 Carryover \_\_\_\_\_

N/A LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
 Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
 Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
 floc \_\_\_\_\_ Appearance of sludge  
 blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
 Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
 precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
 Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
 noted \_\_\_\_\_ Celling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
 Splice sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
 Chemical(s) used \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name WELLINGTON County VOLUSIA PWS ID 3640287  
 Plant Address - Zip Code - Plant Phone ( ) NONE \*  
 Owner Name SOUTHEAST STATES UTILITIES DELTONA OFFICE Owner Phone (407) 574-6680  
 Owner Address 665 ENTERPRISE ROAD City DELTONA State FL Zip Code 32703  
 Date of this Insp. 6-14-91 Date of last Insp. 10-5-78 Person Contacted RICHARD FOSTER

Certified Operators \_\_\_\_\_ Certified Operators Numbers PLANT OPERATIONS SUPERINT

\_\_\_\_\_  
SEE COVER PAGE  
 \_\_\_\_\_

\_\_\_\_\_  
SEE COVER PAGE  
 \_\_\_\_\_

Population served SEE COVER PAGE Service Connections SEE COVER PAGE % metered SEE COVER  
 Design Capacity 264000 GPD Design Storage Capacity NONE Average output 412917 GPD  
 Maximum Hour - Maximum Day 668200 GPD

Approval Number & Date \_\_\_\_\_ Type meter & capy BADGER CIALUAA RECORD

Service area characteristics: (check all that apply) C COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input checked="" type="checkbox"/> Lodge   | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input checked="" type="checkbox"/> Restaurant  | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Hotel              | <input checked="" type="checkbox"/> School      |                                                 |

Emergency Water Source II PLANT INTERCONNECT Emergency Power Source GAS

Type of Standby WISCONSIN MOTOR Capacity of Standby DATA

Sources of Raw Water:  Ground\*       Surface\*\*       Purchased\*\*\*  
 How many wells? 2      Identify Source: \_\_\_\_\_      Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

- |                                                  |                                       |                                          |                                                |
|--------------------------------------------------|---------------------------------------|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Aeration                | <input type="checkbox"/> E.D.         | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration   | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt.hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)

\* PLANT OPERATIONS SUPERINTENDENT CAN BE REACHED ON (407) 574-2181.

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3040271

Well Number*	1	2							
Year Drilled	1962	1964							
Depth Drilled FEET	300	228							
Length (outside casing) FEET	112	129							
Diameter (outside casing) INCHES	8	8							
Material (outside casing)	STEEL	STEEL							
Depth to static water level	-	-							
Normal suction lift (wkg. level)	-	-							
Normal yield, GPM	160	320							
Test yield, GPM	-	-							
Type of grout	CEMENT	CEMENT							
Drilling method									
Type of strainer	GALV. CONE	GALV. CONE							
Depth to top of strainer	-	-							
Protection from surface water?	YES	YES							
Is inundation of well possible?	NO	NO							
Salt intrusion noted in past?	NO	NO							
Has the well ever been contaminated?	NO	NO							
Pump manufacturer's name	PEARLESS	JACUZZI							
Model number									
Capacity	15HP 200 GPM	50HP 400 GPM							
Check valve present in line?	YES	YES							
Date of last servicing	-	-							
Maintenance Schedule (day/mo.)	ONCE/ WEEK	ONCE/ WEEK							

COMMENTS (conditional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional copies of this page as needed.  
 DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

MODEL

Make of chlorinator CATIAW - ADVANCE 200 Capacity, lb./24 hr. 50 PPD  
Dual system? YES Backup machine operative YES Gas or hypo used NO Chlorine  
feed rate 30 PPD Evidence of leaks NO Reserve supply YES  
Condition of equipment SATISFACTORY Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NO More capacity needed NO Residual  
at plant 0.2 PPM Residual at remote tap 0.2 PPM Comments on chlorination EFFECTIVE

N/A AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

N/A COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

N/A LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

N/A FLUORIDATION:

Chemical used \_\_\_\_\_ Strength of acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

N/A STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

DISTRIBUTION SYSTEM:

Material of mains PVC GI CA  
 System Looped NO Operation pressure 46-90 PSI Maximum pipe diameter 12 INCHES  
 Minimum pipe diameter 2 INCHES Number of dead ends 50 How often flushed AS NEEDED  
 Number of fire hydrants 360 Known cross-connections with private supplies NO  
 Blowoff lines below grade NO Routine cross-connection control program NOT IMPLEMENTED

PLANT LABORATORY CAPABILITY:

<input checked="" type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input checked="" type="checkbox"/> Chlorides	<input checked="" type="checkbox"/> Chlorine: type <u>27D</u>	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input checked="" type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input checked="" type="checkbox"/> Hardness (NOT CERTIFIED FOR)
<input checked="" type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: RICHARD FOSTER - PLANT OPERATIONS  
 SUPERINTENDENT ANDY CORNELL (TRAINING WITH DAYTONA BEACH HAS)

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

<u>2/30</u> Bacteriological	<u>2/90</u> Secondaries	<u>2/90, 5/90</u>	<u>2/88, 5/88</u>
<u>2/30</u> Radiological	<u>2/90</u> Inorganic chemical	<u>2/90 THM</u>	<u>2/88, 11/88</u>
<u>2/30</u> Turbidity	<u>2/90</u> Organic chemical	<u>Other: VOC</u>	

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
1. THERE WAS NO AMMONIA FOR CHLORINE LEAK DETECTION		SEE COVER LETTER
2. THERE WAS NO LOSS-OF-CHLORINATION-CAPABILITY ALARM		"
3. DIESEL FUEL STORAGE TANKS AT WELLS 14 AND 21 HAD NO CONTAINMENT BOXES.		"
4. THERE WAS NO CROSS-CONNECTION CONTROL PROGRAM		"

Inspector's Signature: WMB:GUA Date: 2-21-91

Title: ENG II Approved by: Paul J. [Signature] Date: 2-11-91  
 for Manager Drinking Water Program

\* FIRST QUARTER VOC AND UNREGULATED



**Dol Ray Manor - 336**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name DOLBY MANOR County SEMINOLE PWS ID 4520817  
 Plant Address \_\_\_\_\_ Zip 32701 Plant Phone ( ) \_\_\_\_\_  
 Location Description: ATTACHEMENT SPRINGS  
 Owner SOUTHERN STATES UTILITIES Owner Phone (407) 880-0100  
 Address 1800 CALOR PLACE City APOPKA State FL Zip 32704  
 Date of this Inspection: 3-1-91 Date of last survey: 6-6-89 Date of last compliance inspection: \_\_\_\_\_ Person Contacted: PAUL CORDER  
 Service area characteristics: C  G  NC \_\_\_\_\_ NTNC \_\_\_\_\_

1. Certified Operators & Certification No.: J. W. JOHNSON C-4384
  2. Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_
  3. Meter/Time Lapse Clock: Yes  No \_\_\_\_\_ WELL YIELD & TOTAL USE \_\_\_\_\_
  4. Well(s): Number: 2 6' X 6' X 4" Concrete Pad: YES
- In Line Check Valve Present?: YES Raw Water Tap?: YES - NOT USED

Comments: \_\_\_\_\_  
 5. CHLORINATION  
 Manufacturer's Name of Chlorinator: REGAL Gas:  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: \_\_\_\_\_  
 Plant L.I.P.M. Remote L.I.P.M.  
 Comments: \_\_\_\_\_

6. Other Treatment(s): AERATION  
 Comments: \_\_\_\_\_

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	G	H								
Pressure Gauge	-	YES								
Sight Glass	-	NO								
On/Off pressure	-	YES								

Comments: NO PITCHING FOR SIGHT GLASS

DEFICIENCIES: NO SIGHT GLASS OBSERVED

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig & Title: Paul B. Corder Date: 3-1-91  
 Received By: \_\_\_\_\_ Date: 3-1-91

Form Left on Site/Left with Operator or Water Purveyor

**Druid Hills - 334**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

WATER TREATMENT PLANT COMPLIANCE INSPECTION

ARVID MILLS  
HIDDEN ESTATES

Plant Name BRETTON WOODS County SEMINOLE PWS ID 359011

Plant Address 196 FLAME AVE, ALT SAG City 32701 Plant Phone (-) -

Location Description: \_\_\_\_\_

Owner SOUTHERN STATES UTILITIES Owner Phone (407)890-990

Address 1000 COLOR PL City APOPKA State FL Zip 32704

Date of this inspection: 3-1-91 Date of last survey: 6-6-89 Date of last compliance inspection: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Service area characteristics: C 6 NC \_\_\_\_\_ NTNC \_\_\_\_\_

1. Certified Operators I. W. JOHNSON C-4354  
Certification No.: \_\_\_\_\_

2. Maintenance and Operation Log Book: Yes  No  Not Applicable

3. Meter/Time Lapse Clock: Yes  No  Meters at each well \_\_\_\_\_

4. Well(s): Number: 2 6' X 6' X 4" Concrete Pad: YES

In Line Check Valve Present?: YES Raw Water Tap?: YES. SMOOTH-NOSE

Comments: CUMMINS GENSET AUXILIARY GENERATOR

5. CHLORINATION

Manufacturer's Name of Chlorinator: ALTA Gas:  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: \_\_\_\_\_ Plant \_\_\_\_\_ Remote \_\_\_\_\_

Comments: \_\_\_\_\_

6. Other Treatment(s): AGUA - MAG, AERATION

Comments: FOR IRON

7. Storage Facilities: (G) ground; (N) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	G	N							
Pressure Gauge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
Sight Glass	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							
On/Off pressure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							

Comments: SOME CORROSION EVIDENT ON GROUND STORAGE TANK AROUND AERATOR AND ON PRESSURE TANK. NOT SEVERE, BUT RECOMMEND REMEDIAL MEASURES

DEFICIENCIES: NONE OBSERVED.

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig & Title: [Signature] Date: 3-1-91  
Received By: [Signature] Date: 3-1-91

Form Left on Site/Left with Operator or Water Purveyor

**East Lake Harris Estates - 557**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name East Lake Wupp. Dist. County LAKE PWS ID 3750322  
 Plant Address 12319 Woodland Zip \_\_\_\_\_ Plant Phone (\_\_\_\_) \_\_\_\_\_  
 Location Description: Astrotale  
 Owner Southern State Utilities Owner Phone 813 890-0100  
 Address 6200 Silver Place City Aluka State FL Zip 32704  
 Date of this inspection: 10/23/91 Date of last survey: 4/14/89 Date of last compliance inspection: \_\_\_\_\_  
 Contacted: Ramon Heath  
 Service area characteristics: C  NC \_\_\_\_\_ NTMC \_\_\_\_\_ CSD

1. Certified Operators & Certification No.: Dennis Mero G-6497 2 hrs/WK

2. Maintenance and Operation Log Book: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

3. Meter/Time Lapse Clock: Yes  No \_\_\_\_\_

4. Well(s): Number: 1 6' X 6' X 4' Concrete Pad: Yes

In Line Check Valve Present?: Yes Raw Water Tap?: Yes

Comments: Gas tank of pump

5. CHLORINATION  
 Manufacturer's Name of Chlorinator: Advance Gas  hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: Plant 1.5 Remote 0.9

Comments: \_\_\_\_\_

6. Other Treatment(s): \_\_\_\_\_  
 Comments: Chlorinating Pump (140 GPM), Booster Pump 1HP

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	Druck								
Pressure Gauge	<input checked="" type="checkbox"/>								
Sight Glass	<input checked="" type="checkbox"/>								
Oil/Oil pressure	<input checked="" type="checkbox"/>								

Comments: Pressure Relief valve

DEFICIENCIES: Recommend to put fence around the tank

Water system deficiencies listed above must be corrected within 11/23/91 days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Nick K. ... Engineer I Date: 10/23/91

Received By: Ramon Heath Date: 10/23/91

Form left on site/left with Operator or Water Purveyor

Gas tank, check propane tank, above ground, 100 lbs, 1 year

**Fern Park - 324**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

INVESTIGATED  
WATER TREATMENT  
PLANT

Plant Name FERN PARK County SUMNER PWS ID 35903C9  
 Plant Address BEHIND 129 EAST LAUREN J. HAMLIN Zip - Plant Phone ( ) -  
 Location Description: LENN PARK  
 Owner SOUTHERN STATES UTILITIES Owner Phone (407) 389-8122  
 Address 1900 GOLF COURSE BLVD City APOPKA State FL Zip 32704  
 Date of this inspection: 3-1-91 Date of last survey: 6-14-89 Date of last compliance inspection: - Person contacted: DON CORDER  
 Service area characteristics: C 6 NC - NTNC -

1. Certified Operators & Certification No.: J. W. JOHNSON C-435F
2. Maintenance and Operation Log Book: Yes  No  Not Applicable
3. Meter/Time Lapse Clock: Yes  No
4. Well(s): Number: 1 6' X 6' X 4" Concrete Pad: YES

In Line Check Valve Present?: YES Raw Water Tap?: YES SMOOTH-HEAD

5. CHLORINATION  
 Manufacturer's Name of Chlorinator: ARJANE Gas:  Hypo:  Cl<sub>2</sub> Residual: Plant 1.0ppm Remote 0.5ppm

6. Other Treatment(s): AERATION

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	G	H							
Pressure Gauge	-	YES							
Sight Glass	-	YES							
On/Off pressure	-	YES							

Comments: \_\_\_\_\_  
 DEFICIENCIES: NO DEFICIENCIES OBSERVED.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: DR. J. W. JOHNSON Date: 3-1-91  
 Received By: Donald B. Parker Date: 3-1-91

Form Left on Site/Left with Operator or Water Purveyor



**Fern Terrace - 552**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Fern Terrace (S/D) County Lake PWS ID 3350370

Plant Address Fern Terrace Zip \_\_\_\_\_ Plant Phone ( ) \_\_\_\_\_

Location Description: Jessbury 700 N. Fern Drive

Owner Southern State Utilities Owner Phone (47) 930-0100

Address 1000 Colar Place City Apulva State FL Zip 32704

Date of this inspection: 10/23/91 Date of last survey: \_\_\_\_\_ Date of last compliance inspection: \_\_\_\_\_ Person Contacted: Brian Heath C 5825

Service area characteristics: C  Y \_\_\_\_\_ NC \_\_\_\_\_ HTNC \_\_\_\_\_ 250

1. Certified Operators & Certification No.: Dennis Muro C 6497 (5 days) working

2. Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_

3. Meter/Time Loss Clock: Yes  No \_\_\_\_\_

4. Well(s): Number: 1 6' X 6' X 4" Concrete Pad: yes

In Line Check Valve Present: yes Raw Water Tap: yes

Comments: Submersible Pump 200 GPM

5. CHLORINATION

Manufacturer's Name of Chlorinator: Advance Gas  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: Plant 1.2 Remote 0.9

Comments: Chain, Ammonia 2 scales, above grade washer no backup Tank Present

6. Other Treatment(s): \_\_\_\_\_

Comments: Gravity drain Fence around pressure tank

7. Storage Facilities: (G) ground:  (H) hydropneumatic: \_\_\_\_\_ (E) elevated: \_\_\_\_\_ (C) clearwell \_\_\_\_\_

Tank Number	Occupant								
Pressure Gauge	<input checked="" type="checkbox"/>								
Sight Glass	<input checked="" type="checkbox"/>								
On/Off pressure	<input checked="" type="checkbox"/>								
By Pass	<input checked="" type="checkbox"/>								

Comments: \_\_\_\_\_

DEFICIENCIES: OVER 100 Service Connection Consequently OVER 350 people. 2 wells plus generator required.

Wastewater flowing less than 100' from the well. No dual gas cylinder, no automatic switchover

Water system deficiencies listed above must be corrected within 11/23/91 days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Nick Vachon Engineer Date: 10/23/91  
Received By: Brian Heath Date: 10/23/91

Form Left on Site/Left with Operator or Water Purveyor

**Fisherman's Haven - 673**

**Martin County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southeast District Branch Office • 2745 S.E. Morningside Blvd. • Port St. Lucie, FL 34952 • 407-878-3890/335-4310

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Scott Benyon, Deputy Assistant Secretary

SEP 21 1990

Aaron Perlowich  
Sr. Region Manager, Operations  
SSU Services, Inc.  
1000 Color Place  
Apopka, Florida 23703

Fisherman's Haven  
Leilani Heights  
Martin County  
Public Water Systems

Dear Mr. Perlowich:

The referenced public water systems were inspected on August 22, 1990 in conjunction with the preparation for testimony before the Public Service Commission:

Enclosed are the reports resultant from these inspections. You may wish to review them and address the discrepancies noted. Corrections of several issues will require the issuance of a permit by the Department. Significant among these are: auxiliary power, additional wells, loss of chlorination capability alarm, storage (fire flow) and plant rated capacity.

Should you have any questions, please contact Wes Upham at (407) 335-4310.

Sincerely,

John A. Meyer  
Port St. Lucie Branch Manager

*JK*  
tld/wut

cc: Martin County Public Health Unit

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
PUBLIC WATER SYSTEM INSPECTION

SYSTEM/PLANT NAME FISHERMAN'S HAVEN PWSID 4430442 TYPE C  
INSPECTOR LIES JOHNSON COUNTY: (M) SL DATE: 8/22/90  
OTHERS PRESENT MEL FISHER, U.O.  
PURPOSE OF VISIT ARE DEPT TESTIMONY PSC RATE HEARING  
OWNER INFORMATION SUNSHINE STATE SERVICE UTILITIES SERVICES, INC

ITEMS CHECKED (X) WERE FOUND UNSATISFACTORY. PLEASE CORRECT.

WELLS & PUMPS

- |                                                                                               |                                                                                 |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. Size of well pad.                                      | <input checked="" type="checkbox"/> 7. Emergency pumping capability/# of wells. |
| <input checked="" type="checkbox"/> 2. Raw water sampling tap.                                | <input checked="" type="checkbox"/> 8. Sanitary hazard near well.               |
| <input checked="" type="checkbox"/> 3. Well seal/casing/vent protection.                      | <input checked="" type="checkbox"/> 9. Well or pump protection.                 |
| <input checked="" type="checkbox"/> 4. Provision for well disinfection.                       | <input checked="" type="checkbox"/> 10. Electrical wiring.                      |
| <input checked="" type="checkbox"/> 5. Check & shutoff valve/meter/<br><u>pressure gauge.</u> | <input checked="" type="checkbox"/> 11. Unused well(s).                         |
| <input checked="" type="checkbox"/> 6. Elevation of pump intake line.                         |                                                                                 |

1. NO WELL PAD, AREA ADJACENT TO WELL DEPRESSURED  
4. WOULD REQUIRE SOME OBTAINMENT  
5. NO PRESSURE GAUGE  
7. POPULATION OVER 1000, NO AUX GENERATOR, NO BACKUP WELL  
8. RESIDENTIAL PLUMBING < 100 FT

CHLORINATION

- |                                                                              |                                                                 |
|------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. Disinfection. <u>1.5 FEET, AMT</u>    | <input checked="" type="checkbox"/> 6. Scales                   |
| <input checked="" type="checkbox"/> 2. Chlorinator.                          | <input checked="" type="checkbox"/> 7. Chlorination system.     |
| <input checked="" type="checkbox"/> 3. Chlorine contact time.                | <input checked="" type="checkbox"/> 8. Chlorinator spare parts. |
| <input checked="" type="checkbox"/> 4. Safety equipment <u>ventilation.</u>  | <input checked="" type="checkbox"/> 9. Chlorine alarm.          |
| <input checked="" type="checkbox"/> 5. Chlorine cylinders security/location. |                                                                 |

4. NO VENTILATION CHLORINE ROOM  
8. ONE SOURCE TO COVER ALL PLANTS (ON WATER & WASTE WATER)  
9. ALARM ON-SITE BUT NOT CONNECTED TO CHLORINATION SYSTEM

AERATION/FILTRATION

- |                                                     |                                                       |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 1. Aerator screened.       | <input type="checkbox"/> 4. Aerator maintained.       |
| <input type="checkbox"/> 2. By-pass gravity drain.  | <input type="checkbox"/> 5. Filter backwash disposal. |
| <input type="checkbox"/> 3. Number/size of filters. |                                                       |

SOFTENING

- |                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 1. Bypass/meters/proportioning valve. | <input type="checkbox"/> 4. Sample taps.            |
| <input type="checkbox"/> 2. Flow controller.                   | <input type="checkbox"/> 5. Stabilization provided. |
| <input type="checkbox"/> 3. Number/size of units.              | <input type="checkbox"/> 6. Brine disposal.         |

SEE OTHER SIDE

STORAGE FACILITIES

- (S) 1. Tank condition.
- (S) 2. Gravity drain.
- (S) 3. By-pass capability.
- (S) 4. Level indicator.
- (S) 5. Storage volume.
- (S) 6. Pressure gauge.
- (S) 7. Finish water sampling tap.

DISTRIBUTION SYSTEM

- (S) 1. Flow measuring device.
- (-) 2. Cross Connection.
- (-) 3. Low pressure.
- (-) 4. Condition of water mains.
- (S) 5. Looped system/flushing.

GENERAL

- (X) 1. Operation & Maintenance log.
- (S) 2. Operator time.
- (S) 3. Chlorine test kit.
- (\*) 4. Repairs needed.
- (-) 5. Protective equipment for chemical handling.
- (S) 6. Plant security.
- (-) 7. Approved chemical in use.
- (\*) 8. Plant in compliance with permit.

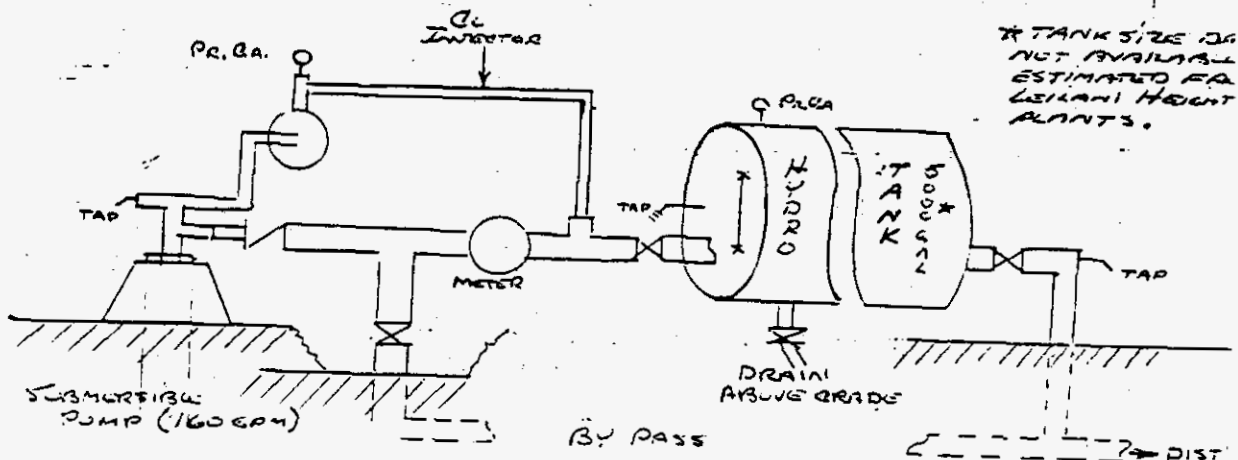
- 1. SINGLE MONTHLY TREAT, NEED BULK ON SITE
- 4. ELECTRICAL CONTROL PANEL DETERIORATING - HAVE SOMEONE TO REPLACE PER OPERATOR
- 8. NO CONSTRUCTION PERMIT - DESIGN CAPACITY NOT KNOWN

MONITORING & REPORTING

- (S) 1. Monthly Operating Reports.
- (S) 2. Bacteriological monitoring.
- (X) 3. Chemical monitoring.
- (S) 4. Max. contaminant levels
- (X) 5. Cross connection program.

- 3. PRIMARY INORGANICS, PRIMARY ORGANICS DUE E/G: TURBIDITY, SECONDARY CONTAMINANTS DUE TO/NO: VOC AND UOI QUARTER MONITORING DUE TO START 1/91
- 5. DIVING CAN FILE

SYSTEM SCHEMATIC:



**Fountains - 772**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**

mel Fitch



Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767
Lawton Chiles, Governor Carol M. Browner, Secretary

CERTIFIED: P 833 419 189

Date: DECEMBER 26 91

Southern States Utilities
1000 Coral Place
Apopka, FL 32703

OCD-PW-SS-91-1291

Attention: Mr. Sam Sparks
Osceola County-PW

PWS Name: Oak Pointe / Fountains at Pleasant Hill
PWS ID Number: 3494328

FOUNTAINS

Dear Mr. Sparks:

This will confirm a visit to the subject [X] "community" [ ] "non-transient non-community"
[ ] "non-community" public water system on October 4, 91 by Bhanu Engineer of this
office in the presence of you for the purpose of conducting a sanitary survey.
A copy of the report is enclosed for your reference and records. Deficiencies noted during the
survey and/or determined from records on file in this office are indicated by numbers, letters and
"X" marks in the appropriate and applicable boxes [ ] on the attached pages, including the cited
rules of the Florida Administrative Code (F.A.C).

YOU ARE REQUIRED TO CORRECT THE DEFICIENCIES FOR THE SUBJECT SYSTEM
AND TO PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN
JANUARY 25, 92 STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN
CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE
ENFORCEMENT ACTION BY THE DEPARTMENT.

You are also required to provide information, where available, for items marked on the sanitary
survey report as "unknown" or "unk".

Reference materials on applicable drinking water regulations as well as cross-connections are
available upon telephone request to Ms. Mary Glover at (407) 894-7555, extension 251.

If you have any questions concerning this letter, please contact Bhanu Engineer
at the address listed above or by phone at (407)894-7555.

Sincerely,
Bhanu Engineer
Bhanu Engineer
Section Supervisor
Drinking Water Compliance/Enforcement

cc: Osceola County Health Department
Frank Huttner Permitting

RVE 11/18/91



Other:

This system has two well. The records of the Department do not contain a copy of well #2 clearance letter by this Department.

A copy of the well clearance letter attached with your letter dated September 9 91 (should be October 9 91) is for well #1 rather than well #2. (Copy Attached)

Please search your records and provide a copy by the date mentioned in cover letter.

If you do not have record relating to well #2 clearance by this Department, please contact Mr. Frank Huttner, Supervisor Permitting, immediately.

# SANITARY SURVEY REPORT

Plant name CAR POINTE / FOUNTAINS  
Plant name AT PLEASANT HILL / 1551 County OSCEOLA PWS ID 349-4328  
Plant address PLEASANT HILL 3 MILES S. OF HWY 192 KISSIMMEE Phone 407-880-0058  
Owner name SOUTHERN STATES UTILITIES  
Address 1000 COLER PLACE APT 24 FL 32703 Phone 407-880-0058  
This survey date 10-4-91 Last survey date NONE Contact person SAM SPARKS  
JOHN COFFEE

### PWS TYPE

- Community  
 Non-Community  
 Non-Transient Non-Community

### PWS STATUS

- Approved system w/ approval # & date:  
WC 49-9034 5-31-90  
 Unapproved system

### SERVICE AREA CHARACTERISTICS:

RESIDENTIAL SUBDIVISION

### OPERATION & MAINTENANCE

Certified operator:  Yes  No  N.A.  
Operators & Certification Class-Numbers:  
JOHN COFFEE

O&M Log:  Yes  No

Operator visiting frequency:

Hours/day \_\_\_\_\_

Days/week \_\_\_\_\_

Non-consecutive days? \_\_\_\_\_

MORs submitted regularly:  Yes  No

Any missing MOR data \_\_\_\_\_

Number of service connections 244

Number of population served 226

Average day \_\_\_\_\_

Maximum day \_\_\_\_\_

Design capacity 0.04 MGD

Comments \_\_\_\_\_

### RAW WATER SOURCE

- Ground (How many wells? 2)  
 Surface (Identify source \_\_\_\_\_)  
 Purchased (from \_\_\_\_\_)  
 Emergency water source 2nd well  
Emergency water capacity (GPM) \_\_\_\_\_

### AUXILIARY POWER SOURCE (If service area is 250) N/A

Identify source \_\_\_\_\_  
Capacity of standby (kw) \_\_\_\_\_  
Switchover:  Auto  Manual  
Standby O&M log:  Yes  No  
Operated under load (4hrs/mo)? \_\_\_\_\_  
What equipment does it operate?  
 well pumps: \_\_\_\_\_ GPM  
 high service pumps: \_\_\_\_\_ GPM  
 treatment equipment: \_\_\_\_\_  
Does it satisfy 1/2 max. day demand? \_\_\_\_\_

### TREATMENT PROCESSES IN USE

AERATION, CHLORINATION

What additional treatment is needed? \_\_\_\_\_

For control of what deficiencies? \_\_\_\_\_

### DISTRIBUTION SYSTEM

Flow measuring device:  
 No  meter  elapsed timer  N.A.  
Flow meter capacity (GPM) 1-1/2" / 100-4"  
Back flow prevention devices:  Yes  No  
Cross-connections None  
Written cross-connection program \_\_\_\_\_  
Flushing schedule AS REGD

## GROUND WATER SOURCE

Well number	1 (SOUTH)	2 (NORTH)					
Year drilled*	1987	1987					
Depth drilled* FT	502	505					
Drilling method*	ROTARY	ROTARY					
Type of grout*	NEAR CEMENT	NEAR CEMENT					
Static water level*	8'	8'					
Pumping water level*	UNK	UNK					
Design well yield* GPM	750	750					
Test yield*	UNK	UNK					
Strainer*	UNK	UNK					
Length (outside casing)*	147'	147'					
Diameter (outside casing)	8"	8"					
Material (outside casing)	STEEL	STEEL					
Well contamination history	UNK	UNK					
Is inundation of well possible?	NO	NO					
6'x 6'x 4" concrete pad	YES	YES					
SET	Septic tank	-	-				
	Reuse water	-	-				
BACKS	WV plumbing	-	-				
	other sanitary hazard	-	-				
PUMP	Type	TURBINE	TURBINE				
	Manufacturer name	GOULDS	GOULDS				
	Model number						
	Rated capacity GPM	350	160				
	Motor HP	7.5	5				
Well casing sanitary seal	YES	YES					
Raw water sampling tap	YES	YES					
Above ground check valve	YES	YES					
Fence/housing	YES	YES					
Well vent protection	OK	OK					
Comments:							

\* Fill in only when there is no record on file.

re 12 02:91

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make ADVANCE Capacity \_\_\_\_\_  
 Cl<sub>2</sub> feed rate 35 PPH  
 Avg. amount of Cl<sub>2</sub> gas used/day less than 10 lb  
 Cl<sub>2</sub> residuals: Plant 1-7 Remote 0-2  
 Remote tap address \_\_\_\_\_  
 DPD test kit on site? Yes  
 Injection points OK  
 Comments: \_\_\_\_\_

Chlorine Gas use Requirements	YES	NO	Comments
Dual system			
Auto-switchover			
Low or short-term capacity alarm			
Scale			
Chained cylinders			
Reserve supply			
Adequate air-pak			
Sign of leaks			
Fresh ammonia			
Ventilation			
Room lighting			
Warning signs			
Repair kits			
Fitted wrench			
Housing/protection			
COMMENTS			

**AERATION (Gases, Fe, & Mn removal)**

Type CASCADE Capacity UNK  
 Aerator condition OK  
 Bloodworm presence NO  
 Visible algal growth NO  
 Protective screen condition OK  
 Comments \_\_\_\_\_

**STORAGE FACILITIES**

(G) ground (H) hydropneumatic (E) elevated  
 (B) bladder (C) clearwell

Tank type/number	G	H	
Capacity (gall)	10,000	UNK	
Material	STEEL	STEEL	
Gravity drain	Yes	Yes	
By-pass piping	Yes	Yes	
Pressure gauge	-	Yes	
Sight glass / level indicator	Yes	Yes	
Fittings for sight glass			
Protected openings	Yes	-	
On/Off pressure	-	40/60	
Height to bottom of elev. tank	-	-	
Height to max. water level	7'	-	
Access padlocked	Yes		
COMMENTS			

**HIGH SERVICE PUMPS**

Pump number	1	2	3
Type	CENTRIFUGAL		
Make	PEERLESS		
Model	83-A		
Capacity			
Motor HP	30	30	UNK
Date installed	1987		
Maintenance			
Comments: ONLY # 2 & 3 ARE CONNECTED TO SERVICE			

**STORAGE FACILITIES**

(G) ground (H) hydropneumatic (E) elevated  
 (B) bladder (C) clearwell

Tank type/number									
Capacity (gall)									
Material									
Gravity drain									
By-pass piping									
Pressure gauge									
Sight glass / level indicator									
Fittings for sight glass									
Protected openings									
On/Off pressure									
Height to bottom of elev. tank									
Height to max. water level									
Access padlocked									
COMMENTS									

**HIGH SERVICE PUMPS**

Pump number									
Type									
Make									
Model									
Capacity									
Motor HP									
Date installed									
Maintenance									
Comments:									

**OTHER TASTE/ODOR CONTROL PROCESSES**Explain: \_\_\_\_\_  
\_\_\_\_\_**AMMONIATION**Make \_\_\_\_\_ Capacity \_\_\_\_\_  
Injection points \_\_\_\_\_  
Comments \_\_\_\_\_**COAGULATION (Turbidity removal)**Chemicals used \_\_\_\_\_  
Condition of floc \_\_\_\_\_  
Is settling OK? \_\_\_\_\_  
Comments \_\_\_\_\_**SOFTENING (Ca/Mg hardness removal)****Chemical precipitation process:**Chemicals used \_\_\_\_\_  
Nature of floc \_\_\_\_\_  
Sludge blanket appearance \_\_\_\_\_  
Is settling OK? \_\_\_\_\_  
Excessive carry-over? \_\_\_\_\_  
Secondary precipitation \_\_\_\_\_  
Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_  
Sludge recirculation used \_\_\_\_\_  
Comments \_\_\_\_\_**Ion exchange process**Make \_\_\_\_\_ Model \_\_\_\_\_  
Capacity \_\_\_\_\_  
Grade of salt for regeneration \_\_\_\_\_  
Backwash effluent destination \_\_\_\_\_  
Comments \_\_\_\_\_**FILTRATION (Suspended solids removal)**Type \_\_\_\_\_  
Size \_\_\_\_\_ No. of units \_\_\_\_\_  
Length of filter runs \_\_\_\_\_  
Type of filter media \_\_\_\_\_  
Is media visible? \_\_\_\_\_ clean after BW? \_\_\_\_\_  
Filter rate \_\_\_\_\_ BW rate \_\_\_\_\_  
Filter capacity \_\_\_\_\_  
Cracks/cementation/channeling \_\_\_\_\_  
Effluent stability \_\_\_\_\_ Algal growth \_\_\_\_\_  
Turbidity in clearwell? \_\_\_\_\_  
Head loss gauge \_\_\_\_\_  
Comments \_\_\_\_\_**REVERSE OSMOSIS (Dissolved solids removal)**Make \_\_\_\_\_ pressure \_\_\_\_\_  
No. of modules \_\_\_\_\_ permeate cap. \_\_\_\_\_  
Blend rate (GPM) \_\_\_\_\_  
Chemicals used \_\_\_\_\_  
Waste-to-product ratio \_\_\_\_\_  
Pre-treatment \_\_\_\_\_  
Effluent quality: TDS (mg/l) \_\_\_\_\_  
Waste disposal site \_\_\_\_\_  
IW Permit#/Expir. date \_\_\_\_\_  
Comments \_\_\_\_\_**FLUORIDATION**Chemical used \_\_\_\_\_ Strength \_\_\_\_\_  
Corrosion noted \_\_\_\_\_ Plugging noted \_\_\_\_\_  
Feeder make/model \_\_\_\_\_  
High level ventilation (acid) \_\_\_\_\_  
Acid carboys/day tank vented outside \_\_\_\_\_  
Designated electrical outlet (acid) \_\_\_\_\_  
Analytical testing equipment \_\_\_\_\_  
Anti-siphon valves \_\_\_\_\_  
Residual range \_\_\_\_\_  
Point of application \_\_\_\_\_  
Emergency eyewash \_\_\_\_\_  
Comments \_\_\_\_\_**STABILIZATION**Effluent S.I. \_\_\_\_\_ Is pH control done? \_\_\_\_\_  
Chemical used \_\_\_\_\_  
Injection point \_\_\_\_\_  
pH range of effluent \_\_\_\_\_

COMPLIANCE MONITORING							
Parameters	PWS Screen #	Community		Non-Transient Non-Community		Non-Community	
		Cycle	Date	Cycle	Date	Cycle	Date
Bacteriological	24	monthly	OK	monthly		quarterly	
Inorganics	30	3 years	12-8-90	3 years		once every year	
Turbidity	26	3 years	12-8-90	3 years		once every year	
Radionuclides	33	4 years	12-8-90	4 years	starting 12/92		
Volatile Organics	28	quarterly/3 years	12-8-90	quarterly/3 years			
Unregulated Organics	34-37	3 years	12-8-90	3 years			
Secondaries	31	3 years	12-8-90				
Organics	29	3 years	12-8-90				
TTHM (if pop ≥ 10k)	27	quarterly	—				

Compliance monitoring violations: \_\_\_\_\_

Maximum Contaminant Level violations: \_\_\_\_\_

**DEFICIENCIES: (See cover letter for recommended actions)**

Well #2 clearance by DGR

Inspector Bhanu Engineer Title Systems Supervisor Date 12/26/91

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Fox Run - 679**

**Martin County (SSU)**

**Water**

**- 1992 FPSC Filing -**



RECEIVED

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHEAST FLORIDA DISTRICT  
BRANCH OFFICE

2745 SOUTHEAST MORNINGSID E BOULEVARD  
PORT ST. LUCIE, FLORIDA 33452

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY

NOTICE OF NONCOMPLIANCE

January 14, 1988

Aaron Perlowich, General Manager  
Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

PWSID #4431700  
Martin County  
Fox Run Utilities  
Public Water System

Dear Mr. Perlowich:

This will serve to confirm a visit to the subject facility by a representative of this Department on December 1, 1987 for the purpose of conducting a sanitary survey. Information collected, together with data from our files, is included in the attached report.

Following are listed deficiencies, with applicable regulation references, together with recommended remedial actions and time frames for each where applicable.

DEFICIENCY	REGULATION REFERENCE	ACTION RECOMMENDED
<u>MONITORING &amp; REPORTING</u>		
1. Operating reports incomplete	FAC 17-16.360(1)(b) 17-16.375(1)	Design flow not filled in (0.035 MGD).
2. No operation and maintenance log provided on site	FAC 17-16.360(1)(e) 17-22.107(3)(e)	Provide (7 days).
<u>WELLS &amp; PUMPS</u>		
3. Well not protected from surface water: inadequately sized pad	FAC 17-22.106(2)(b) 17-22.106(4)	Concrete platform 6'X 6' must be placed around well casing (30 days).
4. Sanitary hazards located near well (e.g., filter backwash)	FAC 17-22.105(1)(d)3 17-22.106(2)(b)	Take appropriate action to relocate point of discharge. (30 days).
5. Inadequate well and pump protection	FAC 17-22.106(2)(c)4	Provide weather/vandalism protection as required (30 days).

*Protecting Florida and Your Quality of Life*

CHLORINATION

- |                                                |                      |                                                                                         |
|------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------|
| 6. Insufficient chlorine contact time          | FAC 17-22.106(3)(c)  | Provide 30 minute chlorine contact time. Submit application to modify system (30 days). |
| 7. No safety equipment                         | FAC 17-22.106(4)     | Provide respirator for chlorine room (30 days).                                         |
| 8. Chlorine cylinders not secured              | FAC 17-22.106(3)(d)1 | Secure for safety purposes (7 days).                                                    |
| 9. Existing gas chlorination system inadequate | FAC 17-22.106(3)(d)1 | Provide pre-chlorination as defined in permit.                                          |
| 10. No spare parts for chlorinator             | FAC 17-22.106(3)(d)1 | Have spare parts on site (7 days).                                                      |
| 11. No alarm for loss of chlorination          | FAC 17-22.106(3)(d)1 | Provide alarm. Submit application to modify system (30 days).                           |

STORAGE FACILITIES

- |                                         |                         |                                                                                             |
|-----------------------------------------|-------------------------|---------------------------------------------------------------------------------------------|
| 12. Storage tank cannot be bypassed     | FAC 17-22.106(3)(a)     | Provide bypass capability (30 days).                                                        |
| 13. Not enough storage for water system | FAC 17-22.106(3)(a),(e) | Provide more storage capacity. Submit application to modify system (30 days).               |
| 14. No finish water sampling tap        | FAC 17-22.106(4)        | Install down facing sampling tap to sample finish water (with backflow protection (7 days). |

DISTRIBUTION SYSTEM

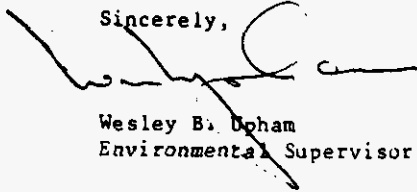
- |                                                                                         |                                        |                                                                 |
|-----------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------|
| 15. Flow measuring device improperly located                                            | FAC 17-22.106(3)(g)<br>17-22.106(3)(a) | Install flow measuring device properly (with bypass) (15 days). |
| 16. Leaky valves in plant line                                                          | FAC 17-22.107(3)(a)                    | Repair (7 days).                                                |
| 17. Water plant not protected from vandalism                                            | FAC 17-22.107(3)(a)                    | Provide adequate security (30 days).                            |
| 18. Modified plant without permit - discontinued pre-chlorination and changed well pump | FAC 17-22.108(1)(b)1&2                 | Submit application to modify (30 days).                         |

Page 3

Correction of the listed items will require significant modification of the system. Therefore, within thirty (30) days of receipt of this letter, obtain the services of a Florida Registered Professional Engineer and submit an application to construct a water treatment plant in accord with the provisions of Chapter 17-22 Florida Administrative Code.

Should you have any questions, please feel free to call this office at (305) 878-3890 or 335-4310.

Sincerely,



Wesley B. Dohan  
Environmental Supervisor

WBU:dmv/8

Enclosure

cc: Martin County Public Health Unit (w/enclosures)

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Fox Run Utilities County Martin PWS ID 4431700  
 Plant Address Murphy Bl & Pine Tree Ln Palatka Plant 50 States Local #  
 Zip Code 32909 Phone 334-5584  
 Owner Name Southern States Utilities Owner 305-880-0100  
 Phone 900-432-4501  
 Owner Address 1000 Collier Place Apopka, FL Zip Code 32703  
 Date of this inspection 12-1-87 Date of last inspection \_\_\_\_\_ Person contacted \_\_\_\_\_  
 Certified operators and cert. nos. Thomas Grant 5461-C

Population served _____	Service connections <u>63</u>	Percent metered _____	Design capacity <u>0.035 MGD</u>
Design storage capacity <u>2,300</u>	Average output <u>0.016 MG</u>	Maximum hour _____	Maximum day <u>0.023 MG</u>
Approval no. and date <u>WC-43-102024</u>	Type meter and capy <u>Rockwell 1,000</u>		

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Emergency	<input type="checkbox"/> Power Source	<u>None</u>
Water Source <u>None</u>		Capacity of Standby _____	

Sources of Raw Water:  Ground\* /  Surface\*\* /  Purchased\*\*\*

How many Wells? none Identify Source: \_\_\_\_\_ Identify supply System: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

<input type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> pH adjustment
<input type="checkbox"/> Chlorination	<input checked="" type="checkbox"/> Filtration	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> T & O control
<input checked="" type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt. hi-rate	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Other--specify _____		

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

Well Number*	1						
Year Drilled	77						
Depth Drilled	130						
Length, out-side casing	126						
Diameter, out-side casing	8"						
Material, out-side casing	Steel S <sub>50</sub> 40						
Depth to static water level	12.8						
Normal suction lift (wking. level)							
Normal yield, GPM							
Test yield, GPM							
Type of grout	none						
Drilling method	Driven AIR						
Type of strainer							
Depth to top of strainer							
Protection from surface water?	3x3 pad						
Is inundation of well possible?	Yes						
Saline intrusion noted in past?	no						
Has the well ever been contaminated?							
Pump manufacturer's name	Peerless						
Model number	8LA-2 Turbine						
Capacity	450 GPM						
Check valve present in line?	NO						
Date of last servicing	11-5-87						
Maintenance schedule (day/mo.)							

COMMENTS (condition): \_\_\_\_\_

\*Attach additional copies of this page as needed.  
PER Form PERM 13-24 (Aug. 80)

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>NO</u>	Backup machine Operative _____	Make of chlorinator <u>Regal</u>	Capacity, lb./24 hr <u>10</u>
Evidence of leaks <u>NO</u>	Reserve supply <u>Yes</u>	Gas or hypo used <u>Gas</u>	Chlorine feed rate <u>2#/day</u>
Air-pack or respirator adequate _____	<u>NO</u>	Condition of equipment <u>good</u>	Automatic switchover <u>NO</u>
Residual at plant _____	Residual at remote tap _____	Ammonia smells <u>fresh in truck, Yes</u>	More capacity needed _____
<u>disconnected *</u>		Comments on chlorination <u>Pre chlorination</u>	

<u>AERATOR</u>	Type of aerator _____	Tray area or weir length _____	Condition of screens _____
<u>n/a</u> Bloodworms present _____	Condition of aerator _____		Adequate for Fe, H <sub>2</sub> S control _____
<u>COAGULATION</u>	Chemical used _____	Purpose _____	
<u>n/a</u> Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____
<u>LIME SOFTENING</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
<u>n/a</u> Any auxiliary chemicals used _____		Points of application (in units) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____
<u>FLUORIDATION</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
<u>n/a</u> Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	
<u>STABILIZATION</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____
<u>n/a</u>			

FILTERS & FILTRATION

Size and number <u>Three, 36" dia</u>	Type of filters <u>Carbon, pressure</u>
Can you see filter media <u>no</u>	Length of filter runs _____
Is it clean after backwash _____	Are mudballs visible _____
What is the normal filter rate _____	Is there air-binding _____
Capacity of filters _____	What is the usual backwash rate _____
Loss in head ga. present <u>no gauge</u>	Are filters overloaded _____
At what head loss is BW done _____	Cracks and Channelling _____
Has cementation ever occurred _____	Where in relation to filtration is stabilization done _____
If high rate, what is turbidity at interface _____	Range of turbidity in effluent _____
Can you observe algae in filters _____	Distance from top of media to trough overflow _____

*n/a*

<u>REVERSE OSMOSIS</u>	Make and type of units _____	Pressure required _____
Auxiliary chemicals used _____	Proportion of waste to product streams _____	
Quality of effluent _____	Stabilization _____	
Booster pump _____	Type of pre-treatment _____	Type of membranes _____

*n/a*

<u>ZEOLITE SOFTENING</u>	Unit no. & model _____	Resin copy _____
Disinfection of beds _____	Grade of salt for regen. _____	Stability of effluent _____
		Resin prevented from escaping _____

\*\*\*\*\*  
In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale): See attached

*only well pump, plus*

HIGH SERVICE									
Pump No.	Worline Booster								
Manufacturer name	Starlite								
Pump type & motor HP									
Model number									
Date Installed									
Capacity									
Maintenance schedule									
Date last serviced									

Comments: \_\_\_\_\_

STORAGE FACILITIES: ( @ ground; ( ) hydro pneumatic; ( ) elevated; ( ) clearwell.

Tank No.	1	2							
Capacity	4,400	20,000							
Material	steel	steel							
Gravity drain capacity	Y								
Bypass capacity	* N								
Covered/screened openings	N/A								
Date of last cleaning									
Pressure gauge	42 psi Y								
Sight glass	Y								
On/Off pressure									
Hgt. to bottom of el. tank	N/A								
Hgt to max. water level	Y2								

Comments: \* Bypass cpy tank 1 removed. Storage\* not connected.



DISTRIBUTION SYSTEM Material of mains PVC System looped \_\_\_\_\_  
 Operation pressure \_\_\_\_\_ Max. pipe diam. \_\_\_\_\_ Min. pipe diam. \_\_\_\_\_ No. of dead ends \_\_\_\_\_  
 How often flushed \_\_\_\_\_ No. of fire hydrants \_\_\_\_\_ Known cross-connections with private supplies \_\_\_\_\_  
 Blowoff lines below grade \_\_\_\_\_ Routine cross-connection control program \_\_\_\_\_

PLANT LABORATORY CAPABILITY none  
 pH  Chlorine: type DPD \_\_\_\_\_ Color \_\_\_\_\_  
 \_\_\_\_\_ Bacteriological \_\_\_\_\_ Iron \_\_\_\_\_ Turbidity \_\_\_\_\_ Alkalinity \_\_\_\_\_ Hardness \_\_\_\_\_  
 \_\_\_\_\_ Chlorides \_\_\_\_\_ Stability \_\_\_\_\_ Jar tests \_\_\_\_\_ Fluorides \_\_\_\_\_ Complete \_\_\_\_\_  
 \_\_\_\_\_ Radiological \_\_\_\_\_ Marble tests \_\_\_\_\_ Organics \_\_\_\_\_ Inorganics \_\_\_\_\_

Person in charge of laboratory, and credentials: Note: Free chlorine reagent empty at time of inspection.

COMPLIANCE MONITORING System is in full compliance with which requirements? Check.  
 Bacteriological  Turbidity  Inorganic chemical  Organic chemical TKM  
 Radiological  Secondaries  Other: VOL/SCL

Violations of sampling requirements: Salium, Corrosivity

Violations of maximum contaminant levels: none

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
<u>See attached letter</u>		

Inspector's signature Francisco P. [Signature] Date: 12-4-87  
 Title: ESI Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 District Manager (signature)

**Friendly Center - 556**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Friendly Center #3 County lake FWS ID 3250436  
 Plant Address \_\_\_\_\_ Zip \_\_\_\_\_ Plant Phone (\_\_\_\_) \_\_\_\_\_  
 Location Description: Astata Area  
 Owner Southern State Wholes Owner Phone (202) 88-0100  
 Address 1000 Color Line City Astata State LA Zip 71704  
 Date of this inspection: 10/23/91 Date of last survey: 4/14/89 Date of last compliance inspection: \_\_\_\_\_ Person Contacted: Brian Heath, CSJ  
 Service area characteristics: C  IC \_\_\_\_\_ HTNC \_\_\_\_\_

- Certified Operators & Certification No.: Dennis Mard C-6497 3 days CSJ
- Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_
- Water/Time Lapse Clock: Yes  No \_\_\_\_\_
- Well(s): Number: 1 6' X 6' X 4" Concrete Pad: yes  
 In Line Check Valve Present?: \_\_\_\_\_ Raw Water Tap?: yes  
 Comments: Gravity Drain
- CHLORINATION  
 Manufacturer's Name of Chlorinator: 606PD ALLIANCE Gas: \_\_\_\_\_ Hypo:  CuNO Cl<sub>2</sub> Residual: Plant 1.2 Remote 0.8  
 Comments: \_\_\_\_\_
- Other Treatment(s): \_\_\_\_\_  
 Comments: Submersible Pump (Franklin 3hp) Pressure Relief
- Storage Facilities:  (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	Pressure Gauge	Sight Glass	On/Off pressure						
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>45/35</u>						

Comments: \_\_\_\_\_  
 DEFICIENCIES: recommended to have fence around the pressure tank  
Retention Pond is less than 100 feet from the well

Water system deficiencies listed above must be corrected within 11/23/91 days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: NICK Kudrycki Engineer Date: 10/23/91  
 Received By: Brian Heath Date: 10/23/91

Form Left on Site/left with Operator of Water Purveyor

**Golden Terrace - 992**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

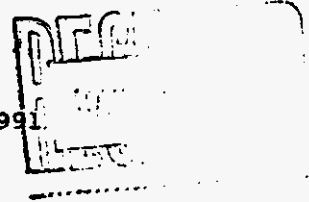
Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garnett, Deputy Assistant Secretary

January 16, 1991



Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

RE: Surveys for Golden Terrace, Gospel Island,  
Rolling Greens, Oak Forest, Point O' Woods & Rosemont  
Citrus County

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water systems. On page six of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office within 30 days, in writing, of your action.

Thank you for your cooperation. You can contact me at (813) 623-5561 extension 319.

Sincerely,

Cece Featheringill  
Environmental Specialist II  
Drinking Water Section

CF/sem

Enclosure:

cc: Dawn Durham, Citrus CPHU

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name GOLDEN TERRACE County CITRUS PWS ID 6090674  
 Plant Address SR 44 AT CITY LIMITS Zip Code 32642 Phone 1-800-432-4501  
 Owner Name SOUTHERN STATES UTILITIES Phone 11  
 Owner Address 1000 COLOR PALM AIRBORNE FL Zip Code 32203  
 Date of this inspection 11-14-90 Date of last inspection 1-23-87 Person contacted BOB BOGOSTA  
 Certified operators and cert. nos. JOHN MACKENZIE C-5380

PLANT LOC: SR 44 AT HERNANDO CITY LIMITS  
 Population served 260 Service connections 110 Percent metered 100 Design capacity 0.115 MGD  
 Design storage capacity 3000 Average output 15 THOUS. hour Maximum day 24 THOUS. hour  
 Approval no. and date 11218 10/20/69 Type meter and copy PRECISION

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other  
 Indian Reservation  Motel  School  
 Emergency Water Source 2ND WELL Emergency Power Source NONE  
 Type of Standby WELL SHIP Capacity of Standby

Sources of Raw Water:  
 Ground\* How many Wells? 2  Surface\*\* Identify Source:  Purchased\*\*\* Identify supply System:

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify

What, if any, additional treatment is needed? NONE  
 For the control of what deficiencies? N/A

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

Sanitary Survey (Groundwater)

Page Two LAT 29°50'00"  
 LON. 82°15'00"

PWS ID: 6090674

Well Number*	1	2					
Year Drilled	1969	1969					
Depth Drilled	193'	290'					
Length, out-side casing	180'	190'					
Diameter, out-side casing	4"	6"					
Material, out-side casing	Galv STEEL	Galv STEEL					
Depth to static water level	78'	79'					
Normal suction lift (wkng. level)	UNK	UNK					
Normal yield, GPM	50	100					
Test yield, GPM	UNK	UNK					
Type of grout	NONE	NONE					
Drilling method	CABLE	CABLE					
Type of strainer	UNK	UNK					
Depth to top of strainer	UNK	UNK					
Protection from surface water?	YES	YES					
Is inundation of well possible?	NO	NO					
Salt intrusion noted in past?	NO	NO					
Has the well ever been contaminated?	NO	NO					
Pump manufacturer's name	SIR-RITE	SIR-RITE					
Model number	UNK	UNK					
Capacity	5HP 12.5 GPM	10HP					
Check valve present in line?	YES	YES					
Date of last servicing	UNK	UNK					
Maintenance schedule (day/mo.)	1-5-14	1-5-14					

COMMENTS (condition):

\*attach additional copies of this page as needed.

PLANT EQUIPMENT - CHLORINATOR

UNIDENTIFIED  
TRAY - CHLORINATOR  
Capacity, 26 GPD  
15 GPD  
chlorinator \_\_\_\_\_ lb./24 hr \_\_\_\_\_  
Gas or Chlorine \_\_\_\_\_  
hypo used HVPE feed rate 1.2  
Condition of Automatic \_\_\_\_\_  
equipment OK switchover N/A  
Ammonia smells. More capacity \_\_\_\_\_  
fresh N/A needed N/A  
Comments on chlorination INCREASE

Dual Backup machine  
system? NO Operative N/A  
Evidence Reserve \_\_\_\_\_  
of leaks NO supply YES  
Air-pack or respirator adequate N/A  
Residual at Residual at  
plant TRACE remote tap TRACE

CHLORINATION TO MAINTAIN A MINIMUM  
0.2 MG/L THROUGHOUT SYSTEM.

AERATOR Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_ Condition of screens \_\_\_\_\_  
Bloodworms present \_\_\_\_\_ Condition of aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket Flocculation Settling  
visible \_\_\_\_\_ good or poor \_\_\_\_\_ good? \_\_\_\_\_ Carryover \_\_\_\_\_

LIME SOFTENING Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_ Size and type \_\_\_\_\_  
Any auxiliary chemicals used \_\_\_\_\_ Points of application (in unit) \_\_\_\_\_  
Nature and abundance of floc \_\_\_\_\_ Appearance of sludge blanket \_\_\_\_\_  
Is settling good \_\_\_\_\_ Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary precipitation \_\_\_\_\_  
Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_ Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_  
Corrosion noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_ Chemical(s) used \_\_\_\_\_



FILTERS & FILTRATION

Size and number _____	Type of filters _____
Can you see filter media _____	Length of filter runs _____
What is the normal filter rate _____	Are mudballs visible _____
Capacity of filters _____	Is there air-binding _____
Loss in head ga. present _____	What is the usual backwash rate _____
At what head loss is BW done _____	Are filters overloaded _____
Has cementation ever occurred _____	Cracks and Channelling _____
Where in relation to filtration is stabilization done _____	Range of turbidity in effluent _____
If high rate, what is turbidity at interface _____	Distance from top of media to trough overflow _____
Can you observe algae in filters _____	

REVERSE OSMOSIS

Make and type of units _____	Pressure required _____
Auxiliary chemicals used _____	Proportion of waste to product streams _____
Quality of effluent _____	Stabilization _____
Booster pump _____	Type of pre-treatment _____
	Type of membranes _____

ZEOLITE SOFTENING

Unit mfg. & model _____	Resin capy _____
Grade of salt for regen. _____	Stability of effluent _____
Disinfection of beds _____	Resin prevented fm escaping _____

.....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE *N/C*

Pump No.								
Manufacturer name								
Pump type & motor HP								
Model number								
Date Installed								
Capacity								
Maintenance schedule								
Date last serviced								

Comments: \_\_\_\_\_

STORAGE FACILITIES: ( )ground: (X)hydropneumatic: ( )elevated: ( )clearwell.

Tank No.	1	2						
Capacity	1000	2000						
Material	Galv	Steel						
Gravity drain capacity	YES	YES						
Bypass capacity	YES	YES						
Covered/screened openings	N/A	N/A						
Date of last cleaning	UNK	UNK						
Pressure gauge	YES	YES						
Sight glass	NO	YES						
On/Off pressure	38-58	38-58						
Hgt. to bottom of el. tank	N/A	N/A						
Hgt to max. water level	N/A	N/A						

Comments: \_\_\_\_\_

**DISTRIBUTION SYSTEM** Material of mains PVC System looped NE  
 Operation pressure 50 Max. pipe diam. 4" Min. pipe diam. 2" No. of dead ends 7  
 How often, flushed AS NEEDED No. of fire hydrants 0 Known cross-connections with private supplies No  
 Blowoff lines below grade No Routine cross-connection control program N/A

**PLANT LABORATORY CAPABILITY**

<input type="checkbox"/> pH	<input type="checkbox"/> Chlorine: type	<input type="checkbox"/> Color
<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Hardness
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Complete
<input type="checkbox"/> Radiological	<input type="checkbox"/> Organics	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Iron	<input type="checkbox"/> Alkalinity	
<input type="checkbox"/> Stability	<input type="checkbox"/> Fluorides	
<input type="checkbox"/> Marble tests	<input type="checkbox"/> Inorganics	

Person in charge of laboratory, and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING** System is in full compliance with which requirements?  
Check.

<input checked="" type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Turbidity	<input checked="" type="checkbox"/> Inorganic chemical	<input checked="" type="checkbox"/> Organic chemical	<input checked="" type="checkbox"/> OTHER
<input checked="" type="checkbox"/> Radiological	<input checked="" type="checkbox"/> Secondaries	<input type="checkbox"/> Other: _____		

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

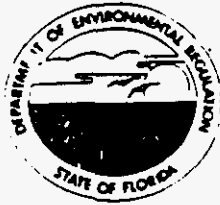
DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
* FOUND TRACE CHLORINE	17-550.50(2)(K)	MAINTAIN A MINIMUM 0.2 CHLORINE RESIDUA THROUGHOUT DISTRIBUT SYSTEM
LOOSE ELECTRICAL WIRES AT PLANT	17-555.32C	REMOVE ALL WIRING IN CONTACT
NO SIGHT GLASS ON STORAGE TANK #1 (WATER)	17-555.350(3)	INSTALL SIGHT GLASS
Inspector's signature	<u>[Signature]</u>	Date: <u>1/9/91</u>
Title	<u>ENV. HEALTH ASSISTANT</u>	

**Gospel Island Estates - 986**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

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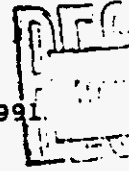
Bob Martinez, Governor

Dale Thachmann, Secretary

John Shearer, Assistant Secretary

Dr. Richard Garnis, Deputy Assistant Secretary

January 16, 1991



Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

RE: Surveys for Golden Terrace, Gospel Island,  
Rolling Greens, Oak Forest, Point O' Woods & Rosemont  
Citrus County

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water systems. On page six of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office within 30 days, in writing, of your action.

Thank you for your cooperation. You can contact me at (813) 623-5561 extension 319.

Sincerely,

Cece Featheringill  
Environmental Specialist II  
Drinking Water Section

CF/sem

Enclosure:

cc: Dawn Durham, Citrus CPHU

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name GAFFEL ISLAND ENTERPRISES County CITRUS PWS ID 6094953  
 Plant Address N. ALLEN AVE. Plant Phone 904-787-5141  
 Address EAST OF S.R. 470 Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Owner Name SOUTHERN STATES UTILITIES Owner Phone 1-800-432-450  
 Address 1000 COLOR PALE AVENUE F. Zip Code 32702  
 Date of this inspection 11-14-90 Date of last inspection 7-31-86 Person contacted BOB BOGOSTA  
 Certified operators and cert. nos. JOHN MACKENZIE C-5380

Plant Loc: SR 470 TO ALLEN AVE. END OF ROAD  
 Population served 25 Service connections 7 Percent metered 100 Design capacity .057 MGD  
 Design storage capacity 315 Average output 1.3 MG/GAL/HOUR Maximum output UNK Maximum day 3000  
 Approval no. and date WP-09-1213 5-21-80 Type meter and copy KENT

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other \_\_\_\_\_  
 Indian Reservation  Motel  School  
 Emergency Water Source No Power Source No  
 Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_

Sources of Raw Water:  Ground\* How many Wells? 1  Surface\*\* Identify Source: \_\_\_\_\_  Purchased\*\*\* Identify supply System: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal GREEN SAND  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft. Not Service  
 Coagulation  Other--specify \_\_\_\_\_

What, if any, additional treatment is needed? COULD NOT TELL IF IRON FILTER OR SOFTENER WERE OPERATI.  
 For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

**\* PROVIDE INFORMATION TO THIS OFFICE ON US OF FILTERS & SOFTENERS.**

Sanitary Survey (Groundwater)

Page Two LAT: 28° 55' 00"  
 LONG: 82° 25' 00"

PWS ID: 6094953

Well Number*	1					
Year Drilled	1979					
Depth Drilled	56'					
Length, out-side casing	51'					
Diameter, out-side casing	4"					
Material, out-side casing	STEEL					
Depth to static water level	5'					
Normal suction lift (wkng. level)	UNK					
Normal yield, GPM	50					
Test yield, GPM	UNK					
Type of grout	CEMENT					
Drilling method	CABLE TOOL					
Type of strainer	CONE					
Depth to top of strainer	UNK					
Protection from surface water?	YES					
Is inundation of well possible?	YES					
Salt intrusion noted in past?	NO					
Has the well ever been contaminated?	NO					
Pump manufacturer's name	SUMMERS					
Model number	UNK					
Capacity GPM	50					
Check valve present in line?	YES					
Date of last servicing	UNK					
Maintenance schedule (day/mo.)	WEEKLY					

COMMENTS (condition): \_\_\_\_\_

Attach additional copies of this page as needed

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>no</u>	Backup machine Operative <u>N/A</u>	Make of chlorinator <u>CLM TLEN</u>	Capacity, lb./24 hr. <u>30 GPD</u>
Evidence of leaks _____	Reserve supply _____	Gas or hypo used <u>H<sub>2</sub>PO</u>	Chlorine feed rate <u>ix</u>
Air-pack or respirator adequate _____	Residual at remote tap _____	Condition of equipment _____	Automatic switchover _____
Residual at plant _____		Ammonia smells fresh _____	More capacity needed _____
		Comments on chlorination _____	

<u>AERATOR</u>	Type of aerator _____	Tray area or weir length _____	Condition of screens _____
Bloodworms present _____	Condition of aerator _____		Adequate for Fe, H <sub>2</sub> S control _____

<u>COAGULATION</u>	Chemical used _____	Purpose _____	
Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____

<u>LIME SOFTENING</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Any auxiliary chemicals used _____		Points of application (in unit) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____

<u>FLUORIDATION</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	

<u>STABILIZATION</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____
----------------------	-----------------------------------	-------------------------------	------------------------



FILTERS & FILTRATION

Size and number _____	Type of filters _____
Can you see filter media _____	Length of filter runs _____
What is the normal filter rate _____	Are mudballs visible _____
Capacity of filters _____	Is there air-binding _____
Loss in head ga. present _____	What is the usual backwash rate _____
At what head loss is BW done _____	Are filters overloaded _____
Has cementation ever occurred _____	Cracks and Channelling _____
Where in relation to filtration is stabilization done _____	Range of turbidity in effluent _____
If high rate, what is turbidity at interface _____	Distance from top of media to trough overflow _____
Can you observe algae in filters _____	

REVERSE OSMOSIS

Make and type of units _____	Pressure required _____
Auxiliary chemicals used _____	Proportion of waste to product streams _____
Quality of effluent _____	Stabilization _____
Booster pump _____	Type of pre-treatment _____
	Type of membranes _____

✓ ZEOLITE SOFTENING

Unit mfg. & model <u>BROWER TSD 270</u>	Resin capy _____
Grade of salt for regen. _____	Stability of effluent <u>UNK</u>
	Resin prevented fm escaping _____

..... IN USE >> .....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.									
Manufacturer name									
Pump type & motor HP									
Model number									
Date Installed									
Capacity									
Maintenance schedule									
Date last serviced									

Comments: \_\_\_\_\_

.....

STORAGE FACILITIES: ( )ground; (X)hydropneumatic; ( )elevated; ( )clearwell.

Tank No.	1								
Capacity	315								
Material	STEEL								
Gravity drain capacity	YES								
Bypass capacity	NO?								
Covered/screened openings	N/A								
Date of last cleaning	UNK								
Pressure gauge	YES								
Sight glass	NO?								
On/Off pressure	45/5								
Hgt. to bottom of el. tank	N/A								
Hgt to max. water level	N/A								

Comments: \_\_\_\_\_

DISTRIBUTION SYSTEM Material of mains PVC System looped Yes  
 Operation pressure 35 Max. pipe diam. 2" Min. pipe diam. 2" No. of dead ends 1  
 How often flushed As Needed No. of fire hydrants None Known cross-connections with private supplies None  
 Blowoff lines below grade Nb Routine cross-connection control program None

PLANT LABORATORY CAPABILITY  
 Bacteriological      pH      Chlorine: type      Color       
 Chlorides      Iron      Turbidity      Alkalinity      Hardness       
 Radiological      Stability      Jar tests      Fluorides      Complete       
 Marble tests      Organics      Inorganics     

Person in charge of laboratory, and credentials: \_\_\_\_\_

COMPLIANCE MONITORING System is in full compliance with which requirements?  
 Check.  Bacteriological  Turbidity  Inorganic chemical  Organic chemical  THM  
 Radiological  Secondaries  Other: \_\_\_\_\_

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
<input checked="" type="checkbox"/> TRACE CHLORINE RESIDUAL AT PLANT	17-550.51(d)(2)	MAINTAIN A MINIMUM OF 0.2 PPM FREE CHLORINE RESIDUAL
<input checked="" type="checkbox"/> ROOF AT WELL HOUSE IN NEED OF REPAIR	17-555.315(d)	REPAIR AS SOON AS POSSIBLE
<input checked="" type="checkbox"/> NO SIGHT GLASS	17-555.330(3)	INSTALL SIGHT GLASS
<input checked="" type="checkbox"/> NO BYPASS		PROVIDE BYPASS CAGE
Inspector's signature <u>Carl Fortkington</u>	Date: <u>1/10/90</u>	<u>91</u>
Title <u>ENV. SPECIALIST II</u>		

**Grand Terrace - 575**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

Danner  
Togin

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Grand Terrace County Lake PWS ID 3354697

Plant Address 1000 Color Pl. Zip \_\_\_\_\_ Plant Phone (\_\_\_\_) \_\_\_\_\_

Location Description: Cr. Terra Ct & Grand Terrace Pr. (Grand Island)

Owner Southern St. Utilities Owner Phone (4-7) 880-0100

Address 1000 Color Pl. City Groopka State FL Zip \_\_\_\_\_

Date of this inspection: 8/29/91 Date of last compliance inspection: 12/24/90 Person contacted: Brian Heath C-5825

Service area characteristics: C  NC \_\_\_\_\_ NTNC \_\_\_\_\_

1. Certified Operators & Certification No.: Jamie Hovro C-6497  
Brian Heath C-5825

2. Maintenance and Operation Log Book: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

3. Meter/Time Lapse Clock: Yes  No \_\_\_\_\_

4. Well(s): Number: 1 6' X 6' X 4" Concrete Pad:

In Line Check Valve Present:  Raw Water Tap:

Comments: release Design - 1

5. CHLORINATION mod 480

Manufacturer's Name of Chlorinator: Advanced Gas:  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: Plant 1.5 Remote 1.0

Comments: \_\_\_\_\_

6. Other Treatment(s): None

Comments: automatic switch over present

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell (gravity drain)

Tank Number	<u>1</u>																				
Pressure Gauge	<input checked="" type="checkbox"/>																				
Sight Glass	<input checked="" type="checkbox"/>																				
On/Off pressure tap	<input checked="" type="checkbox"/>																				

Comments: Pressure release is "C" line rather than on pressure tank.

DEFICIENCIES: No emergency alarm for chlorine (outside room)

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 McGuire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: H. F. Jarvis Date: 8/29/91

Received By: Brian E. Heath Date: 8/29/91

Form left on Site/Left with Operator or Water Purveyor

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Grand Terrace S/D County Lake PWS ID 3354697  
 Plant Address Lot 44 on Terr Ct Zip Code Grand Island Plant Phone ( )       
 Owner Name Charles Sweet, V.P. - operations division Owner Phone (407) 880-000  
Eastern States Utilities Services, Inc.  
 Owner Address 100 Glen Place City Applha State FL Zip Code 32703  
 Date of this Insp. 4/24/90 Date of last Insp. None Person Contacted Don Corde  
 Certified Operators Dennis W. Thoro Certified Operators Numbers C-6497  
Category 3, class C plant.

Population served 137 Service Connections 39 2 metered 100  
 Design Capacity 360 gpd Design Storage Capacity      Average output 205 mgd  
 Maximum Hour      Maximum Day 1026 mgd (9/12/89)

Approval Number & Date WL 35-2113 5/26/88 Type meter & copy 6" water spec.  
closed 5/5/89

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other <u>    </u>
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Hotel	<input type="checkbox"/> School	

Emergency Water Source None Emergency Power Source None

Type of Standby      Capacity of Standby     

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*

How many wells? 4

Identify Source:     

Identify supply system:     

Treatment in use at this plant: (check all that apply)

<input type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt.-hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify) <u>    </u>
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed?     

For the control of what deficiencies?     

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3354697

Well Number <sup>a</sup>	1								
Year Drilled	1973								
Depth Drilled	840'								
Length (outside casing)	680'								
Diameter (outside casing)	8"								
Material (outside casing)	Steel								
Depth to static water level									
Normal suction lift (w/kg. level)									
Normal yield, CFM									
Test yield, CFM									
Type of grout									
Drilling method									
Type of strainer									
Depth to top of strainer									
Protection from surface water?	Yes								
Is inundation of well possible?	No								
Salt intrusion noted in past?	No								
Has the well ever been contaminated?	No								
Pump manufacturer's name	Sum	u-6							
Model number		u-6							
Capacity		500 GPM							
Check valve present in line?	Yes								
Date of last servicing	—								
Maintenance Schedule (day/mo.)	—								

COMMENTS (conditional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional copies of this page as needed.  
 DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator Advan-2 Capacity, lb./24 hr. 50 ppl  
Dual system? NO Backup machine operative ok Gas or hypo used Gas Chlorine  
feed rate 48 ppl Evidence of leaks NO Reserve supply ok  
Condition of equipment ok Automatic switchover Yes Air-pack or respirator  
adequate NO Ammonia smells fresh NO More capacity needed Residual  
at plant 0.7 Residual at remote tap 0.4 Comments on chlorination  
NO air-pack or respirator on site (kept on truck)  
NO ammonia on site

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Celling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_



FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head, ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product \_\_\_\_\_  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

**HIGH SERVICE**

Pump Number																			
Manufacturer name																			
Pump type and motor HP																			
Model number																			
Date installed																			
Capacity																			
Maintenance Schedule																			
Date Last Serviced																			

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1																		
Capacity	6,000																		
Material	Steel																		
Gravity drain capacity	Yes																		
Bypass capacity	Yes																		
Covered/screened openings	—																		
Date of last cleaning	—																		
Pressure Gauge	Yes																		
Sight Glass	Yes																		
On/Off pressure	40/60																		
Height to bottom of el. tank	N/A																		
Height to Maximum water level	N/A																		

COMMENTS: \_\_\_\_\_

**DISTRIBUTION SYSTEM:**

Material of mains PVC  
 System Looped yes Operation, pressure 40-60 Maximum pipe diameter 6"  
 Minimum pipe diameter 3" Number of dead ends None How often flushed Daily  
 Number of fire hydrants 3 Known cross-connections with private supplies None  
 Blowoff lines below grade none Routine cross-connection control program yes

**PLANT LABORATORY CAPABILITY:**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine: type <u>oil</u>	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)**

Bacteriological 429 Secondaries  
 Radiological 429 Inorganic chemical 58 Other: voc, sol  
 Turbidity 429 Organic chemical 58  
 Violations of sampling requirements: only 7/89 distribution safe for 6/89

Violations of maximum contaminant levels: None

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>Chlorine safety &amp; control equipment</u>	<u>SEE</u>	<u>COVER LETTER</u>

Inspector's Signature: [Signature] Date: 4/25/90  
 Title: E.S. II Approved by: Paul Morris Date: 5-4-90  
 for Manager, Drinking Water Program

**Harmony Homes - 326**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

INVESTIGATED  
BY: [Signature]  
DATE: 3-1-91  
SPRINGS

Plant Name WAGGONY HOMES County SEMINOLE PWS ID 3590497

Plant Address 190 MAGNOLIA SPGS <sup>ALT.</sup> Zip 32701 Plant Phone (-) -

Location Description: \_\_\_\_\_

Owner SOUTHERN STATES UTILITIES Owner Phone (407) 880-0100

Address 1000 COLOR PL City APOPKA State FL Zip 32704

Date of this inspection: 3-1-91 Date of last survey: 6-14-89 Date of last compliance inspection: \_\_\_\_\_ Person Contacted: BOB CORDER

Service area characteristics: C 6 NC \_\_\_\_\_ NTMC \_\_\_\_\_

1. Certified Operators & Certification No.: \_\_\_\_\_

2. Maintenance and Operation Log Book: Yes  No  Not Applicable

3. Meter/Time Lapse Clock: Yes  No

4. Well(s): Number: 1 6' X 6' X 4" Concrete Pad: YES

In Line Check Valve Present?: YES Raw Water Tap?: YES. SCHEDULED

Comments: WELL #2 IS SCHEDULED FOR ABANDONMENT

5. CHLORINATION

Manufacturer's Name of Chlorinator: 33A Gas:  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: Plant 1.37M Remote 0.17M

Comments: \_\_\_\_\_

6. Other Treatment(s): AQUA-MAG FOR IRON

Comments: \_\_\_\_\_

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	H	N							
Pressure Gauge	YES	✓							
Sight Glass	YES	✓							
On/Off pressure	YES	✓							

Comments: \_\_\_\_\_

DEFICIENCIES: NO DEFICIENCIES OBSERVED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: [Signature] ENG Date: 3-1-91

Received By: [Signature] Date: 3-1-91

Form Left on Site/Left with Operator or Water Purveyor

**Hermits Cove - 438**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

*MEL F. - per handle*

*at Joe Roberts  
FRANK S.*

January 7, 1992

Mr. Bert Phillips  
SSU Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Putnam County - PW  
Hermit's Cove WTP

Dear Mr. Phillips:

On November 19, 1991, a sanitary survey was done of the referenced drinking water plant. Jerry Boyd was present. The following deficiencies are noted:

1. There was no chlorine in the water at the plant. This seemed to be caused by recent adjustment because there was 0.4 mg/l free chlorine in the distribution system, the rotameter was not set to the level on the on-site log, and water was noted in the rotameter. Staff began correcting the problem soon after it was identified. It is important that adjustments and maintenance actions be recorded on the on-site log to assist in trouble shooting.
2. The chlorine storage facility needs chains for the cylinders.
3. The Ground Storage Tank hatch needs a gasket and hinge. The cable connections should be covered and secured better, especially to the float valve.
4. The high service pumps discharge check valve is leaking significantly and must be repaired.
5. A loss of chlorine capability alarm is needed.

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320

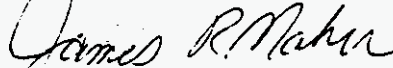


Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

Mr. Bert Phillips  
January 7, 1992  
Page Two

A copy of the survey is enclosed for your records. Please contact me in writing within 15 days of receipt of this letter as to your plans to correct the above deficiencies and within what time frame. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,



James R. Maher  
Engineer IV

JRM/lgb

cc: *hjt* Jerry Boyd  
Robert Regalado  
Putnam County Health Department



167166 309 S  
3A200MA

12. No. 2540482

State of Florida  
Department of Environmental Regulation  
**SANITARY SURVEY REPORT**  
for  
Drinking Water System

Inspection date: 11/19/91

I. GENERAL  
Plant name: Hermit's Cove County: Duval  
Plant owner: Shell Services Corp. Person contacted: Gene Brock/Walton  
Plant address: 1000 Palm Place Operator certification no.: 7-751  
City: Aponte Phone no.: 32703 407-591-0100 407-4443 Paul Thompson  
Population Served: (630 (est)) No. of service connections: 180 + 81 = 260  
Type of Service: Community Type of water at plant & capacity: line  
Percent of no. of meters: 100% Plant designed by: Richard (Richard)  
Plant capacity (design): 1.01 MGD Plant output, average (MGD): .019  
Storage capacity (design): 0.28 Maximum hour (1000's gals.): 3  
Approval no. and date: 65-160677 Emergency water source: St. John's Humane  
Daily maximum (MGD): 0.34 Standby equipment: St. John's Humane  
Emergency power source: NA Permit Capacity: 100%

TYPE OF SERVICE  Community  Non-community  
 Municipal  Subdivision  Common carrier  
 Recreation area  Institution  Motel or hotel  
 Trailer park  College or school  Other  
 Restaurant  Industrial plant

II. SOURCES OF RAW WATER SUPPLY  Ground; Number of wells: 1  
 Surface; Purchased: 0

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1972				
Depth drilled	300'				
Length, outside casing	100'				
Diameter, outside casing	4"				
Material, outside casing	steel				
Depth to static water level	Plenty				
Normal suction lift (working level)					
Normal yield in GPM	1000	400			
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	no				
Is well protected against surface water?	yes				
Salt water infiltration problems in past?	no				
Latitude	29 34 30				
Longitude	81 40 30				
Check valve	yes				
Grouted					
Has well ever been contaminated?	no				
Pump manufacturer's name					
Date manufactured					
Model number					
Capacity	1000	400			
Last serviced (date)					
Comment					
Maint. schedule (day, week, month, etc.)	20	3			

2. Surface Supplies: Provide section on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is noted: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Std? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                                                          |                                                       |
|----------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration             | <input type="checkbox"/> Lime softening               |
| <input checked="" type="checkbox"/> Coagulation          | <input type="checkbox"/> Recarbonation                |
| <input checked="" type="checkbox"/> Iron removal         | <input type="checkbox"/> Reverse osmosis              |
| <input checked="" type="checkbox"/> Taste-odor control   | <input checked="" type="checkbox"/> Chlorination-post |
| <input checked="" type="checkbox"/> High-rate filtration | <input type="checkbox"/> Fluoridation                 |
| <input checked="" type="checkbox"/> Chlorination-pre     | <input type="checkbox"/> Settling                     |
| <input type="checkbox"/> Filtration                      | <input type="checkbox"/> pH adjustment                |
|                                                          | <input type="checkbox"/> Zeolite softening            |

1. Aeration:  Slimes or algae noted  Screens in good repair  
 Iron deposits  Hydrogen sulfide odor

2. Chemical Used (include Chlorine):

Chemical	Type Feeder	Id. no.	Capacity	Point of app.	Purpose (Coagulation, etc.)
Chlorine	Keck	126	25#	OK 65"	Disinfection
				OK 11.0m	

3. Chemical Feeders:
- |                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Oil on floor        | <input type="checkbox"/> Chemical spilled       |
| <input checked="" type="checkbox"/> Spare parts kept    | <input type="checkbox"/> Has repair manuals     |
| <input checked="" type="checkbox"/> Noisy operation     | <input type="checkbox"/> Chemicals well stocked |
| <input checked="" type="checkbox"/> Water on floor      | <input type="checkbox"/> Feeders all work       |
| <input checked="" type="checkbox"/> Excessive vibration | <input type="checkbox"/> Bags stored dry        |
4. Coagulation:
- |                                                     |                                                       |
|-----------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Settling poor   | <input type="checkbox"/> Chem. dose questionable      |
| <input checked="" type="checkbox"/> No blanket seen | <input type="checkbox"/> Effluent taste & odor strong |
| <input checked="" type="checkbox"/> Fluffy floc     | <input type="checkbox"/> Color removal good           |
5. Softening:
- |                                                          |                                                     |
|----------------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Floc unstable        | <input type="checkbox"/> Blanket visible            |
| <input checked="" type="checkbox"/> Feed intermittent    | <input type="checkbox"/> Settling good              |
| <input checked="" type="checkbox"/> Water leaves clear   | <input type="checkbox"/> Art. slimes used           |
| <input checked="" type="checkbox"/> Sludge not excessive | <input type="checkbox"/> Sludge return used         |
| <input checked="" type="checkbox"/> Coag. aid used       | <input type="checkbox"/> No control of sludge level |
6. Fluoridation:
- |                                                        |                                                |
|--------------------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Analyses OK        | <input type="checkbox"/> Feeder good condition |
| <input checked="" type="checkbox"/> Separate storage   | <input type="checkbox"/> Acid spilled          |
| <input checked="" type="checkbox"/> Dusty enclosure    | <input type="checkbox"/> Frequent shutdowns    |
| <input checked="" type="checkbox"/> Monthly samples OK | <input type="checkbox"/> Corrosion evident     |
7. Filtration:
- |                                                         |                                                   |
|---------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> Muckballs present   | <input type="checkbox"/> Clearwell turbidity seen |
| <input checked="" type="checkbox"/> Carryover excessive | <input type="checkbox"/> Backwash cleans media    |
| <input checked="" type="checkbox"/> Gallery kept clean  | <input type="checkbox"/> Plant appears overloaded |
| <input checked="" type="checkbox"/> Air binding present | <input type="checkbox"/> Little foreign material  |
| <input checked="" type="checkbox"/> Short filter runs   | <input type="checkbox"/> Sediment in clearwater   |
| <input checked="" type="checkbox"/> Algae in filter     |                                                   |

II. Disinfection:

- Odor of chlorine (leak)  Ample stock of chlorine
- Lead washers kept  Ammonia (resn) (occ):
- Note effluent residual  Air back pressure OK
- Respirator in case  Repair parts sect
- Corrosion noticeable  Note chlorine rate 1 #/100
- Machine function good  Ice works OK
- Chlorine residual records current

Chlorine residual before entering distribution line 0.0 ppm.  
 Chlorine residual at extremity of distribution system 0.4 ppm.  
 Reserve supply of chlorine (specify units) \_\_\_\_\_  
 Other observation(s) Chlorine cylinder low in tank - 100% full  
100% full - 100% full - 100% full

III. STORAGE FACILITIES:

- Ground storage  Elevated storage
- Hydro-pneumatic tank  Clear well

Tank number	1	2	3	4
Capacity	25,000	2,000		
Material	STEEL	STEEL		
STURDY STEEL CAPACITY	YES	YES		
IN-LEAK CAPACITY	YES	YES		
Covered/screene openings	YES	N/A		
Date of last cleaning	1989			
On/off pressure, where appl.		40-40		
Spec. in spec. of tank		3P MEX/EE MP.		
Spec. to max. tank water level	20'			
Comments				

V. PUMP SERVICE:

Pump number	1	2	3	4
Manufacturer's name	GOULDS	GOULDS		
Date manufactured				
Model number				
Capacity	125	125		
Maintenance schedule				
Last overhaul date				
Comment	7.5	7.5		

VI. DISTRIBUTION SYSTEM:

Material of mains PIC 95 Max. pipe diam. 6" Min. pipe diam. 3/4"  
 Operation pressure 50 No. of cast iron 4 How often flushed -  
 No. of fire hydrants 0  
 Are there cross connections with private or other supplies? STATUS  
 Are there any blowoff lines below grade in the system? NO  
 Are there any sanitary hazards near sources of water supply? NONE NOTED  
 Are there any under-water crossings which are suspected of leaking? NO  
 If a sewer line is within 100 feet, state material and jointing method.  
 When was the last water supply shortage? 1986  
 Has there been a problem of supply shortages? NO  
 Blow off lines below grade,  none  few  numerous  
 Observations:

VII. WATER QUALITY TESTS:

- A. Chemical
  - 1. Lab capability
    - pH
    - Chemical
    - Jar Test
    - Bacteriological
    - Radiological
    - Physical (color, odor, turbidity)
    - Special
    - Chlorine residual
  - 2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? NO If not, explain.  
At 10:55 + 7:11 AM 11/21/89 - 11/21/89

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? no If so, specify the chemical parameter(s) and concentration(s): \_\_\_\_\_
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? no If so, specify: \_\_\_\_\_
1. Bacteriological
2. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? yes
3. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? no If so, specify: \_\_\_\_\_

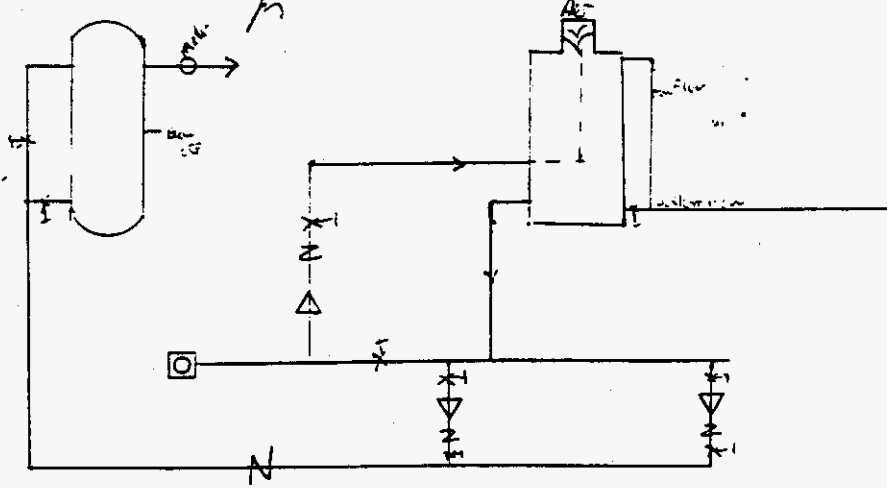
VIII. SUMMARY AND RECOMMENDED ACTION

- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. <u>Final Treatment a min 0.2 mg/l Cl<sub>2</sub></u>		<u>17-550.516(d)</u>
2. <u>Cl<sub>2</sub> cylinder acid chains</u>		<u>17-555.35(d)</u>
3. <u>GST Water needs gauging being</u>		
4. <u>Wire up to floor etc needs secured</u>		
5. <u>HSP discharge check for leaking</u>		
6. <u>acid loss of chlorine legislation</u>		

Inspector's signature: James P. Fisher Date: 1-6-92  
 Title: Engineer II

Approved by: Blair K. Ludwig Date: 1-8-92  
 District Manager (signature)



# **Hobby Hills - 558**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Hobby Hill S/D County Lake PWS ID 3350594  
 Plant Address \_\_\_\_\_ Zip \_\_\_\_\_ Plant Phone ( ) \_\_\_\_\_  
 Location Description: \_\_\_\_\_  
 Owner So. Stokes Utilities Owner Phone (907) 890-0100  
 Address 1000 Solar Place City Apalachee State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of this inspection: 8/29/91 Date of last survey: 8/29/90 Date of last compliance inspection: \_\_\_\_\_ Person contacted: Brian Heath  
 Service area characteristics: C  NC \_\_\_\_\_ NTNC \_\_\_\_\_

1. Certified Operators & Certification No.: Brian Heath 65825  
 2. Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_  
 3. Meter/Time Lapse Clock: Yes  No \_\_\_\_\_  
 4. Well(s): Number: 2 6' X 6' X 4" Concrete Pad:   
 In Line Check Valve Present?:  Raw Water Tap?:

Comments: #2 (Primary well) 6" submersible pump. #1 (Back up) 6" submersible pump.  
 5. CHLORINATION Cl<sub>2</sub> Residual: \_\_\_\_\_  
 Manufacturer's Name of Chlorinator: Advanice Gas  Hypo: \_\_\_\_\_ Plant 1.5 Remote \_\_\_\_\_

Comments: \_\_\_\_\_  
 6. Other Treatment(s): NONE  
 Comments: \_\_\_\_\_

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell  
by PASS gravity drain pressure relief

Tank Number	3000								
Pressure Gauge	<input checked="" type="checkbox"/>								
Sight Glass	<input checked="" type="checkbox"/>								
On/Off pressure	<u>40/55</u>								

Comments: Chlorine room not above grade. between 100 - 120 service connections. multiply by 2.5 ← 350 P.O.D.  
 DEFICIENCIES: 1 Fence required around water plant.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Water system deficiencies listed above must be corrected within 30 days <sup>by</sup> 9/29/91 days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 McGuire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.  
 Inspector's Sig. & Title: H.E. Jarriss Date: 8/29/91  
 Received By: Brian Heath Date: 8/29/91

Form Left on Site/Left with Operator or Water Purveyor

**Holiday Haven - 573**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**HOLIDAY HAVEN**

This is a consecutive water system for which water is purchased from the Astor-Astor Park Water Association. The Florida Department of Environmental Regulation normally does not perform a sanitary survey on consecutive water systems.



**Holiday Heights - 121**

**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**



*Ansag*  
**Florida Department of Environmental Regulation**

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

June 16, 1989

CERTIFIED  
P109 777 847

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

OCD-PW-89-0450

Attention: Charles Sweat, President

Orange County-PW  
Holiday Heights PWS ID Number 3480547

Seminole County-PW  
Lake Harriett Estates PWS ID Number 3590699  
Lake Brantley Isles S/D PWS ID Number 3590685

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water systems on May 30, 1989 by Mr. R. Ansag of this office in the presence of Mr. James Johnson for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the surveys and/or determined from records on file in this office are explained below. Please see page six (6) of the survey report forms which refers to each violation of Chapters 17-16, 17-550, 17-555 and 17-560 of the Florida Administrative Code for each deficiency.

**Holiday Heights - PWS ID Number 3480547:**

1. *ok* Repeat sampling and analysis for primary organics had not been provided as required once every three (3) years. Our records indicate this sample was last collected on January 31, 1983 and is presently past due. Samples must be collected from a location representative of finished water in the distribution system and submitted to an approved laboratory and this department notified of the date of submittal and laboratory name no later than fourteen (14) days from your receipt of this letter. You must submit a copy of the laboratory results to this office upon your receipt of such from the laboratory. This requirement took effect January 1989.
2. A septic tank and drainfield were located approximately 130 feet from the water supply well. Wastewater plumbing from several houses was located within a 100-foot radius of the well.

Southern States Utilities

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4. There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on the potable water outlets throughout the water system.
5. Auxiliary power with automatic start up capabilities had not been provided as required for all community systems serving 350 or more persons. Your consulting engineer can assist you in correcting this item.

**Lake Brantley Isles Subdivision - PWS ID Number 3590685**

1. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - b. An air-pack or respirator approved by your local fire department or local organization that would respond to an emergency chlorine gas leak at your facility.
2. The pressure tank was not provided with sight glass for proper maintenance/control. Concerning the sight glass, since the pressure tank at your water system did not have fittings for a sight glass to be installed, the department will not require that a sight glass be installed at this time. However, if the pressure tank is ever replaced, the replacement tank must have a sight glass.
3. There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on the potable water outlets throughout the water system.
4. Aerator and ground storage tank were not being maintained in good operating condition or being protected from contamination as required. There were several leaks around the ground storage tank.

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within 60 days of the date of this letter.

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3. *ok* A metering device that accurately indicates pumpage of finished water to the distribution system was not provided. An elapsed time clock is not an acceptable metering device for a community public water system.
4. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - ok* a. A separate approved above-grade room for the gas chlorination facilities.
  - ok* b. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - ok* c. Adequate weighing device for the gas cylinder.
  - ok* d. An air-pack or respirator approved by your local fire department or local organization that would respond to an emergency chlorine gas leak at your facility. *(ON Track)*
5. *ok* The pressure tank was not provided with by-pass piping for proper maintenance/control. By-pass piping must be installed.
6. *ok* There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on the potable water outlets throughout the water system.

**Lake Harriet Estates - PWS ID Number 3590699**

1. A 6' X 6' X 4" thick concrete pad, centered around the well casing, was cracked and needs to be replaced.
2. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - b. An air-pack or respirator approved by your local fire department or local organization that would respond to an emergency chlorine gas leak at your facility.
3. Aerator and ground storage tank were not being maintained in good operating condition or being protected from contamination as required. Cattails were growing around the aerator and there were several leaks around the ground storage tank.

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Holiday Heights County Orange PWS ID 3490547  
 Plant Address AVA-LK. DRIVE Zip Code - Plant Phone (407) 840-0101  
 Owner Name Southern States Utilities Owner Phone (407) 840-0100  
 Owner Address 1000 Color Place City Apopka State FL Zip Code 32703  
 Date of this Insp. 5/30/89 Date of last Insp. 4/9/80 Person Contacted James Johnson

Certified Operators James Johnson Certified Operators Numbers C-4354  
 \_\_\_\_\_  
 \_\_\_\_\_  
Category V, Class D

Population served ~178 Service Connections 51 % metered 100%  
 Design Capacity 0.014 MG Design Storage Capacity 3 Foo CL Average output 3000 GPD  
 Maximum Hour \_\_\_\_\_ Maximum Day 42 on CL

Approval Number & Date "AS-DWLT" 3/7/72 Category V Type meter & copy None  
Class D

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

- |                                             |                                             |                                                 |                                         |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input type="checkbox"/> Subdivision    |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park   |
| <input type="checkbox"/> Campground         | <input type="checkbox"/> Lodge              | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Motel              | <input type="checkbox"/> School                 |                                         |

Emergency Water Source - Emergency Power Source None (Not function)

Type of Standby - Capacity of Standby -

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many wells? 1 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

- |                                                  |                                        |                                          |                                                |
|--------------------------------------------------|----------------------------------------|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Aeration                | <input type="checkbox"/> E.D.          | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration    | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt. hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation  | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal  | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

Well Number*	1								
Year Drilled	1971								
Depth Drilled	175'								
Length (outside casing)	140'								
Diameter (outside casing)	8"								
Material (outside casing)	Steel								
Depth to static water level	20'								
Normal suction lift (wkng. level)	25'								
Normal yield, GPM	350								
Test yield, GPM	500								
Type of grout	UNK.								
Drilling method	UNK.								
Type of strainer	CONC.								
Depth to top of strainer	65'								
Protection from surface water?	YES								
Is inundation of well possible?	NO								
Salt intrusion noted in past?	NO								
Has the well ever been contaminated?	NO								
Pump manufacturer's name	JUNIPERO V.T.								
Model number									
Capacity	GPM / H.P. 350 / 20								
Check valve present in line?	YES								
Date of last servicing									
Maintenance Schedule (day/mo.)									

COMMENTS (conditional): House plumbing from service house was within 100' from the well. System is no longer connected to the well.

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution sources above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_

Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Chapter 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

Space for sketch:

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Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapter 17-16, Florida Administrative Code.
2. Chapters 17-550, 17-555 and 17-560, Florida Administrative Code.
3. "How Does One Initiate a Cross Connection Control Program."
4. "Be a Cross Connection Expert."
5. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. R. Ansag at (407)894-7555.

Sincerely,



Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

JMMc:pjm:rap  
cc: Orange County Health Department  
Seminole County Health Department



PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator REGAL Capacity, lb./24 hr. 25  
Dual system? N/C Backup machine operative - Gas or hypo used Gas Chlorine  
feed rate 8.5/PM Evidence of leaks N/C Reserve supply -  
Condition of equipment (good) Automatic switchover N/A Air-pack or respirator  
adequate ALONG Ammonia smells fresh yes More capacity needed - Residual  
at plant 1.3 PPM Residual at remote tap .3 PPM Comments on chlorination not a  
separate room. New air pack on respirator. Scale was being  
calculated. Ch Booster Pump - 1 H.P.

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
 Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
 Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
 Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
 backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
 Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
 ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
 bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
 Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
 Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
 Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
 streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
 Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
 Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
 Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
 Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump Number									
Manufacturer name									
Pump type and motor HP									
Model number									
Date installed									
Capacity									
Maintenance Schedule									
Date Last Serviced									

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number									
Capacity		1							
Material	GU.	3,000							
Gravity drain capacity		STEEL							
Bypass capacity		4.5							
Covered/screened openings		NO							
Date of last cleaning		-							
Pressure Gauge		UNK.							
Sight Glass		4.5							
On/Off pressure		4.5							
Height to bottom of el. tank		45/60							
Height to Maximum water level		-							

COMMENTS: NO Bypass plumbing. NO Metering device. NO HOSE  
R/RBS.

DISTRIBUTION SYSTEM:

Material of mains TRIAIS, TC / GALVANIZED / PVC  
 System Looped No Operation pressure 45/60 Maximum pipe diameter 6"  
 Minimum pipe diameter 2" Number of dead ends 4 How often flushed Once a week  
 Number of fire hydrants 2 Known cross-connections with private supplies None - Run  
 Blowoff lines below grade 3 Routine cross-connection control program At the time of inspection

PLANT LABORATORY CAPABILITY:

<input checked="" type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine: type	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

<input checked="" type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Secondaries	<input type="checkbox"/> THM
<input checked="" type="checkbox"/> Radiological	<input checked="" type="checkbox"/> Inorganic chemical	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Turbidity	<input type="checkbox"/> Organic chemical	

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
(1) Report Monitoring for primary accounts	17-555.510(2)(a)	See cover letter
(2) Sanitary tap and	17-555.312(4)	See cover letter
(3) Monitoring device	17-555.320(5)	" " "
(4) CAS Chlorination facilities	17-555.320(5)(a)	See cover letter
(5) Backflow prevention	17-555.330	" "
(6) Backflow prevention	17-555.360(4)(a)	See cover letter

Inspector's Signature: Roberto C. Amador Date: 5/30/89  
 Title: ES-II Approved by: Paul J. Monari Date: 6/14/89  
 for Manager, Drinking Water Program

**Imperial Mobile Terrace - 570**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Imperial Terrace (west) County Lake PWS ID 3250584

Plant Address \_\_\_\_\_ Zip \_\_\_\_\_ Plant Phone (\_\_\_\_) \_\_\_\_\_

Location Description: \_\_\_\_\_

Owner Southern States Utilities Owner Phone (407) 980 0100  
Address 1000 Color Pl City Apopka State FL Zip 32703

Date of this inspection: 8/29/91 Date of last survey: 4/24/90 Date of last compliance inspection: \_\_\_\_\_ Person contacted: \_\_\_\_\_  
Service area characteristics: C  NC \_\_\_\_\_ NTNC \_\_\_\_\_

1. Certified Operators & Certification No.: Dennis More C-6497 5 days + 1 weekend  
Bruan Heath C-5925

2. Maintenance and Operation Log Book: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

3. Meter/Time Lapse Clock: Yes  No \_\_\_\_\_

4. Well(s): Number: 1 6' X 6' X 4' Concrete Pad:

In Line Check Valve Present?  Raw Water Tap?

Comments: 20hp pump (115 pump) & No backup well

5. CHLORINATION facilities: 1 well 1 hp (Well access point present)

Manufacturer's Name: Regal Gas:  Hypo: \_\_\_\_\_ Plant L2 Remote \_\_\_\_\_

Comments: 1 cyl is empty 10 lbs in other cylinder 1-0

6. Other Treatment(s): NONE

Comments: \_\_\_\_\_

7. Storage Facilities: (G) ground:  (H) hydropneumatic:  (E) elevated: \_\_\_\_\_ (C) clearwell \_\_\_\_\_

Tank Number	Log	Pressure Gauge	Sight Glass	On/Off pressure	Notes
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments: bypass present

DEFICIENCIES: Fence required around water facility to protect from tampering. no back-P Gas cylinder.

No Emergency Alarm outside the chlorine room

\_\_\_\_\_

\_\_\_\_\_

Water system deficiencies listed above must be corrected within 30 days (Sept 29, 1991) days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within the same time frame.

Inspector's Sig. & Title: H.E. Davis Date: 8/29/91

Received By: Bruan Heath Date: \_\_\_\_\_

Form left on Site/Left with Operator or Water Purveyor

Generator: 35 KW (Kato 1981) Plate

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Imperial Mobile Terrace County Lake PWS ID 3350584  
 Plant Address Tropical Shores Dr. Tavares Zip Code \_\_\_\_\_ Plant Phone (-) \_\_\_\_\_  
 Owner Name Charles Sweet, V.P. - operations division Owner Phone (407) 850-0000  
Southern States Utility Services, Inc.  
 Owner Address 100 Color Place City Applon State FL Zip Code 32703  
 Date of this Insp. 4/24/90 Date of last Insp. 4/30/87 Person Contacted Don Corder  
 Certified Operators \_\_\_\_\_ Certified Operators Numbers \_\_\_\_\_  
Annis W. Moore C-6497  
Conrad Schottler C-6387  
Category 4 Engineer ASST

Population served 598 Service Connections 239 I metered 100  
 Design Capacity 2600 gpd Design Storage Capacity \_\_\_\_\_ Average output 1043 mgd  
 Maximum Hour \_\_\_\_\_ Maximum Day 1098 mgd (11/17/88)

Approval Number & Date 6-266-4/4/63 Type meter & capy Precision 6"  
 Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

- |                                             |                                             |                                                 |                                         |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input type="checkbox"/> Subdivision    |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park   |
| <input type="checkbox"/> Campground         | <input type="checkbox"/> Lodge              | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Motel              | <input type="checkbox"/> School                 |                                         |

Emergency Water Source None - not Emergency Power Source Generator  
connected to Imperial mobile terrace Capacity of Standby 455  
 Type of Standby the order 455

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many wells? 1 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

- Treatment in use at this plant: (check all that apply)
- |                                                  |                                        |                                          |                                                |
|--------------------------------------------------|----------------------------------------|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Aeration                | <input type="checkbox"/> E.D.          | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration    | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt. hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation  | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal  | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3350584

Well Number*	1								
Year Drilled	1963								
Depth Drilled	425								
Length (outside casing)	unk								
Diameter (outside casing)	8"								
Material (outside casing)									
Depth to static Water level									
Normal suction lift (wkng. level)									
Normal yield, GPM									
Test yield, GPM									
Type of grout									
Drilling method									
Type of strainer									
Depth to top of strainer									
Protection from surface water?	Yes								
Is inundation of well possible?	No								
Salt intrusion noted in past?	No								
Has the well ever been contaminated?	No								
Pump manufacturer's name	Berkley								
Model number									
Capacity	30 GPM								
Check valve present in line?	Yes								
Date of last servicing	-								
Maintenance Schedule (day/mo.)	-								

COMMENTS (conditional): Well is 75' from the  
waste water plumbing (restroom) located at 11779  
Maxwell Ave.  
230 work - 2nd well required (no longer  
connected to Imperial Mobile Terrace 435.

Attach additional copies of this page as needed.  
 DER Form Perm 13-24 (August, 80)



PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator Acme Capacity, lb./24 hr. 50 gpd  
Dual system? NO Backup machine operative OK Gas or hypo used NO Chlorine  
feed rate SPFA Evidence of leaks NO Reserve supply OK  
Condition of equipment OK Automatic switchover OK Air-pack or respirator  
adequate NO Ammonia smells fresh NO More capacity needed OK Residual  
at plant 1.6 Residual at remote tap 1.7 Comments on chlorination  
NO air pack or respirator on site (left in truck)  
NO ammonia on site

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-bubbling \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

**HIGH SERVICE**

Pump Number									
Manufacturer name									
Pump type and motor HP									
Model number									
Date installed									
Capacity									
Maintenance Schedule									
Date Last Serviced									

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1								
Capacity	3000								
Material	steel								
Gravity drain capacity	Yes								
Bypass capacity	Yes								
Covered/screened openings	—								
Date of last cleaning	—								
Pressure Gauge	Yes								
Sight/Glass	Yes								
On/Off pressure	40/60								
Height to bottom of el. tank	—								
Height to Maximum water level	—								

COMMENTS: \_\_\_\_\_

**DISTRIBUTION SYSTEM:**

Material of mains PVC & CI  
 System Looped YES Operation pressure 40-60 Maximum pipe diameter 6"  
 Minimum pipe diameter 2" Number of dead ends 0 How often flushed daily  
 Number of fire hydrants 0 Known cross-connections with private supplies none  
 Blowoff lines below grade NO Routine cross-connection control program yes

**PLANT LABORATORY CAPABILITY:**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine: type <u>all</u>	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING:** (System is in full compliance with which requirements? Check.)

ok Bacteriological GIS Secondaries  TIM  
GIS Radiological GIS Inorganic chemical  Other: VOL - 6/87, SOC - 12/87  
GIS Turbidity GIS Organic chemical

Violations of sampling requirements: None

Violations of maximum contaminant levels: None

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>Auxiliary power not functional as indicated during audit</u>	<u>SEE</u>	<u>COVER LETTER</u>
<u>Bad well sanitary hazard etc safety &amp; control equipment</u>		

Inspector's Signature: [Signature] Date: 4/25/80  
 Title: E.S. II Approved by: [Signature] Date: 5/4/80  
 for Manager Drinking Water Program

**Intercession City - 780**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name INTERCESSION CITY County OSCEOLA PWS ID 3490673  
 MYAKKA 2 NDCATEE ST  
 Plant Address INTERCESSION CITY, FL 33484 Plant Phone ( ) -  
 Location Description: OFF MI-92 SOUTH

Owner SOUTHERN STATES UTILITIES INC Owner Phone (62) 990-0058  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of this inspection: 10-4-91 Date of last survey: 4-13-89 Person Contacted: SAM PARKES JOHN COFFE  
 Date of last compliance inspection: \_\_\_\_\_

Service area characteristics: C  V \_\_\_\_\_ HC \_\_\_\_\_ NTWC \_\_\_\_\_  
250 SERVICES 875 people.  
 1. Certified Operators & Certification No.: JOHN - COFFE C-6614

2. Maintenance and Operation Log Book: Yes  V No \_\_\_\_\_ Not Applicable \_\_\_\_\_  
 3. Meter/Time Lapse Clock: Yes  V No \_\_\_\_\_

4. Well(s): Number: 2 6' X 6' X 4" Concrete Pad: OK AT WELL #2 (INADEQUATE AT WELL #1 (4"))  
 In Line Check Valve Present?: \_\_\_\_\_ Raw Water Tap?: Yes, OK

Comments: CUMMINS EMERGENCY GENERATOR 45KW

5. CHLORINATION  
 Manufacturer's Name: REGAL Gas:  V (Type: \_\_\_\_\_ Cl<sub>2</sub> Residual: \_\_\_\_\_  
 of Chlorinator: \_\_\_\_\_ Plant 1.3 Remote \_\_\_\_\_

Comments: \_\_\_\_\_

6. Other Treatment(s): none  
 Comments: \_\_\_\_\_

7. Storage Facilities: (G) ground:  (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	1	2	3	4	5	6	7	8	9	10
Pressure Gauge	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO
Sight Glass	Y-BIRTY									
On/Off pressure	27/37									

Comments: \_\_\_\_\_

DEFICIENCIES:	A) EXISTING SANITARY HAZARD. MONITOR AT WELL #1. MONITOR BACTERIOLOGICAL RESULTS CLOSELY.
1) LEAK AT 8" WELL	
2) SIGHT GLASS DIRTY	
3) INADEQUATE CONC. PAD AT WELL #1 (4")	5) PRESSURE GAUGE AT P/TANK DOES NOT WORK.

Water system deficiencies listed above must be corrected ~~within~~ NOV 3 1991 days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Bisney Engineer Date: 10-4-91  
 Received By: [Signature] Date: 4-91

Person left on Site/left with Operator or Water Purveyor \_\_\_\_\_

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Intracoastal City County Alachua PWS ID 3490673  
 Plant Address Myakka N. West St. Zip Code 33484 Plant Phone ( )       
 Owner Name Charles L. Sweet, President Owner Phone (407) 880-01  
Southern States Utilities, Inc  
 Owner Address 1000 Colac Place City Apopka State FL Zip Code 3220  
 Date of this Insp. 4/12/89 Date of last Insp. 1/12/83 Person Contacted William Karl

Certified Operators William Karl Certified Operators Numbers C-5926

Cathey E. Glass plant repairs 3 visits/week & one weekend  
operator and making the weekend visit  
fish & clam samples not being recorded data on PCR (5 del)  
 Population served 744 Service Connections 748 % metered 100  
 Design Capacity 1045 Design Storage Capacity      Average output 1070 mgd  
 Maximum Hour      Maximum Day 149 (11/7/88)

Approval Number & Date      Type meter & copy File column 4

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input checked="" type="checkbox"/> Other <u>road cuts</u>
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source Gasoline Emergency Power Source None

Type of Standby      Capacity of Standby     

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*

How many wells?      Identify Source:      Identify supply system:     

Treatment in use at this plant: (check all that apply)

<input type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt. hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed?     

For the control of what deficiencies?     

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required  
 DER Form Perm 13-24 (August, 80)

Well Number*	1	2							
Year Drilled	1925	5/1923							
Depth Drilled	225'	227'							
Length (outside casing)	unk	84'							
Diameter (outside casing)	4"	8"							
Material (outside casing)	Steel	steel							
Depth to static water level	unk	2'10"							
Normal suction lift (wknr. level)									
Normal yield, GPM									
Test yield, GPM		620							
Type of grout	unk	hand cement							
Drilling method	unk	Rotary							
Type of strainer									
Depth to top of strainer									
Protection from surface water?	No	Yes							
Is deterioration of well possible?	No	No							
Salt intrusion noted in past?	No	No							
Has the well ever been contaminated?		No							
Pump manufacturer's name	Suburban	Suburban							
Model number									
Capacity	unk	unk							
Check valve present in line?	-	125							
Date of last servicing	-	-							
Maintenance Schedule (day/mo.)	-	-							

COMMENTS (conditional): Aux. pump for well #1 not functional.  
Well #1 - 47' from septic system (drainfield) within 10' of wastewater plumbing (restroom) & 6'4" slab for well #1.  
septic tank adjacent to well #1.

Attach additional copies of this page as needed.



Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution sources above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_

Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Chapter 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator Real Capacity, lb./24 hr. 50 gpd  
Dual system? NO Backup machine operative OK Gas or hypo used CO<sub>2</sub> Chlorine  
feed rate 5 gpd Evidence of leaks NO Reserve supply OK  
Condition of equipment OK Automatic switchover NO Air-pack or respirator  
adequate NO Ammonia smells fresh NO More capacity needed NO Residual  
at plant NO Residual at remote tap OK Comments on chlorination NO  
1. NO air-pack or respirator.

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin copy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

WATER SERVICE Pump Number																				
Manufacturer Name																				
Pump type and motor HP																				
Model number																				
Date installed																				
Capacity																				
Maintenance Schedule																				
Date Last Serviced																				

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*  
 STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1																			
Capacity	5500																			
Material	steel																			
Gravity drain capacity	No																			
Bypass capacity	1/3																			
Covered/screened openings	-																			
Date of last cleaning	-																			
Pressure Gauge	Yes																			
Sign/Glass	Yes																			
On/Off pressure	20/30																			
Height to bottom of el. tank	-																			
Height to Maximum water level	-																			

COMMENTS: No gravity drain.  
Sign - glass cloudy.  
 \_\_\_\_\_  
 \_\_\_\_\_

DISTRIBUTION SYSTEM:

Material of mains G.S. & Blue Poly - Pipe  
 System Looped mostly Operation pressure 20-30 Maximum pipe diameter 4"  
 Minimum pipe diameter 1" Number of dead ends 3-4 How often flushed month  
 Number of fire hydrants None Known cross-connections with private supplies None  
 Blowoff lines below grade As grade Routine cross-connection control program Yes

PLANT LABORATORY CAPABILITY:

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input checked="" type="checkbox"/> Chlorine: type <u>OPD</u>	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

Bacteriological 8/17 Secondaries ALPHM  
 Radiological 4/87 Inorganic chemical 4/87 Other: W.C. 550  
 Turbidity 4/79 Organic chemical

Violations of sampling requirements: Organic

Violations of maximum contaminant levels: None

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>workload visit by cathodic anode</u>	<u>17-16.370(1e)</u>	<u>see corr table</u>
<u>slab flow recorded 5 days uncorrected</u>	<u>17-16.375(1) &amp; 360(1)(b)</u>	<u>" " "</u>
<u>Disinfection Power</u>	<u>17-555.320 (a)</u>	<u>" " "</u>
<u>Sanitary hazards</u>	<u>17-555.312</u>	<u>" " "</u>
<u>wall #1 - 6x6' slab</u>	<u>17-555.315(2)(a) (c)</u>	<u>" " "</u>
<u>Air flow</u>	<u>17-555.320(1)(a)</u>	<u>" " "</u>
<u>head to drain - pressure tank</u>	<u>17-555.330</u>	<u>" " "</u>
<u>sight glass cloudy</u>	<u>17-555.350 (1)</u>	<u>" " "</u>
<u>Organics</u>	<u>17-550.510(2)(A)</u>	<u>" " "</u>
<u>2.20 psi</u>	<u>17-555.350 (1)</u>	<u>" " "</u>

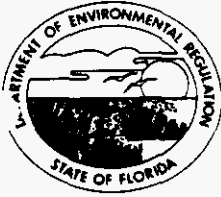
Inspector's Signature: [Signature] Date: 4/13/89  
 Title: E.S. II Approved by: Paul P. Mousni Date: 5/12/89  
 Manager, Drinking Water Program

# **Interlachen Lake Estates - 470**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

January 10, 1992

Mr. Bert Phillips  
SSU Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Putnam County - PW  
Interlachen Lakes Estates  
PWS ID: 2540545

Dear Mr. Phillips:

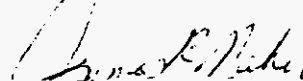
On November 20, 1991, a sanitary survey was done on the drinking water system referenced above. Mr. Jerry Boyd was present.

Plant and logs were well maintained. The only deficiency noted was a slow drip leak at the #2 well's check valve.

The permit to tie the emergency generator into the system is being reviewed by Mr. Dinesh Kamath, P.E. At this time, additional information requests are pending. Also Primary Inorganic, Secondary Standards, Turbidity and Primary Organic chemical analyses are all due this month. Mr. Boyd informed me the samples are currently in the lab. We are also awaiting the fourth quarter VOC results.

Enclosed is a copy of the survey for your records. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

  
James R. Maher  
Engineer IV

JRM/lgb

Enclosure

cc: Jerry Boyd  
Robert Regalado  
Putnam County Health Department

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320



Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

LOCATION Hwy 30  
near  
Hollister

ID. No. 2540545

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
for  
Drinking Water System

Inspection date: 11/20/91

I. GENERAL  
Plant name Interlachen Lake Estates County Putnam  
Plant owner SSD Services, Inc Person contacted Ben Phillips Pres  
Plant address 1000 Color Place Operator certification no Ben Thompson-72  
City Apopka Zip 32705 Phone no 407 880 6600 Basin code 644-443-344  
Population Served approx 250 No. of service connections 215  
Type of Service Community Type of meter at plant & capacity in line  
Percent or no. of meters 100% Plant designed by Paul Kausner Jr  
Plant capacity (design) 432 Plant output, average (MGD) .089 (9/91)  
Storage capacity (design) 30,500 Maximum hour (1000's gals.) 7  
Approval no. and date 12418 9/19/72 Emergency water source 2nd well  
Daily maximum (MGD) .144 (9/91) Standby equipment none  
Emergency power source none yet Capacity 0

TYPE OF SERVICE  Community  Non-community  
 Municipal  Subdivision  Common carrier  
 Recreation area  Institution  Hotel or hotel  
 Trailer park  College or school  Other  
 Restaurant  Industrial plant

II. SOURCE(S) OF RAW WATER SUPPLY  Ground: Number of wells   
 Surface: Purchased

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1971	1971			
Depth drilled	250'	250'			
Length, outside casing	120'	160'			
Diameter, outside casing	6"	6"			
Material, outside casing	Steel	Steel			
Depth to static water level	22'	22'			
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	no	no			
Is well protected against surface water?	yes	yes			
Salt water infiltration problems in past?	no	no			
Latitude	29° 37' 40"				
Longitude	81° 30' 30"				
Check valve					
Grouted	yes	yes			
Has well ever been contaminated?	no	no			
Pump manufacturer's name					
Date manufactured					
Model number					
Capacity	(GPM)	150	150		
Last serviced (date)					
Comment	410	15	15		
Maint. schedule (day, week, month, etc.)					



2. Surface Supplies: Provide sketch on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is nearest: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Stat? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                          |                      |                          |                   |
|--------------------------|----------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Aeration             | <input type="checkbox"/> | lime softening    |
| <input type="checkbox"/> | Coagulation          | <input type="checkbox"/> | Recarbonation     |
| <input type="checkbox"/> | Iron removal         | <input type="checkbox"/> | Reverse osmosis   |
| <input type="checkbox"/> | Taste-odor control   | <input type="checkbox"/> | Chlorination-post |
| <input type="checkbox"/> | High-rate filtration | <input type="checkbox"/> | Fluoridation      |
| <input type="checkbox"/> | Chlorination-pre     | <input type="checkbox"/> | Settling          |
| <input type="checkbox"/> | Filtration           | <input type="checkbox"/> | pH adjustment     |
|                          |                      | <input type="checkbox"/> | Zeolite softening |

- B. Aeration:
- |                          |                       |                                     |                        |
|--------------------------|-----------------------|-------------------------------------|------------------------|
| <input type="checkbox"/> | Slimes or algae noted | <input checked="" type="checkbox"/> | Screens in good repair |
| <input type="checkbox"/> | Iron deposits         | <input checked="" type="checkbox"/> | Hydrogen sulfide odor  |

C. Chemical Used (include Chlorine): *Acetate looks good.*

Chemical	Type Feeder	Size, Capacity	Point of appl.	Purpose (Coagulation, etc.)
Chlorine	Regal	50 GPD	pre hydro	Disinfection

- D. Chemical Feeders:
- |                          |                     |                          |                        |
|--------------------------|---------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Oil on floor        | <input type="checkbox"/> | Chemical spilled       |
| <input type="checkbox"/> | Spare parts kept    | <input type="checkbox"/> | Has repair manuals     |
| <input type="checkbox"/> | Noisy operation     | <input type="checkbox"/> | Chemicals well stocked |
| <input type="checkbox"/> | Water on floor      | <input type="checkbox"/> | Feeders all work       |
| <input type="checkbox"/> | Excessive vibration | <input type="checkbox"/> | Bags stored dry        |

- E. Coagulation:
- |                          |                  |                          |                              |
|--------------------------|------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Settling poor    | <input type="checkbox"/> | Chem. dose questionable      |
| <input type="checkbox"/> | No slanting seen | <input type="checkbox"/> | Affluent taste & odor strong |
| <input type="checkbox"/> | Pinpoint floc    | <input type="checkbox"/> | Color removal good           |

- F. Softening:
- |                          |                      |                          |                            |
|--------------------------|----------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Flocc unstable       | <input type="checkbox"/> | Blanket visible            |
| <input type="checkbox"/> | Feed intermittent    | <input type="checkbox"/> | Settling good              |
| <input type="checkbox"/> | Water leaves clear   | <input type="checkbox"/> | Anti-silica used           |
| <input type="checkbox"/> | Sludge not excessive | <input type="checkbox"/> | Sludge return used         |
| <input type="checkbox"/> | Coag. aid used       | <input type="checkbox"/> | No control of sludge level |

- G. Fluoridation:
- |                          |                    |                          |                       |
|--------------------------|--------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Analysis OK        | <input type="checkbox"/> | Feeder good condition |
| <input type="checkbox"/> | Separate storage   | <input type="checkbox"/> | Acid spilled          |
| <input type="checkbox"/> | Dusty enclosure    | <input type="checkbox"/> | Frequent shutdowns    |
| <input type="checkbox"/> | Monthly samples OK | <input type="checkbox"/> | Corrosion evident     |

- H. Filtration:
- |                          |                     |                          |                          |
|--------------------------|---------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Mudballs present    | <input type="checkbox"/> | Clearwell turbidity seen |
| <input type="checkbox"/> | Carryover extensive | <input type="checkbox"/> | Backwash cleans media    |
| <input type="checkbox"/> | Gallery kept clean  | <input type="checkbox"/> | Plant appears overloaded |
| <input type="checkbox"/> | Air binding present | <input type="checkbox"/> | Little foreign material  |
| <input type="checkbox"/> | Short filter runs   | <input type="checkbox"/> | Sediment in clearwater   |
| <input type="checkbox"/> | Algae in filter     |                          |                          |

III. Disinfection:

NO!  Odor of chlorine (leak)  Ample stock of chlorine  
 Lead washers kept  Ammonia (fresh odor)  
 Note effluent residual  Air pack pressure OK  
 Respirator in date  Repair parts kept  
 Corrosion noticeable  Note chlorine rate 2.5 #/day  
 Machine function good  Fan works OK  
 Chlorine residual records current  
 Chlorine residual before entering distribution line 1.8 ppm  
 Chlorine residual at extremity of distribution system 1.2 ppm  
 Reserve supply of chlorine (specify units)  
 Other observation(s) Ammonia & lead washers on the right on side

IV. STORAGE FACILITIES:

Ground storage  Elevated storage  
 Hydro-pneumatic tank  Clear wall

Tank number	1	2	3	4
Capacity	25,000	5000		
Material	Concrete	Steel		
Gravity or lift capacity	4"	4"		
Bypass capacity	4"	6"		
Covered/screened openings	yes	no		
Date of last cleaning				
On/off pressure, where appl.		40-60		
Max. ht. bot. of tank				
Hgt. to max. tank water level				
Comments				

V. PUMP SERVICE:

Pump number	1	2	3	4
Manufacturer's name	Century	Deming		
Date manufactured				
Model number				
Capacity	6PM	150	150	
Maintenance Schedule				
Last service (date)				
Comments	NP	15	15	

VI. DISTRIBUTION SYSTEM:

Material of mains CL, CS, PVC Max. pipe diam. 4" Min. pipe diam. 3/4"  
 Operation pressure 45 No. of dead ends 5 How often flushed: -  
 No. of fire hydrants 0  
 Are there cross connections with private or other supplies? none known  
 Are there any blowoff lines below grade in the system? no  
 Are there any sanitary hazards near sources of water supply? none noted  
 Are there any underwater crossings which are suspected of leaking? no  
 If a street line is within 100 feet, state material and jetting method. alg  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? no  
 Blow off lines below grade.  none  few  numerous  
 Observations:

VII. WATER QUALITY REVIEW:

A. Chemical

1. Lab capability

pH  Radiological  
 Chemical  Physical (color, odor, turbidity)  
 Jar Test  Special  
 Bacteriological  Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain.

Primary Inorganics, Turbidity, Secondary Stds, Primary Residuals  
all due 11/92. Authority 4m gr 400 results

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? NO If so, specify the chemical parameter(s) and concentration(s) \_\_\_\_\_
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? NO If so, specify. \_\_\_\_\_
5. Bacteriological
1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? YES
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NO If so, specify. \_\_\_\_\_

VIII. SUMMARY AND RECOMMENDED ACTION

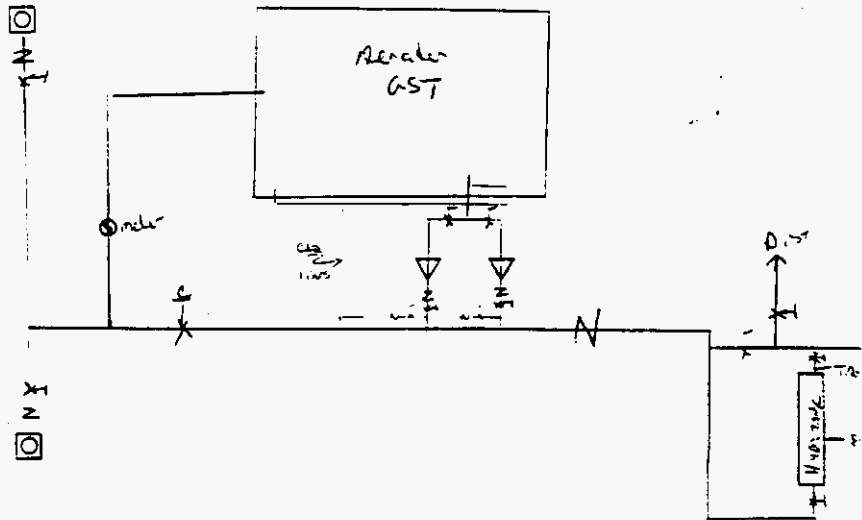
- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. <u>LINE #2 ON LVW HAS SEW LEAK 1255.370 Repair</u>		
2. _____		
3. _____		
4. _____		
5. _____		

Inspector's signature: James R. Parker Date: 11/1/91

Title: SPRINGER III

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
District Manager (signature)



**Jungle Den - 1802**

**Volusia County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**JUNGLE DEN**

This is a consecutive water system for which water is purchased from the Astor-Astor Park Water Association. The Florida Department of Environmental Regulation normally does not perform a sanitary survey on consecutive water systems.

# **Keystone Heights - 1094**

**Clay County (SSU)**

**Water**

**- 1992 FPSC Filing -**

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
 for  
Drinking Water Systems

Inspection date: 11-20-69

I. GENERAL

Plant name Kenshore Heights WTP County Clay  
 Plant owner Southern States Utility Person contacted Bill Jones  
 Plant address Ken Cahn Place Operator certification no. Ken Martin C-5526  
 City Esopha Zip 32723 Phone no. 942-2100 Basin code 621  
 Population Served 3360 No. of service connections 945  
 Type of Service Community Type of meter at plant: & capacity in-line  
 Percent or no. of meters 100% Plant designed by Ryan Construction  
 Plant capacity (design) 1,495 mgd Plant output, average (MGD) 471 mgd  
 Storage capacity (design) 70,000 gal Maximum hour (1000's gal.) \_\_\_\_\_  
 Approval no. and date 10706 5-15-69 Emergency water source Jewell / Kenshore (E)  
 Daily maximum (MGD) 1,491 mgd Standby equipment: \_\_\_\_\_  
 Emergency power source generator Capacity 600KW

TYPE OF SERVICE  Community [ ] Non-community  
 Municipal [ ] Subdivision [ ] Common carrier  
 Recreation area [ ] Institution [ ] Hotel or hotel  
 Trailer park [ ] College or school [ ] Other  
 Restaurant [ ] Industrial plant

II. SOURCE(S) OF RAW WATER SUPPLY  Ground: Number of wells [3]  
 Surface: Purchased [ ]

A. Ground supplies: (Attach sketch of Well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3
Year drilled	1960	1961	1960
Depth drilled	140'	135'	145'
Length, outside casing	140'	135'	140'
Diameter, outside casing	8"	8"	10"
Material, outside casing	steel	steel	steel
Depth to static water level	56'	54'	60'
Normal suction lift (working level)			
Normal yield in GPM	600	600	600
Test yield in GPM			
Type of strainer used			
Depth to top of strainer			
Is well subject to inundation?	no	no	no
Is well protected against surface water?	yes	yes	yes
Salt water infiltration problems in past?	no	no	no
Latitude	30° 44' 0"		
Longitude	82° 01' 10"		
Check valve	yes	yes	yes
Grouted	yes	yes	yes
Has well ever been contaminated?	no	no	no
Pump manufacturer's name	Keair	Keair	Keair
Date manufactured			
Model number			
Capacity	530	530	500
Last serviced (date)	11-20-69		
Comment			
Maint. schedule (day, week, month, etc.,)			

*na* D. Surface Supplies: Provide sketch on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) \_\_\_\_\_  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is needed: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ how is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant \_\_\_\_\_ Does effluent meet EPA Turb. Stds? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS  
 (Check where applicable)

- A. General:  Aeration  Lime softening  
 Coagulation  Recarbonation  
 Iron removal  Reverse osmosis  
 Taste-odor control  Chlorination-post  
 High-rate filtration  Fluoridation  
 Chlorination-pre  Settling  
 Filtration  pH adjustment  
 Zeolite softening

- B. Aeration:  Slimes or algae noted  Screens in good repair  
 Iron deposits  Hydrogen sulfide odor

C. Chemical Used (include Chlorine):

Chemical	Type feeder	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
*1 Chlorine	ROCA	200 lbs	before wellhead dis. station	disinfection
*2 Chlorine	ROCA	200 lbs	before wellhead dis. station	disinfection
*3 Chlorine	ROCA	200 lbs	before wellhead dis. station	disinfection

- D. Chemical Feeders: *na*  
 Oil on floor  Chemical spilled  
 Spare parts kept  Has repair manuals  
 Noisy operation  Chemicals well stocked  
 Water on floor  Feeders all work  
 Excessive vibration  Bags stored dry
- E. Coagulation: *na*  
 Settling poor  Chem. dose questionable  
 No blanket seen  Effluent taste & odor strong  
 Pinpoint floc  Color removal good
- F. Softening: *na*  
 Floc unstable  Blanket visible  
 Feed intermittent  Settling good  
 Water leaves clear  Acr. slimes used  
 Sludge not excessive  Sludge return used  
 Comp. air used  No control of sludge level
- G. Fluoridation: *na*  
 Analyses OK  Feeder good condition  
 Separate storage  Acid spilled  
 Dusty enclosure  Frequent shutdowns  
 Monthly samples OK  Corrosion evident
- H. Filtration:  
 Mudballs present  Clearwell turbidity seen  
 Carryover excessive  Backwash cleans media  
 Gallery kept clean  Plant appears overloaded  
 Air binding present  Little foreign material  
 Short filter runs  Sediment in clearwater  
 Algae in filter



3. Disinfection:
- Deodor of chlorine (leak)  Ample stock of chlorine
  - Lead washers kept  Ammonia fresh (odor)
  - Note effluent residual  Air pack pressure OK
  - Respirator in date  Repair parts kept
  - Corrosion noticeable  Note chlorine rate *WF #1 - 1# / day*
  - Machine function good  Fan works OK *WF #3 - 10# / day*
  - Chlorine residual records current

Chlorine residual before entering distribution line 0.6 ppm. well #3  
 Chlorine residual at extremity of distribution system \_\_\_\_\_ ppm.

Reserve supply of chlorine (specify units) \_\_\_\_\_  
 Other observation(s) well #3 - no residual - see report -  
chlorine residual records not kept - done

- IV. STORAGE FACILITIES:
- Ground storage
  - Hydropneumatic tank
  - Elevated storage
  - Clear well

Tank number	1	2	3	4
Capacity	1000 gal	1000 gal		
Material	Steel	Steel		
Gravity tank capacity	2'	2'		
Bypass capacity	2'	2'		
Covered/screener openings				
Date of last cleaning				
On/off pressure, where appl.	30-70	30-70		
Hgt. to bot. of tank	30'			
Hgt. to max. tank water level	120'			
Comments	elevated	hydropneumatic		

*well #3 connected by phone line*

V. PIPE SERVICE:

Pipe number	1	2	3	4
Manufacturer's name				
Date manufactured				
Model number				
Capacity				
Maintenance schedule				
Last service date				
Comments				

VI. DISTRIBUTION SYSTEM:

Material of mains Trasson GAC Max. pipe diam. 6" Min. pipe diam. 3"  
 Operation pressure \_\_\_\_\_ No. of dead ends \_\_\_\_\_ How often flushed: \_\_\_\_\_  
 No. of fire hydrants \_\_\_\_\_  
 Are there cross connections with private or other supplies? none  
 Are there any blowoff lines below grade in the system? no  
 Are there any sanitary hazard near sources of water supply? none noted  
 Are there any underwater crossings which are suspected of leaking? no  
 If a sewer line is within 100 feet, state material and joining method. none  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? no  
 Blow-off lines below grade  none  few  numerous  
 Observations: \_\_\_\_\_

VII. WATER QUALITY SYSTEM:

A. Chemical

1. test capability

<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Radiological
<input type="checkbox"/> Chemical	<input type="checkbox"/> Physical (color, odor, turbidity)
<input type="checkbox"/> Jar Test	<input type="checkbox"/> Special
<input type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain: \_\_\_\_\_

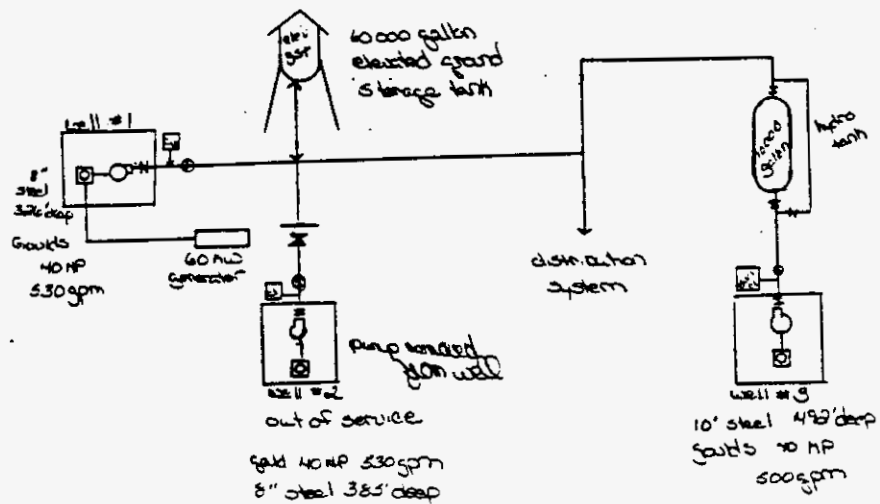
3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? no If so, specify the chemical parameter(s) and concentration(s) \_\_\_\_\_
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? no If so, specify. \_\_\_\_\_
5. Bacteriological
1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? yes
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? no If so, specify. \_\_\_\_\_

VIII. SUMMARY AND RECOMMENDED ACTION

- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1.		
2.		
3.		
4.		
5.		

Inspector's signature: [Signature] Date: 10-5-59  
 Title: Sanitation Specialist  
 Approved by: B. Redman Date: 12-5-59  
 District Manager (Signature)



**Kingswood - 1701**

**Brevard County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**KINGSWOOD**

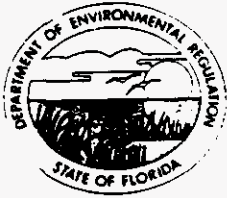
This is a consecutive water system for which water is purchased from Brevard County. The Florida Department of Environmental Regulation normally does not perform a sanitary survey on consecutive water systems.

**Lake Ajay Estates - 773**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

**CERTIFIED**  
P 657 854 431

December 11, 1991

Southern States Utilities Incorporated  
1000 Color Place  
Apopka, Florida 32703

OCD-PW-SS-91-0864

Attention: Sam Sparks, Area Supervisor

Osceola County-PW  
Lake Ajay Village Subdivision  
PWS ID Number 3491956

Dear Mr. Sparks:

This confirms a visit to the subject "community" public water system on September 24, 1991 by Mr. Bhanu Engineer of this office in the presence of Mr. Bill Triendel for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records. Deficiencies noted during the survey and/or determined from records on file in this office are listed below, including the cited rules of the Florida Administrative Code (F.A.C.).

1. Both well and pump shall be protected from tampering and vandalism. [Rule 17-555.315(2)(d), F.A.C.]
2. Clean or replace sight glass on pressure tank for proper maintenance/control. [Rule 17-555.330(1), F.A.C.]
3. The existing old well is presently not in service. This well either must be restored and monitored or adequately abandoned with appropriate permit from water management district.

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. We anticipate receipt of a written statement by January 11, 1992 that all listed deficiencies have been corrected.

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

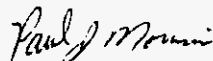
The following reference materials are available upon telephone request to Ms. Mary Glover at (407)894-7555, extension 251.

1. Chapters 17-350, 17-555, 17-560 and 17-602, Florida Administrative Code.
2. "How Does One Initiate a Cross Connection Control Program."
3. "Be a Cross Connection Expert."
4. "What are Cross Connections?"

Southern States Utilities  
Page Two  
OCD-PW-SS-91-0864  
December 11, 1991

If you have any questions concerning this letter, please contact Mr. Bhanu Engineer at the address listed on page 1 or by phone at (407)894-7555.

Sincerely,



Paul J. Morrison, Section Supervisor  
Drinking Water Compliance/Enforcement

JMc:be/mg

cc: Osceola County Health Department

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name LAKE AJAY VILLAGE S/D County OSCEOLA PWS ID 3491956  
WILPER WIND RD, OFF SR 15 Plant Address NARCOOSSEE Zip Code \_\_\_\_\_  
 Owner Name SOUTHERN STATES UTILITIES INC Owner Phone (407) 886-4488  
 Owner Address 1000 COLOR PLACE City APOPKA State FL Zip Code 32703  
 Date of this Insp. 9-24-91 Date of last Insp. 8-21-87 Person Contacted BILL TRIENDEL  
 Certified Operators BILL TRIENDEL Certified Operators Numbers C-6411

Population served 130 <sup>MAX ALLOWED 130</sup> Service Connections PRESGT 37 % metered 31  
 Design Capacity 0.316 Design Storage Capacity 11,000 G Average output 0.0125  
 Maximum Hour \_\_\_\_\_ Maximum Day 0-027

Approval Number & Date WC 49-17511 2-3-79 Type meter & copy PRECISION 4"

Service area characteristics: (check all that apply)  COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source NONE Emergency Power Source None

Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_

Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\*  
 How many wells? 1 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt.hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required



Sanitary Survey (Groundwater)  
Page Two.

IN  
SERVICE

OLD  
WELL  
NOT IN SERVICE

PWS ID: 3491956

Well Number*	1								
Year Drilled	1989			1977					
Depth Drilled	500'			476'					
Length (outside casing)	421'			373'					
Diameter (outside casing)	8"			6"					
Material (outside casing)	STEEL			STEEL					
Depth to static Water level				20'					
Normal suction lift (wkng. level)									
Normal yield, GPM									
Test yield, GPM	600			320					
Type of grout	CEMENT			CEMENT					
Drilling method	CABLE TOOL			CABLE TOOL					
Type of strainer	UNK			UNK					
Depth to top of strainer	"			"					
Protection from surface water?	YES			YES					
Is inundation of well possible?	NO			NO					
Salt intrusion noted in past?	NO			NO					
Has the well ever been contaminated?	NO			NO					
Pump manufacturer's name	SWB								
Model number	UNK								
Capacity GPM	1044 220								
Check valve present in line?	YES								
Date of last servicing	-			OUT OF SERVICE SINCE 5/84.					
Maintenance Schedule (day/mo.)	-								

COMMENTS (conditional): WELL NEED PROTECTION AGAINST TAMPERING & VANDALISM

OLD WELL IS OUT OF SERVICE AND KEPT UNPLUGGED. THIS WELL NEEDS TO BE PROPERLY ABANDONED WITH WATER MANAGEMENT DISTRICT PERMIT.

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator REGAL Capacity, lb./24 hr. 50  
Dual system? NO Backup machine operative      Gas or hypo used GA Chlorine  
feed rate 13 Evidence of leaks NO Reserve supply OK  
Condition of equipment OK Automatic switchover N/A Air-pack or respirator  
adequate IN TRUCK Ammonia smells fresh YES More capacity needed NO Residual  
at plant      Residual at remote tap 0.4 Comments on chlorination       
at 3176

AERATOR: (NOT ACCESSIBLE)

Type of aerator CASCADE Tray area or weir length 15 SQ FT  
Condition of screens OK Bloodworms present NO Condition of  
aerator OK Adequate for Fe, H<sub>2</sub>S control YES

COAGULATION:

Chemical used      Purpose       
Blanket visible      Flocculation good or poor      Settling good?       
Carryover     

LIME SOFTENING:

Quicklime or hydrated      Name of unit       
Size and type      Any chemicals used       
Points of application (in unit)      Nature and abundance of  
floc      Appearance of sludge  
blanket      Is settling good       
Excessive carryover      Turbidity in clearwell      Secondary  
precipitation      Any filter cementation      Effluent stability       
Recarbonation type      Sludge recirculation used     

FLUORIDATION:

Chemical used      Strength if acid      Is dilution used (acid)      Corrosion  
noted      Gelling or plugging      Feeder make and model       
Split sample agreement      Sufficient analyses      Feeder condition     

STABILIZATION:

Stability index of effluent      Is pH control practiced       
Chemical(s) used

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.	1	2	3				
Manufacturer name	PEERLESS	PEERLESS					
Pump type & motor HP	CENTRIFUGAL 10 HP	FUGAL 10 HP	30HP				
Model number	PEP36-3	PEP36-3					
Date Installed							
Capacity	UNK	UNK					
Maintenance schedule	-	-					
Date last serviced	-	-					

Comments: # 3 PUMP IS CONNECTED TO AUXILIARY GENERATOR WHICH IS DISCONNECTED, UNDER REPAIR & NOT IN SERVICE

STORAGE FACILITIES:  ground;  hydropneumatic;  elevated;  clearwell.

Tank No.	G.S.	PIT				
Capacity	10,000	1400				
Material	STEEL	STEEL				
Gravity drain capacity	YES	YES				
Bypass capacity	-	YES				
Covered/screened openings	-	-				
Date of last cleaning	-	-				
Pressure gauge	-	YES				
Sight glass	-	YES	BUT DIRTY.			
On/Off pressure		51/68				
Hght. to bottom of el. tank	8'	-				
Hght to max. water level	-	-				

Comments: SIGHT GLASS IS DIRTY.

THIS IS A PACKAGE PLANT. P/T IS WITHIN STORAGE TANK.

DISTRIBUTION SYSTEM:

Material of mains PVC  
System Looped YES Operation pressure 50 Maximum pipe diameter 6"  
Minimum pipe diameter 3" Number of dead ends 3 How often flushed As needed  
Number of fire hydrants None Known cross-connections with private supplies none  
Blowoff lines below grade 2 Routine cross-connection control program none

PLANT LABORATORY CAPABILITY:

Bacteriological  Marble tests  Fluorides  
 Chlorides  Chlorine: type  Inorganics  
 Radiological  Turbidity  Color  
 pH  Jar tests  Hardness  
 Iron  Organics  Complete  
 Stability  Alkalinity

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

Bacteriological 3-27-91 Secondaries  TIM  
6-12-90 Radiological 3-27-91 Inorganic chemical  Other: VOC's 6-3-91, 3-3-91  
3-27-91 Turbidity 3-27-91 Organic chemical  UOC's 3-31-91

Violations of sampling requirements: NEED 3 TDS RECHECKS.

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>1- WELL PROTECTION AGAINST TAMPERING &amp; VANDALISM</u>		<u>SEE COVER LETTER</u>
<u>2- ABANDONMENT OF OLD WELL</u>		" " "
<u>3- DIRTY SIGHT GLASS</u>		" " "

Inspector's Signature: Bhramu Engineer Date: 10-10-91  
Title: EIT Approved by: [Signature] Date: 12-10-91  
for Manager, Drinking Water Program

**Lake Brantley - 325**

**Seminole County (SSU)**

**Water**

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STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name LAKE BRANTLEY County SEMINOLE PWS ID 3590685

Plant Address AZALEA & CAMELLIA Zip 32779 Plant Phone ( ) -

Location Description: \_\_\_\_\_

Owner SOUTHERN STATES UTILITY Owner Phone 407 880-0058

Address 1000 COLOR PL City APALACHA State FL Zip 32704

Date of this Inspection: 3-1-91 Date of last survey: 5-30-89 Date of last compliance inspection: \_\_\_\_\_ Person Contacted: BON GARDER

Service area characteristics: C C NC \_\_\_\_\_ NTNC \_\_\_\_\_

1. Certified Operators & Certification No.: J. W. JOHNSON C-4394

2. Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_

3. Meter/Time Lapse Clock: Yes  No \_\_\_\_\_

4. Well(s) Number: 1 6' X 6' X 4" Concrete Pad: Yes

In Line Check Valve Present?: Yes Raw Water Tap?: 2 1/2" IN A 10' DEEP HOLE

Comments: THREE 6" Meters ON SITE

5. CHLORINATION

Manufacturer's Name of Chlorinator: ATWACK Gas:  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: Plant 1.5 PPM Remote 0.2 PPM

6. Other Treatment(s): AERATION

Comments: \_\_\_\_\_

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	H	G											
Pressure Gauge	Yes	-											
Sight Glass	No	-											
On/Off pressure	Yes	-											

Comments: \*NO FITTINGS FOR SIGHT GLASS ON TANK

DEFICIENCIES: NONE OBSERVED

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: [Signature] Date: 3-1-91

Received By: [Signature] Date: 3-1-91

Form Left on Site/Left with Operator or Water Purveyor



CERTIFIED  
F109 777 847

*Waters*

## Florida Department of Environmental Regulation

Central District • 5519 Maguire Boulevard, Suite 282 • Orlando, Florida 32805-3707 • 407-804-7555

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary

Alex Alexander, Deputy Assistant Secretary

June 16, 1989

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

OCD-PW-89-0450

Attention: Charles Sweat, President

Orange County-PW  
Holiday Heights PWS ID Number 3480547

Seminole County-PW  
Lake Harriett Estates PWS ID Number 3590699  
Lake Brantley Isles S/D PWS ID Number 3590685

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water systems on May 30, 1989 by Mr. R. Ansag of this office in the presence of Mr. James Johnson for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the surveys and/or determined from records on file in this office are explained below. Please see page six (6) of the survey report forms which refers to each violation of Chapters 17-16, 17-550, 17-555 and 17-560 of the Florida Administrative Code for each deficiency.

**Holiday Heights - PWS ID Number 3480547:**

- ok* 1. Repeat sampling and analysis for primary organics had not been provided as required once every three (3) years. Our records indicate this sample was last collected on January 31, 1983 and is presently past due. Samples must be collected from a location representative of finished water in the distribution system and submitted to an approved laboratory and this department notified of the date of submittal and laboratory name no later than fourteen (14) days from your receipt of this letter. You must submit a copy of the laboratory results to this office upon your receipt of such from the laboratory. This requirement took effect January 1989.
2. A septic tank and drainfield were located approximately 130 feet from the water supply well. Wastewater plumbing from several houses was located within a 100-foot radius of the well.



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June 16, 1989

3. A metering device that accurately indicates pumpage of finished water to the distribution system was not provided. An elapsed time clock is not an acceptable metering device for a community public water system.
4. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. A separate approved above-grade room for the gas chlorination facilities.
  - b. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - c. Adequate weighing device for the gas cylinder.
  - d. An air-pack or respirator approved by your local fire department or local organization that would respond to an emergency chlorine gas leak at your facility. (on Truck)
5. The pressure tank was not provided with by-pass piping for proper maintenance/control. By-pass piping must be installed.
6. There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on the potable water outlets throughout the water system.

Lake Harriet Estates - PWS ID Number 3590699

1. A 6' X 6' X 4" thick concrete pad, centered around the well casing, was cracked and needs to be replaced.
2. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - b. An air-pack or respirator approved by your local fire department or local organization that would respond to an emergency chlorine gas leak at your facility.
3. Aerator and ground storage tank were not being maintained in good operating condition or being protected from contamination as required. Cattails were growing around the aerator and there were several leaks around the ground storage tank.

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4. There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on the potable water outlets throughout the water system.
5. Auxiliary power with automatic start up capabilities had not been provided as required for all community systems serving 350 or more persons. Your consulting engineer can assist you in correcting this item.

Lake Brantley Isles Subdivision - PWS ID Number 3590685

1. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - b. An air-pack or respirator approved by your local fire department or local organization that would respond to an emergency chlorine gas leak at your facility.
2. The pressure tank was not provided with sight glass for proper maintenance/control. Concerning the sight glass, since the pressure tank at your water system did not have fittings for a sight glass to be installed, the department will not require that a sight glass be installed at this time. However, if the pressure tank is ever replaced, the replacement tank must have a sight glass.
3. There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on the potable water outlets throughout the water system.
4. Aerator and ground storage tank were not being maintained in good operating condition or being protected from contamination as required. There were several leaks around the ground storage tank.

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within 60 days of the date of this letter.

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OCD-PW-89-0450  
June 16, 1969

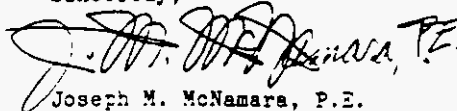
Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapter 17-16, Florida Administrative Code.
2. Chapters 17-550, 17-555 and 17-560, Florida Administrative Code.
3. "How Does One Initiate a Cross Connection Control Program."
4. "Be a Cross Connection Expert."
5. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. R. Ansag at (407)894-7555.

Sincerely,



Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

JMM:ppm:rap

cc: Orange County Health Department  
Seminole County Health Department

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Lake BRANTLEY County Seminole PWS ID 3590685  
 Plant Address Camelia Dr. Zip Code - Plant Phone (407) 880-0100  
 Owner Name SOUTHERN STATES UTILITIES Owner Phone (407) 880-0100  
 Owner Address 1000 Color Place City Apopka State Fl. Zip Code 32703  
 Date of this Insp. 5/30/89 Date of last Insp. 6/12/80 Person Contacted James Johnson  
 Certified Operators JAMES JOHNSON Certified Operators Numbers C-4354

Population served 2259 Service Connections 74 % metered 100%  
 Design Capacity 2.0 MGd Design Storage Capacity 7,000 gal. Average output 18,000 GPD  
 Maximum Hour - Maximum Day 23,000 GPD

Approval Number & Date 4686-1/23/61 <sup>Category IV</sup> Class B Type meter & copy FLM-10,000 GPD

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source None Emergency Power Source None N/A

Type of Standby - Capacity of Standby - N/A

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many wells? 1 Identify Source: - Identify supply system: -

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt.hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed? -

For the control of what deficiencies? -

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3590685

Well Number*		1											
Year Drilled		Prior to 1961											
Depth Drilled		unk											
Length (outside casing)		unk											
Diameter (outside casing)		4"											
Material (outside casing)		Steel											
Depth to static Water level		unk											
Normal suction lift (wkng. level)													
Normal yield, GPH													
Test yield, GPH													
Type of grout													
Drilling method													
Type of strainer													
Depth to top of strainer		↓											
Protection from surface water?		Yes											
Is inundation of well possible?		NO											
Salt intrusion noted in past?		NO											
Has the well ever been contaminated?		NO											
Pump manufacturer's name		Sulim.											
Model number													
Capacity		GPM / HP	60										
Check valve present in line?			Yes										
Date of last servicing			-										
Maintenance Schedule (day/mo.)													

COMMENTS (conditional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution sources above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_

Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Chapter 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator ADVANCE 480 Capacity, lb./24 hr. 25  
Dual system? NO Backup machine operative - Gas or hypo used Gas Chlorine  
feed rate 5 lbs Evidence of leaks NO Reserve supply -  
Condition of equipment GOOD Automatic switchover N/A Air-pack or respirator  
adequate NO Ammonia smells fresh YES More capacity needed - Residual  
at plant 4.4 ppm Residual at remote tap 2.2 ppm Comments on chlorination -  
NO CROSS VENTILATION. NO SPARE PARTS.

AERATOR:

Type of aerator TRAY/COMB Tray area or weir length DATA  
Condition of screens GOOD Bloodworms present - Condition of  
aerator GOOD Adequate for Fe, H<sub>2</sub>S control -

COAGULATION:

Chemical used - Purpose -  
Blanket visible - Flocculation good or poor - Settling good? -  
Carryover -

LIME SOFTENING:

Quicklime or hydrated - Name of unit -  
Size and type - Any chemicals used -  
Points of application (in unit) - Nature and abundance of  
floc - Appearance of sludge  
blanket - Is settling good -  
Excessive carryover - Turbidity in clearwell - Secondary  
precipitation - Any filter cementation - Effluent stability -  
Recarbonation type - Sludge recirculation used -

FLUORIDATION:

Chemical used - Strength if acid - Is dilution used (acid) - Corrosion  
noted - Gelling or plugging - Feeder make and model -  
Split sample agreement - Sufficient analyses - Feeder condition -

STABILIZATION:

Stability index of effluent - Is pH control practiced -  
Chemical(s) used -

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):



**HIGH SERVICE**

Pump Number	1								
Manufacturer name	centur								
Pump type and motor HP	cent. 75								
Model number	-								
Date installed	-								
Capacity	GPM 50								
Maintenance Schedule	quarterly								
Date Last Serviced	-								

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: (X) ground; (X) hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1	2							
Capacity	Gal. 8,000	1,000 Gal.							
Material	concr	STW							
Gravity drain capacity	yes	NO							
Bypass capacity	yes	yes							
Covered/screened openings	yes	-							
Date of last cleaning	unk.	unk.							
Pressure Gauge	-	yes							
Sight Glass	-	NO							
On/Off pressure	-	40/60							
Height to bottom of el. tank	-	-							
Height to Maximum water level	-	-							

COMMENTS: Several leaks around G.P.T.

**DISTRIBUTION SYSTEM:**

Material of mains AC/PVC/G.I.  
 System Looped yes Operation/pressure 40/60 Maximum pipe diameter 4  
 Minimum pipe diameter 2" Number of dead ends - How often flushed as needed  
 Number of fire hydrants NONE Known cross-connections with private supplies NONE  
 Blowoff lines below grade 2 Routine cross-connection control program -

**PLANT LABORATORY CAPABILITY:**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine: type _____	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING:** (System is in full compliance with which requirements? Check.)

Bacteriological     Secondaries     THM  
 Radiological        Inorganic chemical     Other: VOCs/underground  
 Turbidity            Organic chemical

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
(1) Case illumination facility	17-555.320(5)(a)	See cover letter.
(2) FMG Reference	17-555.320	See cover letter.
(3) Backflow prevention device	17-555.360(a)(4)	See cover letter.
(4) Maintenance & operation	17-555.350	See cover letter.

Inspector's Signature: Robert C. Amey Date: 5/10/89  
 Title: ES-T Approved by: Paul Morrison Date: 6/14/89  
 Manager, Drinking Water Program

**Lake Conway Park - 104**

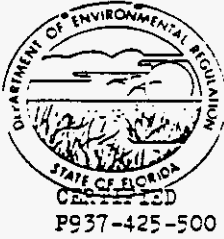
**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**

## LAKE CONWAY

On August 29, 1991, an interconnection with the Orlando Utilities Commission converted the Lake Conway system into a consecutive water system for which water is purchased from the O.U.C. (thereby placing the water plant itself out of service). The Florida Department of Environmental Regulation normally does not perform a sanitary survey on consecutive water systems. The most recent FDER survey prior to placing the Lake Conway water plant out of service is attached.



937-425-500

BILL B  
Aaron  
Don  
Sign to Aaron  
Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

November 30, 1988

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

Attention: Mr. Charles Sweat

Orange County-PW  
Lake Conway Park  
PWS ID Number 3480689

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water system on November 17, 1988 by Mr. R. Ansag of this office in the presence of Mr. Ken Kerwin (operator) for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the survey and/or determined from records on file in this office are explained below. Please see pages six (6) and seven (7) of the survey report form which refers to each violation of Chapters 17-16 and 17-22 of the Florida Administrative Code for each deficiency.

1. Septic tanks and drainfields were located within a 100-foot radius of the well.
2. The pressure tank was not provided with by-pass piping for proper maintenance/control.
3. A 6' X 6' X 4" thick concrete pad, centered around the well casing, was not provided for protection against direct surface water infiltration adjacent to the well.
4. A metering device that accurately indicates pumpage of finished water to the distribution system was not provided.
5. A check valve was not installed (well #1) between the raw water sampling tap and the chlorine injection point in order to insure this sample is not chlorinated.
6. A cross connection control program had not been instituted as required.

*I thought these problem were taken care of back in nov. 1988.*

OCD-PW-88-0811

*I want these item take care of the next 10 days I also want to see the letter to DER befor it goes out. DS*

*yes should be should be should be should why*

Southern States Utilities  
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November 30, 1988

7. Auxiliary power with automatic start up capabilities had not been provided as required for all community systems serving 350 or more persons. Your consulting engineer can assist you in correcting this item. According to your monthly operating reports (MORS), you have 111-112 service connections. With 3.5 ERCs, you serve +388 people.
8. Aerator and ground storage tank(s) were not being maintained in good operating condition or being protected from contamination as required.

*why*

It will be necessary for you to correct the above-referenced deficiencies for the subject system. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within 60 days of the date of this letter.

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. Please also indicate which information is not reasonably available.

The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapter 17-16, Florida Administrative Code.
2. Chapter 17-22, Florida Administrative Code.
3. "How Does One Initiate a Cross Connection Control Program."
4. "Be a Cross Connection Expert."
5. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. R. Ansgar at (407)894-7555.

Sincerely,

  
Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

*JM*  
JMMc:pjm:cap

cc: Orange County Health Department

**Lake Harriet Estates - 323**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name LA. HARRIET EST County SEMINOLE PWS ID 3590699

Plant Address 155 OAKHIA SQ Zip 32714 Plant Phone (-) -

Location Description:

Owner SOUTHERN STATES UTILITY Owner Phone 407 880-0050  
Address 1000 COLDA PL City APOKA State FL Zip 32704

Date of this inspection: 2-1-91 Date of last compliance inspection: 5-30-89 Person Contacted: DON CORDER  
Service area characteristics: C    L    NC    NTWC   

1. Certified Operators & Certification No.: J.W. JOHNSON C-4354

2. Maintenance and Operation Log Book: Yes  No  Not Applicable

3. Meter/Time Lapse Clock: Yes  No

4. Well(s) Number:    6' X 6' X 4" Concrete Pad: YES

In Line Check Valve Present?: YES Raw Water Tap?: YES  
Comments: POND/CANAL APPROX 75-100 FT FROM WELL

5. CHLORINATION  
Manufacturer's Name of Chlorinator: REGAL Gas:  Hypo:  Cl<sub>2</sub> Residual:    Plant    Remote Q177A

Comments:   

6. Other Treatment(s): AERATION

Comments:   

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	H	G							
Pressure Gauge	yes	-							
Sight Glass	yes	-							
On/Off pressure	unk	-							

Comments: HSP NOT OPERATIONAL SYSTEM SUPPLIED BY CITY OF ALTA MONTE IN THE INTERIM.

DEFICIENCIES: NO OBSERVED DEFICIENCIES.

Water system deficiencies listed above must be corrected within    days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: [Signature] Date: 3-1-91  
Received By: [Signature] Date: 3-1-91

Form Left on Site/Left with Operator or Water Purveyor





CERTIFIED  
F109 777 847

*W. J. ...*

## Florida Department of Environmental Regulation

Central District • 8819 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dele Tauchmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

June 16, 1989

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

OCD-PW-89-0450

Attention: Charles Sweat, President

Orange County-PW  
Holiday Heights PWS ID Number 3480547

Seminole County-PW  
Lake Harriett Estates PWS ID Number 3590699  
Lake Brantley Isles S/D PWS ID Number 3590685

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water systems on May 30, 1989 by Mr. R. Ansag of this office in the presence of Mr. James Johnson for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the surveys and/or determined from records on file in this office are explained below. Please see page six (6) of the survey report forms which refers to each violation of Chapters 17-16, 17-550, 17-555 and 17-560 of the Florida Administrative Code for each deficiency.

**Holiday Heights - PWS ID Number 3480547:**

- ok* 1. Repeat sampling and analysis for primary organics had not been provided as required once every three (3) years. Our records indicate this sample was last collected on January 31, 1983 and is presently past due. Samples must be collected from a location representative of finished water in the distribution system and submitted to an approved laboratory and this department notified of the date of submittal and laboratory name no later than fourteen (14) days from your receipt of this letter. You must submit a copy of the laboratory results to this office upon your receipt of such from the laboratory. This requirement took effect January 1989.
2. A septic tank and drainfield were located approximately 130 feet from the water supply well. Wastewater plumbing from several houses was located within a 100-foot radius of the well.

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June 16, 1989

3. A metering device that accurately indicates pumpage of finished water to the distribution system was not provided. An elapsed time clock is not an acceptable metering device for a community public water system.
4. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. A separate approved above-grade room for the gas chlorination facilities.
  - b. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - c. Adequate weighing device for the gas cylinder.
  - d. An air-pack or respirator approved by your local fire department or local organization that would respond to an emergency chlorine gas leak at your facility. (ON Truck)
5. The pressure tank was not provided with by-pass piping for proper maintenance/control. By-pass piping must be installed.
6. There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on the potable water outlets throughout the water system.

Lake Harriet Estates - PWS ID Number 3590699

1. A 6' X 6' X 4" thick concrete pad, centered around the well casing, was cracked and needs to be replaced.
2. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - b. An air-pack or respirator approved by your local fire department or local organization that would respond to an emergency chlorine gas leak at your facility.
3. Aerator and ground storage tank were not being maintained in good operating condition or being protected from contamination as required. Cattails were growing around the aerator and there were several leaks around the ground storage tank.

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4. There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on the potable water outlets throughout the water system.
5. Auxiliary power with automatic start up capabilities had not been provided as required for all community systems serving 350 or more persons. Your consulting engineer can assist you in correcting this item.

Lake Brantley Isles Subdivision - PWS ID Number 3590685

1. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Exhaust ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room).
  - b. An air-pack or respirator approved by your local fire department or local organization that would respond to an emergency chlorine gas leak at your facility.
2. The pressure tank was not provided with sight glass for proper maintenance/control. Concerning the sight glass, since the pressure tank at your water system did not have fittings for a sight glass to be installed, the department will not require that a sight glass be installed at this time. However, if the pressure tank is ever replaced, the replacement tank must have a sight glass.
3. There was not an approved backflow prevention device (hose bibb atmospheric vacuum breaker) on the potable water outlets throughout the water system.
4. Aerator and ground storage tank were not being maintained in good operating condition or being protected from contamination as required. There were several leaks around the ground storage tank.

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within 60 days of the date of this letter.

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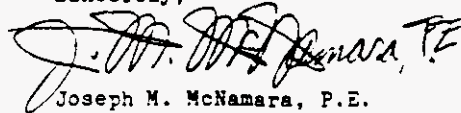
Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

The following reference materials are available upon telephone request to Mrs. Fatty Pittman at (407)894-7555, extension 204.

1. Chapter 17-16, Florida Administrative Code.
2. Chapters 17-550, 17-555 and 17-560, Florida Administrative Code.
3. "How Does One Initiate a Cross Connection Control Program."
4. "Be a Cross Connection Expert."
5. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. R. Anzag at (407)894-7555.

Sincerely,



Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

JMM:ppm:rap  
cc: Orange County Health Department  
Seminole County Health Department

Well Number*	1								
Year Drilled	1966								
Depth Drilled	500'								
Length (outside casing)	100'								
Diameter (outside casing)	8"								
Material (outside casing)	Steel								
Depth to static Water level	UNK								
Normal suction lift (wkng. level)	↓								
Normal yield, GPM									
Test yield, GPM									
Type of grout	Cement								
Drilling method	Rotary								
Type of strainer									
Depth to top of strainer	UNK								
Protection from surface water?	↓ 3 x 3 concrete								
Is inundation of well possible?	NO								
Salt intrusion noted in past?	NO								
Has the well ever been contaminated?	NO								
Pump manufacturer's name	Deering V.T.								
Model number	-								
Capacity	GPM / HP: 500 / 30								
Check valve present in line?	Yes								
Date of last servicing									
Maintenance Schedule (day/mo.)									

COMMENTS (conditional): Old well near abandoned.

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Attach additional copies of this page as needed.  
DER Form Perm 13-24 (August, 80)

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Lake Harriet Estates County Seminole PWS ID 3590699  
 Plant Address DeHaven Ct, Alt. Zip Code — Plant Phone (407) 870-010  
 Owner Name Southern States Utilities Owner Phone (407) 870-010  
 Owner Address 1000 Collier Place City Apopka State FL Zip Code 32701  
 Date of this Insp. 5/30/89 Date of last Insp. 2/5/81 Person Contacted James Johnson

Certified Operators James Johnson Certified Operators Numbers C-4354  
 \_\_\_\_\_  
 \_\_\_\_\_  
Category IV, Class C

Population served 21188 Service Connections 331 % metered 100%  
 Design Capacity 0.760 mgd Design Storage Capacity 16.715 MG Average output 3200 GPD  
 Maximum Hour \_\_\_\_\_ Maximum Day 9800 GPD  
 (Name and date of last inspection) 1988 "As-Run" 11/23/83; 4/6/88  
 Approval Number & Date 3039, 11/23/83; 4/6/88 Type meter & copy Flow meter 10,000 GPD

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Hotel	<input type="checkbox"/> School	

Emergency Water Source CITY of ALTAMONT Emergency Power Source NON-EM

Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_

Sources of Raw Water:  Ground\*       Surface\*\*       Purchased\*\*\*  
 How many wells? 1      Identify Source: \_\_\_\_\_      Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt. hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution sources above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_

Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Chapter 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator AVANA Capacity, lb./24 hr. 50  
Dual system? NO Backup machine operative - Gas or hypo used GAS Chlorine  
feed rate PLH Evidence of leaks NO Reserve supply -  
Condition of equipment GOOD Automatic switchover NO Air-pack or respirator  
adequate NO Ammonia smells fresh - More capacity needed - Residual  
at plant 1.3 ppm Residual at remote tap 0.5 ppm Comments on chlorination -  
NO Air pack or respirator NO CPO

AERATOR:

Type of aerator Cascade Tray area or weir length unk  
Condition of screens GOOD Bloodworms present ? Condition of  
aerator Control growing outside Adequate for Fe, H<sub>2</sub>S control -

COAGULATION:

Chemical used - Purpose -  
Blanket visible - Flocculation good or poor - Settling good? -  
Carryover -

LIME SOFTENING:

Quicklime or hydrated - Name of unit -  
Size and type - Any chemicals used -  
Points of application (in unit) - Nature and abundance of  
floc - Appearance of sludge  
blanket - Is settling good -  
Excessive carryover - Turbidity in clearwell - Secondary  
precipitation - Any filter cementation - Effluent stability -  
Recarbonation type - Sludge recirculation used -

FLUORIDATION:

Chemical used - Strength if acid - Is dilution used (acid) - Corrosion  
noted - Celling or plugging - Feeder make and model -  
Split sample agreement - Sufficient analyses - Feeder condition -

STABILIZATION:

Stability index of effluent - Is pH control practiced -  
Chemical(s) used -



FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is B<sub>2</sub> done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product \_\_\_\_\_  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
Disinfection of bed \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump Number	1								
Manufacturer name	Crow								
Pump type and motor HP	Blowing cent. 20								
Model number	-								
Date installed									
Capacity	1959								
Maintenance Schedule	GPM 350								
Date Last Serviced	-								

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: (H) ground; (4) hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	G.S. 1	P.T. 2							
Capacity	26,715	5000							
Material	concrete	steel							
Gravity drain capacity	6" yes	6" yes							
Bypass capacity	yes	yes							
Covered/screened openings	yes	-							
Date of last cleaning	UNK	UNK							
Pressure Gauge		yes							
Sight Glass		yes							
On/Off pressure		50 60							
Height to bottom of el. tank									
Height to Maximum water level									

COMMENTS: catwalk spanning outside the operator screen. can not  
able to check the operator, no ladder. Several leaks around G.S.T.  
AFG HOS. P. 241.  
114 0 Air compressor.

**DISTRIBUTION SYSTEM:**

Material of mains AC/Galvanized  
 System looped yes Operation pressure 60/60 Maximum pipe diameter 8"  
 Minimum pipe diameter 1" Number of dead ends \_\_\_\_\_ How often flushed \_\_\_\_\_  
 Number of fire hydrants 26 Known cross-connections with private supplies NONE  
 Blowoff lines below grade 1 Routine cross-connection control program see item 7

**PLANT LABORATORY CAPABILITY:**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine: type _____	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING:** (System is in full compliance with which requirements? Check.)

Bacteriological  Secondaries  THM  
 Radiological  Inorganic chemical  Other: NO CROSS-CONNECTION  
 Turbidity  Organic chemical

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
(1) Cement Pad	17-555.315(2)(6) c.	See cover letter
(2) Chlorination Facility	17-555.320(5)(a)	" " "
(3) Maintenance and Operation	17-555.330	See cover letter
(4) Backflow prevention	17-555.360(a)(a)	" " "
(5) Auxiliary power	17-555.370(c)	See cover letter

Inspector's Signature: Robert C. Amey Date: 5/30/89  
 Title: ES-11 Approved by: Paul J. Mariani Date: 6/14/89  
 for: Manager, Drinking Water Program

**Lakeview Villas - 1054**

**Clay County (SSU)**

**Water**

**- 1992 FPSC Filing -**

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
for  
Drinking Water Systems

Inspection date: 10-4-89

**1. GENERAL**

Plant name Labeview Villa County Clay  
 Plant owner Southern States Hous Person contacted B. H. Cross  
 Mail address 1000 Oak Pine Operator certification no. Men Herlin  
39712 Phone no. 850-2100 Basin code \_\_\_\_\_  
 City Apopka FL Zip 32712  
 Population served 18 No. of service connections 13  
 Type of service community Type of water at plant & capacity meter  
 Percent or no. of meters \_\_\_\_\_ Plant designed by \_\_\_\_\_  
 Plant capacity (design) 0.36 mgd Plant output, average (MGD) 0.02 mgd  
 Storage capacity (design) 1000 gal Maximum hour (1000's gals.) \_\_\_\_\_  
 Approval no. and date \_\_\_\_\_ Emergency water source none  
 Daily maximum (MGD) \_\_\_\_\_ Standby equipment: none  
 Emergency power source na Capacity \_\_\_\_\_

**TYPE OF SERVICE**  Community  Non-community

- |                                                  |                                            |                                         |
|--------------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Municipal               | <input type="checkbox"/> Subdivision       | <input type="checkbox"/> Common carrier |
| <input type="checkbox"/> Recreation area         | <input type="checkbox"/> Institution       | <input type="checkbox"/> Hotel or hotel |
| <input checked="" type="checkbox"/> Trailer park | <input type="checkbox"/> College or school | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Restaurant              | <input type="checkbox"/> Industrial plant  |                                         |

**2. SOURCES OF RAW WATER SUPPLY**  Ground: Number of wells   
 Surface: Purchased

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled					
Depth drilled					
Length, outside casing					
Diameter, outside casing					
Material, outside casing					
Depth to static water level					
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?					
Is well protected against surface water?					
Salt water infiltration problems in past?					
Latitude					
Longitude					
Cheek valve					
Croused					
Has well ever been contaminated?					
Pump manufacturer's name					
Date manufactured					
Model number					
Capacity					
Last serviced (date)					
Comment					
Maint. schedule (day, week, month, etc.)					

2/2  
 E. Surface Supplies: Provide sketch on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) \_\_\_\_\_  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is needed: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Stds? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS  
 (Check where applicable)

- A. General:
- |                          |                      |                                     |                   |
|--------------------------|----------------------|-------------------------------------|-------------------|
| <input type="checkbox"/> | Aeration             | <input type="checkbox"/>            | Line softening    |
| <input type="checkbox"/> | Coagulation          | <input type="checkbox"/>            | Recarbonation     |
| <input type="checkbox"/> | Iron removal         | <input type="checkbox"/>            | Reverse osmosis   |
| <input type="checkbox"/> | Taste-odor control   | <input checked="" type="checkbox"/> | Chlorination-post |
| <input type="checkbox"/> | High-rate filtration | <input type="checkbox"/>            | Fluoridation      |
| <input type="checkbox"/> | Chlorination-pre     | <input type="checkbox"/>            | Settling          |
| <input type="checkbox"/> | Filtration           | <input type="checkbox"/>            | pH adjustment     |
|                          |                      | <input type="checkbox"/>            | Zeolite softening |

- B. Aeration:
- |                          |                       |                          |                        |
|--------------------------|-----------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Slimes or algae noted | <input type="checkbox"/> | Screens in good repair |
| <input type="checkbox"/> | Iron deposits         | <input type="checkbox"/> | Hydrogen sulfide odor  |

closed system

C. Chemical Used (include Chlorine):

Chemical	Type feeder	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
Chlorine	EW-9	3 gal	one opening	disinfection

- D. Chemical Feeders:
- |                                     |                     |                          |                        |
|-------------------------------------|---------------------|--------------------------|------------------------|
| <input checked="" type="checkbox"/> | Oil on floor        | <input type="checkbox"/> | Chemical spilled       |
| <input checked="" type="checkbox"/> | Spare parts kept    | <input type="checkbox"/> | Has repair manuals     |
| <input checked="" type="checkbox"/> | Noisy operation     | <input type="checkbox"/> | Chemicals well stocked |
| <input checked="" type="checkbox"/> | Water on floor      | <input type="checkbox"/> | Feeder all work        |
| <input checked="" type="checkbox"/> | Excessive vibration | <input type="checkbox"/> | Bags stored dry        |

- E. Coagulation:
- |                                     |                 |                          |                              |
|-------------------------------------|-----------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Settling poor   | <input type="checkbox"/> | Chem. dose questionable      |
| <input checked="" type="checkbox"/> | No blanket seen | <input type="checkbox"/> | Effluent taste & odor strong |
| <input checked="" type="checkbox"/> | Pinpoint floc   | <input type="checkbox"/> | Color removal good           |

- F. Softening:
- |                                     |                      |                          |                            |
|-------------------------------------|----------------------|--------------------------|----------------------------|
| <input checked="" type="checkbox"/> | Floc unstable        | <input type="checkbox"/> | Blanket visible            |
| <input checked="" type="checkbox"/> | Feed intermittent    | <input type="checkbox"/> | Settling good              |
| <input checked="" type="checkbox"/> | Water leaves clear   | <input type="checkbox"/> | Act. silica used           |
| <input checked="" type="checkbox"/> | Sludge not excessive | <input type="checkbox"/> | Sludge return used         |
| <input checked="" type="checkbox"/> | Coag. aid used       | <input type="checkbox"/> | No control of sludge level |

- G. Fluoridation:
- |                                     |                    |                          |                       |
|-------------------------------------|--------------------|--------------------------|-----------------------|
| <input checked="" type="checkbox"/> | Analysis OK        | <input type="checkbox"/> | Feeder good condition |
| <input checked="" type="checkbox"/> | Separate storage   | <input type="checkbox"/> | Acid spilled          |
| <input checked="" type="checkbox"/> | Dusty enclosure    | <input type="checkbox"/> | Frequent shutdowns    |
| <input checked="" type="checkbox"/> | Monthly samples OK | <input type="checkbox"/> | Corrosion evident     |

- H. Filtration:
- |                                     |                     |                          |                          |
|-------------------------------------|---------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | Mudballs present    | <input type="checkbox"/> | Clearwell turbidity seen |
| <input checked="" type="checkbox"/> | Carryover excessive | <input type="checkbox"/> | Backwash cleans media    |
| <input checked="" type="checkbox"/> | Gallery kept clean  | <input type="checkbox"/> | Plant appears overloaded |
| <input checked="" type="checkbox"/> | Air binding present | <input type="checkbox"/> | Little foreign material  |
| <input checked="" type="checkbox"/> | Short filter runs   | <input type="checkbox"/> | Sediment in clearwater   |
| <input checked="" type="checkbox"/> | Algae in filter     |                          |                          |

I. Disinfection:

- Odor of chlorine (leak)  Ample stock of chlorine
- Lead washers kept  Ammonia fresh (odor)
- Note effluent residual  Air pack pressure OK
- Respirator in date  Repair parts kept
- Corrosion noticeable  Note chlorine rate
- Machine function good  Fan works OK
- Chlorine residual records current

Chlorine residual before entering distribution line 0.4 ppm.  
 Chlorine residual at extremity of distribution system \_\_\_\_\_ ppm.  
 Reserve supply of chlorine (specify units) \_\_\_\_\_

Other observation(s) \_\_\_\_\_

IV. STORAGE FACILITIES:

- Ground storage  Elevated storage
- Hydropneumatic tank  Clear well

Tank number	1	2	3	4
Capacity	1000 gal			
Material	Steel			
Overflow spill capacity	yes			
By-pass capacity	yes			
Covered/screened openings	no			
Date of last cleaning				
On/off pressure, where appl.	30-40			
Hgt. to bot. of Ft. tank				
Hgt. to max. tank water level				
Comments				

V. HIGH SERVICE: NA

Pump number	1	2	3	4
Manufacturer's name				
Date manufactured				
Model number				
Capacity				
Maintenance Schedule				
Last service date				
Comments				

VI. DISTRIBUTION SYSTEM:

Material of mains D/C Max. pipe diam. 2" Min. pipe diam. 2"  
 Operation pressure 30-40 No. of dead ends 2 How often flushed? as needed  
 No. of fire hydrants none  
 Are there cross connections with private or other supplies? none noted  
 Are there any blowoff lines below grade in the system? no  
 Are there any sanitary hazard near sources of water supply? none within 75'  
 Are there any underwater crossings which are suspected of leaking? no  
 If a sewer line is within 100 feet, state material and jointing method. \_\_\_\_\_  
 When was the last water supply shortage? none  
 Has there been a trouble of supply shortages? no  
 Blow off lines below grade  none  few  numerous  
 Observations: no leaks, good condition, some ground

VII. WATER QUALITY REVIEW:

A. Chemical

1. Lab capability

- pH  Radiological
- Chemical  Physical (color, odor, turbidity)
- Jar Test  Special
- Bacteriological  Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? no If not, explain. \_\_\_\_\_

lab log primary, secondary, residuals for color + turb  
100TOW 0.39 mg/l  
MLL: 3 TOW 0.3 mg/l

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? YES If so, specify the chemical parameter(s) and concentrations: As: 100 TON, Mn 2.25 mg/l

4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? NO If so, specify: waiting for return

**B. Bacteriological**

1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? YES

2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NO If so, specify: \_\_\_\_\_

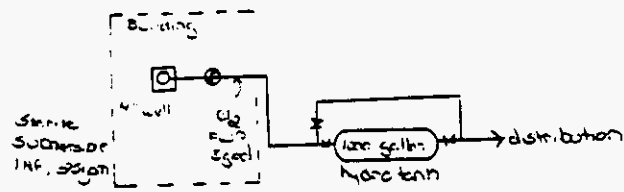
**VIII. SUMMARY AND RECOMMENDED ACTION**

- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. Failure to provide analysis for <u>As, Mn, Fe, Cu, Pb, Zn</u>	17-330, 301A, FAC	Submit sample to certified laboratory
2. Failure to provide bacteriological for color and turbidity	17-330, 336, FAC	Submit 3 samples within 30 days to a certified laboratory
3. Failure to provide water from <u>newly installed well</u>	17-330, 301A, FAC	Install chlorination disinfection well

Inspector's signature: [Signature] Date: 10-20-89

Approved by: [Signature] District Manager (signature) Date: 10-20-89



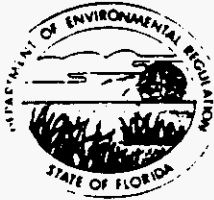


**Leilani Heights - 675**

**Martin County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southeast District Branch Office • 2745 SE Morningside Blvd • Port St. Lucie, FL 34952 • 407-878-3890/335-4310

Bob Martinez, Governor

Dale Swachmann, Secretary

John Shearer, Assistant Secretary

Scott Benson, Deputy Assistant Secretary

SEP 27 1990

Aaron Perlowich  
Sr. Region Manager, Operations  
SSU Services, Inc.  
1000 Color Place  
Apopka, Florida 23703

Fisherman's Haven  
Leilani Heights  
Martin County  
Public Water Systems

Dear Mr. Perlowich:

The referenced public water systems were inspected on August 22, 1990 in conjunction with the preparation for testimony before the Public Service Commission.

Enclosed are the reports resultant from these inspections. You may wish to review them and address the discrepancies noted. Corrections of several issues will require the issuance of a permit by the Department. Significant among these are: auxiliary power, additional wells, loss of chlorination capability alarm, storage (fire flow) and plant rated capacity.

Should you have any questions, please contact Wes Upham at (407) 335-4310.

Sincerely,

John A. Meyer  
Port St. Lucie Branch Manager

tld/wut

cc: Martin County Public Health Unit

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
PUBLIC WATER SYSTEM INSPECTION

SYSTEM/PLANT NAME Leilani Heights - Plant #1 PWSID 4430790 TYPE C  
INSPECTOR LES JOHNS COUNTY: (M) SL DATE: 8/22/00  
OTHERS PRESENT MEL FISHER, G.W.  
PURPOSE OF VISIT PREPARE TESTIMONY FOR PCB RATE HEARING  
OWNER INFORMATION SOUTHERN STATES UTILITIES SERVICES, INC.

ITEMS CHECKED (X) WERE FOUND UNSATISFACTORY. PLEASE CORRECT.

WELLS & PUMPS

- |                                                                                  |                                                 |
|----------------------------------------------------------------------------------|-------------------------------------------------|
| (S) 1. Size of well pad.                                                         | (X) 7. Emergency pumping capability/# of wells. |
| (S) 2. Raw water sampling tap.                                                   | (S) 8. Sanitary hazard near well.               |
| (S) 3. Well seal/casing/vent protection.                                         | (S) 9. Well or pump protection.                 |
| (S) 4. Provision for well disinfection.                                          | (S) 10. Electrical wiring.                      |
| (X) 5. Check & shutoff valve/meter/<br>pressure gauge <i>before clear water.</i> | (S) 11. Unused well(s).                         |
| (-) 6. Elevation of pump intake line.                                            |                                                 |

5. NO PRESSURE GAUGE  
7. NO PUMP REMEDIATION  
11. ORIGINAL WELL NO. 2 - UNKNOWN UNKNOWN - FIRE TOWER  
REMOVED THAT COULD HAVE NO 2 SERVED PLANT NO. 1

CHLORINATION

- |                                              |                                 |
|----------------------------------------------|---------------------------------|
| (S) 1. Disinfection. <u>1.1 min. Amt</u>     | (S) 6. Scales                   |
| (S) 2. Chlorinator.                          | (S) 7. Chlorination system.     |
| (S) 3. Chlorine contact time.                | (X) 8. Chlorinator spare parts. |
| (S) 4. Safety equipment/ventilation.         | (X) 9. Chlorine alarm.          |
| (S) 5. Chlorine cylinders security/location. |                                 |

8. ONE TAP TO CHECK ALL AMTS (SUNTER, SUTHERLAND)  
9. DISCONTINUED

AERATION/FILTRATION

NA

- |                                |                                  |
|--------------------------------|----------------------------------|
| ( ) 1. Aerator screened.       | ( ) 4. Aerator maintained.       |
| ( ) 2. By-pass gravity drain.  | ( ) 5. Filter backwash disposal. |
| ( ) 3. Number/size of filters. |                                  |

SOFTENING

NA

- |                                           |                                |
|-------------------------------------------|--------------------------------|
| ( ) 1. Bypass/meters/proportioning valve. | ( ) 4. Sample taps.            |
| ( ) 2. Flow controller.                   | ( ) 5. Stabilization provided. |
| ( ) 3. Number/size of units.              | ( ) 6. Brine disposal.         |

SEE OTHER SIDE

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
PUBLIC WATER SYSTEM INSPECTION

SYSTEM/PLANT NAME LEILANI HEIGHTS - Plant #2 PWSID 4430790 TYPE C  
INSPECTOR LIES JOHNSON COUNTY: (X) SL DATE: 8/22/90  
OTHERS PRESENT Mrs. Fisher  
PURPOSE OF VISIT PREPARE TESTIMONY FOR PSC RATE HEARING  
OWNER INFORMATION SOUTHERN STATES UTILITIES SERVICES INC

ITEMS CHECKED (X) WERE FOUND UNSATISFACTORY. PLEASE CORRECT.

WELLS & PUMPS

- |                                                                                                |                                                                                 |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. Size of well pad.                                       | <input checked="" type="checkbox"/> 7. Emergency pumping capability/# of wells. |
| <input checked="" type="checkbox"/> 2. Raw water sampling tap.                                 | <input checked="" type="checkbox"/> 8. Sanitary hazard near well.               |
| <input checked="" type="checkbox"/> 3. Well seal/casing/vent protection.                       | <input checked="" type="checkbox"/> 9. Well or pump protection.                 |
| <input checked="" type="checkbox"/> 4. Provision for well disinfection.                        | <input checked="" type="checkbox"/> 10. Electrical wiring.                      |
| <input checked="" type="checkbox"/> 5. Check & shutoff valve/meter/<br><u>(pressure gauge)</u> | <input checked="" type="checkbox"/> 11. Unused well(s).                         |
| <input type="checkbox"/> 6. Elevation of pump intake line.                                     |                                                                                 |

5. NO PRESSURE GAUGE  
7. NO AUX GENERATOR

CHLORINATION

- |                                                                              |                                                                 |
|------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> 1. Disinfection.                                    | <input checked="" type="checkbox"/> 6. Scales                   |
| <input checked="" type="checkbox"/> 2. Chlorinator.                          | <input checked="" type="checkbox"/> 7. Chlorination system.     |
| <input checked="" type="checkbox"/> 3. Chlorine contact time.                | <input checked="" type="checkbox"/> 8. Chlorinator spare parts. |
| <input checked="" type="checkbox"/> 4. Safety equipment <u>(ventilation)</u> | <input checked="" type="checkbox"/> 9. Chlorine alarm.          |
| <input checked="" type="checkbox"/> 5. Chlorine cylinders security/location. |                                                                 |

4. FAN INSUFFICIENT - DRY ROOM  
8. ONE SOURCE TO COVER ALL PLANTS (5 WATER, 5 WASTE WATER)  
9. NO ALARM

NA

AERATION/FILTRATION

- |                                                     |                                                       |
|-----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> 1. Aerator screened.       | <input type="checkbox"/> 4. Aerator maintained.       |
| <input type="checkbox"/> 2. By-pass gravity drain.  | <input type="checkbox"/> 5. Filter backwash disposal. |
| <input type="checkbox"/> 3. Number/size of filters. |                                                       |

NA

SOFTENING

- |                                                                |                                                     |
|----------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 1. Bypass/meters/proportioning valve. | <input type="checkbox"/> 4. Sample taps.            |
| <input type="checkbox"/> 2. Flow controller.                   | <input type="checkbox"/> 5. Stabilization provided. |
| <input type="checkbox"/> 3. Number/size of units.              | <input type="checkbox"/> 6. Brine disposal.         |

SEE OTHER SIDE

STORAGE FACILITIES

- |                            |                                  |
|----------------------------|----------------------------------|
| (S) 1. Tank condition.     | (S) 5. Storage Volume.           |
| (S) 2. Gravity drain.      | (S) 6. Pressure gauge.           |
| (S) 3. By-pass capability. | (X) 7. Fresh water sampling tap. |
| (S) 4. Level indicator.    |                                  |

7 NO FINISH WATER SAMPLE TAP

DISTRIBUTION SYSTEM

- |                               |                                  |
|-------------------------------|----------------------------------|
| (S) 1. Flow measuring device. | (-) 4. Condition of water mains. |
| (S) 2. Cross Connection.      | (S) 5. Looped system/flushing.   |
| (S) 3. Low pressure.          |                                  |

GENERAL

- |                                                    |                                         |
|----------------------------------------------------|-----------------------------------------|
| (X) 1. Operation & Maintenance log.                | (S) 6. Plant security.                  |
| (S) 2. Operator time.                              | (S) 7. Approved chemical in use.        |
| (S) 3. Chlorine test kit.                          | (S) 8. Plant in compliance with permit. |
| (S) 4. Repairs needed.                             |                                         |
| (S) 5. Protective equipment for chemical handling. |                                         |

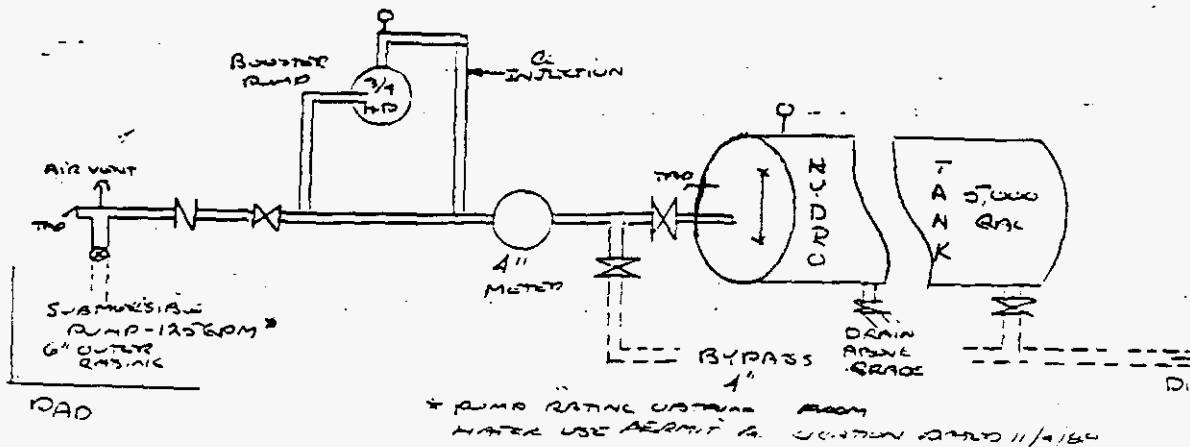
1 SINGLE MOUNTED SYSTEM, NEED BOUND PIPING ON SITE

MONITORING & REPORTING

- |                                    |                                  |
|------------------------------------|----------------------------------|
| (S) 1. Monthly Operating Reports.  | (S) 4. Max. contaminant levels   |
| (S) 2. Bacteriological monitoring. | (X) 5. Cross connection program. |
| (X) 3. Chemical monitoring.        |                                  |

3 PRIMARY INORGANICS, PRIMARY ORGANICS AND EPH TURBIDITY  
 SECONDARY CONTAMINANTS DUE 10/90, VOC AND UOC QUARTERLY  
 MONITORING DUE TO START 1/91  
 5. NONE ON FILE

SYSTEM SCHEMATIC:



**Leisure Lakes - 2401  
(Covered Bridge)**

**Highlands County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTH FLORIDA DISTRICT  
2255 BAY STREET  
FORT MYERS, FLORIDA 33901-2896  
(813)332-2567



BOB MARTINEZ  
GOVERNOR  
DALE TWACHTMANN  
SECRETARY  
PHILIP R. EDWARDS  
DISTRICT MANAGER

June 1, 1988

Mitchel P. Miller, Chairman  
Highlands County Land & Title Company  
Route 1, Box 200  
Lake Placid, Florida 33852

RE: Highlands County - PW  
Leisure Lakes Utility  
Sanitary Survey Report

Dear Mr. Miller:

Attached is a copy of the recently completed Sanitary Survey Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. These deficiencies are violations of Florida Administrative Code Chapter 17-22 and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within twenty (20) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame. Please address all questions or correspondence, including written notification of corrective actions completed, to the attention of Steven L. Hooper, Environmental Specialist.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Philip R. Edwards".

Philip R. Edwards  
District Manager

PRE/TWL/mk

Protecting Florida and Your Quality of Life

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant  
Name Leisure Lakes Utility County Highlands PWS ID 5280064  
Plant  
Address Route 1, Box 200 Lake Placid Zip Code 33852 Phone (813)465-3523  
Owner Mitchel P. Miller, Chairman Owner  
Name Highlands County Land & Title Company Phone (813)465-3523  
Owner  
Address Route 1, Box 200 Lake Placid Zip Code 33852  
Date of this inspection 4/15/88 Date of last inspection 7/12/85 Person contacted Howard Short, Operator  
Joe Clark, Contractor  
Certified operators  
and cert. nos. Howard Short A-3304

Population served	Service connections	Percent metered	Design capacity
approx. 500	184	100%	0.240 MGD
Design storage capacity	Average output	Maximum hour	Maximum day
0.020 MG	0.058 MGD	9,000 GPH	0.212 MGD
Approval no. and date	Type meter and capy	Raw: Finish:	
(10-14-75 As Built) WC28-02187 Mod. 3/11/77	Kent 4"	Kent 4"	

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	
<input type="checkbox"/> Emergency		<input type="checkbox"/> Emergency	
Water Source <u>Same as normal</u>		Power Source <u>45 KW CNAN Elect. Gen.</u>	
Type of Standby <u>Emergency power generator</u>		Capacity of Standby <u>Same as normal</u>	

Sources of Raw Water:

<input checked="" type="checkbox"/> Ground*	<input type="checkbox"/> Surface**	<input type="checkbox"/> Purchased***
How many Wells? <u>2</u>	Identify Source: _____	Identify supply System: _____

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> pH adjustment
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> T & O control
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt.hi-rate	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Settling
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Other--specify _____		

What, if any, additional treatment is needed? None

For the control of what deficiencies? None

\*Use page 2 (Ground).  
\*\*Use page 2 (Surface).  
\*\*\*Page 2 not required.



Well Number*	1	2					
Year Drilled	1974	1975					
Depth Drilled	1520'	590'					
Length, out- side casing	485'	492'					
Diameter, out- side casing	8"	4"					
Material, out- side casing	Steel	Steel					
Depth to static water level	20'	22'					
Normal suction lift (wkng. level)	50'	40'					
Normal yield, GPM	200	50					
Test yield, GPM	450	-					
Type of grout	-	-					
Drilling method	Rotary	-					
Type of strainer	40' Screen	-					
Depth to top of strainer	-	-					
Protection from surface water?	yes	yes					
Is inundation of well possible?	no	no					
Salt intrusion noted in past?	no	no					
Has the well ever been contaminated?	no	no					
Pump manufacturer's name	Goulds	Goulds					
Model number	-	UTM 20432					
Capacity (GPM)	200	50					
Check valve present in line?	yes	yes					
Date of last servicing	3/77	3/77					
Maintenance schedule (day/mo.)	None	None					
COMMENTS (cond. tion):	V Turb.	Submers. Standby					

Well #2 raw water pipe was disconnected from the system.

\*Attach additional copies of this page as needed.  
DER Form PERM 13-24 (Aug. 30)

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream,  
lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry  
weather flow at intake \_\_\_\_\_

Identify pollution  
sources above intake \_\_\_\_\_

Recurrent algae blooms \_\_\_\_\_ Interval of  
give trouble? \_\_\_\_\_ algae problems \_\_\_\_\_

Treatment for  
algae blooms \_\_\_\_\_ Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily deter-  
minations made? \_\_\_\_\_ Reported as  
required? \_\_\_\_\_

Does effluent meet  
Ch. 17-22 Standards? \_\_\_\_\_

Is intake protected  
from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of  
spring \_\_\_\_\_

Is flow related to water level  
in nearby body of water? \_\_\_\_\_ Evidence of  
pollution? \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>yes</u>	Backup machine Operative <u>yes</u>	Make of chlorinator <u>W-T</u>	Capacity, lb./24 hr <u>100 PPD</u>
Evidence of leaks <u>No</u>	Reserve (2) 150 lb. supply <u>cylinders</u>	Gas or hypo used <u>gas</u>	Chlorine feed rate <u>8 PPD</u>
Air-pack or respirator adequate <u>No</u>	Residual at remote tap <u>0.2 mg/l</u>	Condition of equipment <u>Needs Repair</u>	Automatic switchover <u>yes</u>
Residual at plant <u>0.4 mg/l</u>		Ammonia smells fresh <u>-</u>	More capacity needed <u>No</u>
		Comments on chlorination <u>Chlorine feed line</u>	

carries gas beyond the chlorinator room.

(See recommended action)

<u>AERATOR</u>	Type of aerator <u>Cascade</u>	Tray area or weir length <u>-</u>	Condition of screens <u>good</u>
Bloodworms present <u>No</u>	Condition of aerator <u>Satisfactory</u>		Adequate for Fe, H <sub>2</sub> S control <u>yes</u>
<u>N/A COAGULATION</u>	Chemical used _____	Purpose _____	
Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____
<u>N/A LIME SOFTENING</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Any auxiliary chemicals used _____		Points of application (in unit) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____
<u>N/A FLUORIDATION</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	
<u>N/A STABILIZATION</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____

N/A FILTERS & FILTRATION

Size and number		Type of filters	
Can you see filter media	Is it clean after backwash	Length of filter runs	Are mudballs visible
What is the normal filter rate		What is the usual backwash rate	Is there air-binding
Capacity of filters		Are filters overloaded	
Loss in head ga. present	At what head loss is BW done	Cracks and Channelling	
Has cementation ever occurred	Where in relation to filtration is stabilization done		
If high rate, what is turbidity at interface		Range of turbidity in effluent	
Can you observe algae in filters		Distance from top of media to trough overflow	

N/A REVERSE OSMOSIS

Auxiliary chemicals used	Make and type of units	Pressure required	
Quality of effluent		Proportion of waste to product streams	
Booster pump	Type of pre-treatment	Stabilization	Type of membranes

N/A ZEOLITE SOFTENING

Disinfection of beds	Unit mfg. & model	Grade of salt for regen.	Stability of effluent	Resin capy Resin prevented fm escaping
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.....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.	1	2						
Manufacturer name	Peerless	Peerless						
Pump type & motor HP	Centrif. 15	Centrif. 15						
Model number	620A	620A						
Date Installed	3/77	3/77						
Capacity GPM	200	200						
Maintenance schedule	Daily	Daily						
Date last serviced	-	7/85						

Comments: \_\_\_\_\_

STORAGE FACILITIES: (X)ground; (X)hydropneumatic; ( )elevated; ( )clearwell.

Tank No.	1	2						
Capacity Gal.	10,000	10,000						
Material	Conc.	Steel						
Gravity drain capacity	-	-						
Bypass capacity	Full Output	Full Output						
Covered/screened openings	cov/scr	closed						
Date of last cleaning	-	-						
Pressure gauge	N/A	yes						
Sight glass	N/A	yes						
On/Off pressure PSI	N/A	45-60						
Hgt. to bottom of el. tank	N/A	N/A						
Hgt to max. water level	N/A	N/A						
Comments:	Storage tank	Press. tank						
	On-site	On-site						

**DISTRIBUTION SYSTEM**

Material of mains <u>PVC</u>	System looped <u>No</u>		
Operation pressure <u>45-60 PSI</u>	Max. pipe diam. <u>6"</u>	Min. pipe diam. <u>3/4"</u>	No. of dead ends <u>3</u>
How often flushed <u>-</u>	No. of fire hydrants <u>8</u>	Known cross-connections with private supplies <u>None</u>	
Blowoff lines below grade <u>None</u>	Routine cross-connection control program <u>Routine Surveillance</u>		

**PLANT LABORATORY CAPABILITY**

<u>  </u> Bacteriological	<u>  </u> pH	<u>X</u> Chlorine: type <u>Free-residual</u>	<u>  </u> Color
<u>  </u> Chlorides	<u>  </u> Iron	<u>  </u> Turbidity	<u>  </u> Alkalinity
<u>  </u> Radiological	<u>  </u> Stability	<u>  </u> Jar tests	<u>  </u> Fluorides
	<u>  </u> Marble tests	<u>  </u> Organics	<u>  </u> Inorganics
			<u>  </u> Hardness
			<u>  </u> Complete

Person in charge of laboratory, and credentials: Test kit only

**COMPLIANCE MONITORING** System is in full compliance with which requirements? Check.

<u>X</u> Bacteriological	<u>X</u> Turbidity	<u>X</u> Inorganic chemical	<u>X</u> Organic chemical	<u>  </u> NATHM
<u>X</u> Radiological	<u>X</u> Secondaries	<u>X</u> Other: <u>SOC &amp; VOC</u>		

Violations of sampling requirements: None

Violations of maximum contaminant levels: None

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
1. Raw Water Source	F.A.C. Chapter 17-22	A minimum of two drinking water supply wells are required for 17-22 compliance.
2. Chlorination Facility	F.A.C. Chapter 17-22	Chlorine feed lines shall not carry chlo gas beyond the chlor. room for 17-22 compl. Also provide latch & lock on chlorine room door.
3. Pump House Maintenance	F.A.C. Chapter 17-22	Repair pump house wall & roof to eliminate

Inspector's signature Thomas W. Liberty Date: 6-1-88  
 Title Engineer III Approved by R. Edwards Date: 6-2-88  
 District Manager (signature)

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
4. Personnel Safety Equipment	F.A.C. Chapter 17-22	Provide compressed air pack to protect personnel from chlorine gas leak hazard. Store in convenient location near chlorine room for emergency use.
5. Maintenance Log	F.A.C. Chapter 17-22	Maintain an on-site maintenance log of all water plant equipment which directly affects the quality of treatment. Log information shall include, as a minimum, all maintenance performed, date performed & problems encountered, for 17-22 compliance.

**Marco Shores Utilities - 26002**

**Collier County (DUI)**

**Water**

**- 1992 FPSC Filing -**





## Florida Department of Environmental Regulation

South District

2269 Bay Street

Fort Myers, Florida 33901-2896

Lawton Chiles, Governor

Carol M. Browner, Secretary

March 15, 1991

Frank Sanderson  
Environmental Compliance Administrator  
SSU Services, Inc.  
1000 Color Place  
Apopka, Florida 32703

Re: Collier County - PW  
Marco Shores WTP  
PWS ID 5110182  
Sanitary Survey Report

Dear Mr. Sanderson:

Attached is a copy of the recently completed Sanitary Survey Report for the referenced water system. Any deficiencies found with the system are listed on this report. Listed deficiencies are violations of Florida Administrative Code Chapters 17-550, 17-555 and 17-560 and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected and notify the Department in writing within thirty (30) days of the date of this letter. For those deficiencies that cannot be corrected within 30 days, provide the Department with a written schedule for corrections within the same 30 day time frame.

Please address all related questions and correspondence to the attention of Mark Charneski at (813) 332-6975. Include the system name and PWS ID number referenced above.

Thank you for your cooperation.

Sincerely,

Philip R. Edwards  
Deputy Assistant Secretary

PRE/TWL/ish

Enclosure



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name MARCO SHORES WTP County Collier FWS ID 5110182  
MARCO ISLAND UTILITIES  
 Plant 100 Windward Drive Plant  
 Address Marco Island Florida Zip Code 33937 Phone (813) 394-3353  
 Owner Southern States Utility Services, Inc. Owner  
 Name Frank Sanderson, Environmental Compliance Adm. Phone (407) 880-0058  
 Owner  
 Address 1000 Color Place, Apopka, Florida Zip Code 32703

Date of this inspection 2-27-91 Date of last inspection 7-27-88 Person contacted Ron Weis, Chief Operator  
 Certified operators and cert. nos. R. Weis 5572-"B" & R. Winquist 6442-"C"

Population served 945 approx. Service connections 270 Percent metered 100% Design capacity 0.720 MGD  
 Design storage capacity 0.510 MG Average output 0.132 MGD Maximum hour 30.125 GPH Maximum day 0.241 MGD  
 Approval no. and date WC11-7394 (4-14-81) Type meter and copy Raw: Precision 6"  
Finish: Precision 8"

Service area characteristics: (check all that apply)  COMMUNITY  NON-COMMUNITY  
 Airport  Institution  Recreation Area  Subdivision  
 Bathing Area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest Area  Visitor Center  
 Company Town  Marina  Restaurant  Other  
 Indian Reservation  Motel  School

Emergency Water Source Warren Brothers Pit Emergency Power Source 155 KW Generator (ONAN)  
 Type of Capacity  
 Standby See Emergency Power Source of Standby Normal Plant Output

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many Identify Manmade Identify supply  
 Wells? Source: Lake System:

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH Adjustment  
 Chlorination  Filtration  Lime Softening  T & O Control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other-Specify

What, if any, additional treatment is needed? None Known  
 For the Control of what deficiencies? None Known

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 Not Required

Well Number*	TO PLANT RAW WATER PUMPS			INFILT.   GALLERY	RAW TRANSFER PUMPS				
					1	2	3	4	5
Year Drilled	<div style="display: flex; justify-content: space-between;"> <span>Pump not in use</span> <span>Pump not in use</span> </div>								
Depth Drilled									
Length, outside casing									
Diameter, outside casing									
Material, outside casing									
Depth to static water level									
Normal Suction Lift (wkng. level)									
Normal yield GPM									
Type of grout									
Drilling Method									
Type of Strainer									
Depth to top of Strainer									
Protection from Surface Water?									
Is inundation of well possible?									
Salt intrusion noted in past?									
Has the well ever been contaminated?									
Pump manufacturer's name	Peerless							Worthington	
Model Number	14-LC	14-LC	12-LD	10 AX 20-E				8LN21	8LN21
Capacity GPM	2900	2900	1500	4000	4000	4000	5000	5000	
Check Valve present in line?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Date of Last Servicing	--	5-90	9-82	11-88	5-84	5-84	6-87	6-87	
Maintenance Schedule (day/wk.)	--	--	--	Daily					
		Also Diesel					Diesel		
							Emergency Only		
	← Turbine →								

\*Attach Additional Copies Of This Page As Needed

	TO STORAGE	
	Raw Water Pumps	
Well Number*	6	7
Year Drilled		
Depth Drilled		
Length, outside casing		
Diameter, outside casing		
Material, outside casing		
Depth to static water level		
Normal Suction Lift (wkng. level)		
Normal yield GPM		
Type of grout		
Drilling Method		
Type of Strainer		
Depth to top of Strainer		
Protection from Surface Water?		
Is inundation of well possible?		
Salt intrusion noted in past?		
Has the well ever been contaminated?		
Pump manufacturer's name	Peerless	
Model Number	13HH	13HH
Capacity GPM	5000	5000
Check Valve present in line?	Yes	Yes
Date of Last Servicing	5-84	5-84
Maintenance Schedule (day/mo.)	Daily	Daily
		Also Diesel

COMMENTS (Condition):

\*Attach Additional Copies Of This Page As Needed

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream,  
lake, spring or impoundment WARREN BROS. PIT (MANMADE LAKE) & INFILTRATION GALLERY  
If a stream, estimate dry  
weather flow at intake N/A  
Identify pollution  
sources above intake NONE KNOWN  
Recurrent algae blooms  
give trouble? NONE KNOWN Interval of  
algae problems N/A  
Treatment for  
algae blooms N/A Complaints(algae) N/A  
Does the plant have  
a turbidimeter? YES Are daily deter-  
minations made? YES Reported as  
required? YES  
Does effluent meet  
Ch. 17-550 Standards? YES  
Is intake protected  
from physical damage? YES How? Bar Screen

N/A SPRINGS: Character of the formation: \_\_\_\_\_  
Protection of  
Yield in gpm: \_\_\_\_\_ spring \_\_\_\_\_  
Is flow related to water level  
in nearby body of water? \_\_\_\_\_ Evidence of  
pollution? \_\_\_\_\_

N/A LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When \_\_\_\_\_  
Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_  
Other notes and observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPACE FOR SKETCH:

PLANT EQUIPMENT - CHLORINATOR      Make of Advance 6      Capacity, lb./24 hr 50 PPD  
 chlorinator Capital Controls  
 Dual system? Yes      Backup machine Operative Yes      Gas or hypo used Gas      Chlorine feed rate 15 PPD  
 Evidence of leaks No      Reserve supply None      Condition of equipment Not Operating      Automatic switchover No  
 Air-pack or respirator adequate Yes      Ammonia smells fresh --      More capacity needed No  
 Residual at plant 0      Residual at remote tap --      Comments on chlorination Chlorine feed system was not operating at time of inspection (See recommended action).

N/A AERATOR      Type of aerator \_\_\_\_\_      Tray area or weir length \_\_\_\_\_      Condition of screens \_\_\_\_\_  
 Bloodworms present \_\_\_\_\_      Condition of aerator \_\_\_\_\_      Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION      Chemical used Alum      Purpose Coagulation & Flocculation  
 Blanket Flocculation      Settling \_\_\_\_\_  
 visible Light      good or poor Satis.      good? Satisfactory      Carryover Light

LIME SOFTENING      Quicklime or hydrated Hydrated      Name of unit Milroyal      Size and type 161 GPH  
 Any auxiliary chemicals used Caustic Soda      Points of application (in unit) Contraflo mixer  
 Nature and abundance of floc Pinpoint      Appearance of sludge blanket Light  
 Is settling good Satisfactory      Excessive carryover No      Turbidity in clearwell --      Secondary precipitation Unknown  
 Any filter cementation No      Effluent stability --      Recarbonation type N/A      Sludge recirculation used No

N/A FLUORIDATION      Chemical Used \_\_\_\_\_      Strength if acid \_\_\_\_\_      Is dilution used (acid) \_\_\_\_\_  
 Corrosion note \_\_\_\_\_      Gelling or plugging \_\_\_\_\_      Feeder make and model \_\_\_\_\_

Split sample agreement \_\_\_\_\_      Sufficient analyses \_\_\_\_\_      Feeder condition \_\_\_\_\_

N/A STABILIZATION      Stability index of effluent \_\_\_\_\_      Is PH control practiced \_\_\_\_\_      Chemical(s) used \_\_\_\_\_

FILTERS & FILTRATION

Size and number <u>4 units (252 sq. ft. total)</u>	Type of filters <u>Gravity flow sand &amp; anthracite</u>
Can you see filter media <u>Yes</u>	Length of filter runs <u>32 hrs. approx.</u>
Is it clean after backwash <u>Yes</u>	Are mudballs visible <u>NO</u>
What is the normal filter rate <u>1.09 GPM/sq. ft.</u>	Is there air-binding <u>NO</u>
Capacity of filters <u>1.98 GPM/sq. ft.</u>	What is the usual backwash rate <u>20 GPM/sq. ft.</u>
Loss in head ga. present <u>--</u>	Are filters overloaded <u>NO</u>
At what head loss is BW done <u>--</u>	Cracks and Channeling <u>NO</u>
Has cementation ever occurred <u>No</u>	Where in relation to filtration is stabilization done <u>N/A</u>
If high rate, what is turbidity at interface <u>N/A</u>	Range of turbidity in effluent <u>.38 to .88 NTU</u>
Can you observe algae in filters <u>NO</u>	Distance from top of media to trough overflow <u>18"</u>

N/A REVERSE OSMOSIS      Make and type of units \_\_\_\_\_      Pressure required \_\_\_\_\_

Auxiliary chemicals used \_\_\_\_\_      Proportion of waste to product streams \_\_\_\_\_

Quality of effluent \_\_\_\_\_      Stabilization \_\_\_\_\_

Booster pump \_\_\_\_\_      Type of pre-treatment \_\_\_\_\_      Type of membranes \_\_\_\_\_

N/A ZEOLITE SOFTENING      Unit mfg. & model \_\_\_\_\_      Resin copy \_\_\_\_\_

Disinfection of beds \_\_\_\_\_      Grade of salt for regen. \_\_\_\_\_      Stability of effluent \_\_\_\_\_      Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE			
Pump No.	1	2	3
Manufacturer Name	Peerless		
Pump type & motor HP	Centrif 20	Centrif 75	Centrif 75
Model Number	2.5AD13	6AD14	6AD14
Date Installed	1981	1981	1981
Capacity GPM	300	1200	1200
Maintenance Schedule	Daily		
Date Last Serviced	1981	1981	1981

COMMENTS: \_\_\_\_\_

\*\*\*\*\*

STORAGE FACILITIES:	(X)GROUND	(X)HYDROPNEUMATIC	( )ELEVATED	(X)CLEARWELL
Tank No.	1	2		3
Capacity MG	0.5	0.010		0.010
Material	Steel	Steel		Steel
Gravity Drain Capacity	6" Line	4" Line		--
Bypass capacity	None	Full Output		None
Covered/screened openings	Cov/scr	Closed		cov/scr
Date of Last Cleaning	1981	1991		1981
Pressure Gauge	N/A	Yes		N/A
Sight Glass	N/A	Yes		N/A
On/Off Pressure PSI	N/A	50-61		N/A
Hgt. to Bottom of Elevation Tank	N/A	N/A		N/A
Hgt. to max. Water Level	N/A	N/A		N/A
	Gnd. Storage	Press. Tank		Clear- well
	On Site	On Site		On Site

COMMENTS: \_\_\_\_\_



**DISTRIBUTION SYSTEM** Material of mains PVC System looped NO  
 Operation Max. pipe Min. pipe  
 pressure 50-61 psi diam. 8" diam. 4" No. of dead ends Unknown  
 How often flushed As needed No. of fire hydrants Unknown Known cross-connections with private supplies None  
 Blowoff lines Routine cross-connection  
 below grade -- control program Routine Surveillance

**PLANT LABORATORY CAPABILITY**  
 pH  Chlorine: type Free Residual  Color  
 Bacteriological  Iron  Turbidity  Alkalinity  Hardness  
 Chlorides  Stability  Jar tests  Fluorides  Complete  
 Radiological  Marble tests  Organics  Inorganics  
 Person in charge of laboratory, and credentials: Ron Weis, Chief Operator

**COMPLIANCE MONITORING** System is in full compliance with which requirements? Check.

Bacteriological  Turbidity  Inorganic chemical  Organic chemical N/ATM  
 Radiological  Secondaries  Other: VOC & UOC

Violations of sampling requirements: None Known

Violations of maximum contaminant levels: None Known

The following deficiencies are noted, with recommended corrective action:  
(if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
1. Filter weir box needs contamination protection	F.A.C. Chapter 17-555	Secure cover on filter weir box for tight fit to prevent intrusion of insects and excessive dust for F.A.C. 17-555 Compliance.
2. Contraflo mixer needs maintenance.	F.A.C. Chapter 17-555	Remove rust and scaling from contraflo unit, and maintain for F.A.C. 17-555 Compliance.
3. Plant housing and piping need maintenance.	F.A.C. Chapter 17-555	Repair or replace pump room and chlorine room doors & locks to prevent vandalism. Remove rust on 12" treated water line to pressure tank, and paint as needed.
4. Chlorine injection system not operating.	F.A.C. Chapter 17-555	Provide automatic cylinder switch-over capability. Maintain a minimum 0.2 mg/l free chlorine residual throughout the system for F.A.C. 17-555 Compliance.

Inspector's Signature Thomas W. Lafferty Title Engineer III Date 3-15-91

Approved By [Signature] Deputy Assistant Secretary Date 3/15/91

IWL/ish

**Marion Oaks Utilities - 11001**

**Marion County (UFU)**

**Water**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347  
Lawton Chiles, Governor Carol M. Browner, Secretary

*Gene, Tallari and I need  
a report from Bill Wilkins  
9-23  
9/24/91  
attached report*

*Frank  
Anderson  
transferrances*

August 27, 1991

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Marion Oaks Subdivision  
Marion County  
PWS-ID # 6421144

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water system. On page six of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended corrective action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office within thirty (30) days, in writing, of your action.

Thank you for your cooperation.

Sincerely,

Gerald B. Foster  
Environmental Supervisor II  
Drinking Water Section

GBF/sem

Enclosure:

cc: Marion CPHU



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Marion Oaks S/D County Marion FWS ID 6421144  
 Plant Address S.R. 484 Ocala, Florida Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Owner Name Southern States Utilities Phone (407) 890-0253  
 Owner Address 1000 Color Place Apopka, Florida Zip Code 32703  
 Date of this inspection 8-20-91 Date of last inspection 4-25-85 Person contacted \_\_\_\_\_  
 Certified operators and cert. nos. C-004437

Plant Loc: Contact Southern States Utilities

Population served	Service connections	Percent metered	Design capacity
<u>350 +</u>	<u>2148</u>		<u>1.4 MGD</u>
Design storage capacity	Average output	Maximum hour	Maximum day
Approval no. and date		Type meter and capy	Well 3 - <u>Spring 10"</u> Well 6 - <u>Totalizer 1"</u>
			Well 4 - <u>Precision 10"</u>

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input checked="" type="checkbox"/> School	

Emergency Water Source 2<sup>nd</sup> + 3<sup>rd</sup> wells Emergency Power Source well 4 - Onan 35 kw well 6 - Caterpillar 150 kw } Both Auto-start

Type of Standby Propane Generators at well 4 & 6 Capacity of Standby \_\_\_\_\_

Sources of Raw Water:

<input checked="" type="checkbox"/> Ground*	<input type="checkbox"/> Surface**	<input type="checkbox"/> Purchased***
How many Wells? <u>3</u>	Identify Source: _____	Identify supply System: _____

Treatment in use at this plant: (check all that apply)

<input type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> pH adjustment
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> T & O control
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt. hi-rate	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Settling
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Other—specify _____		

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground). well logs kept  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required. Auxiliary power sources ran over 4 hours monthly.

Well Number*	# 3	# 4	# 6				
Year Drilled			1988				
Depth Drilled	112'	220'	200'				
Length, out-side casing	72'	157'	95'				
Diameter, out-side casing	10"	10"	12"				
Material, out-side casing	Steel	Steel	Steel				
Depth to static water level			31'				
Normal suction lift (wkng. level)							
Normal yield, GPM							
Test yield, GPM							
Type of grout			Neat Cement				
Drilling method			Cable Tool				
Type of strainer			Unk				
Depth to top of strainer			Unk				
Protection from surface water?	Yes	Yes	Yes				
Is inundation of well possible?	No	No	No				
Salt intrusion noted in past?	No	No	No				
Has the well ever been contaminated?	No	No	No				
Pump manufacturer's name	Crane	Hemming	Peckels				
Model number	70 HP U.S. Electric	50 HP U.S. Electric	100 HP U.S. Electric				
Capacity (GPM)			1500				
Check valve present in line?	Yes	Yes	Yes				
Date of last servicing	Unk	Unk	Unk				
Maintenance schedule (day/mo.)	Daily	Daily	Daily				

COMMENTS (condition): \_\_\_\_\_

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>Yes</u>	Backup machine Operative <u>—</u>	Make of chlorinator <u>Well 3-Capitol</u> <u>Well 4-Advance</u> <u>Well 6-Capitol</u>	Capacity, <u>Well 3-20 lbs/d</u> <u>Well 4-100 lbs/d</u> <u>Well 6-10 lbs/d</u>
Evidence of leaks <u>No</u>	Reserve supply <u>Yes</u>	Gas or hypo used <u>Gas</u>	Chlorine feed rate <u>Unk.</u>
Air-pack or respirator adequate <u>Yes</u>	Residual at plant <u>—</u>	Condition of equipment <u>Fair</u>	Automatic switchover <u>Yes (all)</u>
Residual at plant <u>—</u>	Residual at remote tap <u>1.0 ppm</u> <u>2.1 ppm</u> <u>3.1 ppm</u>	Ammonia smells fresh <u>—</u>	More capacity needed <u>—</u>
<u>abns</u>		Comments on chlorination <u>No loss of chlorination</u>	

<u>AERATOR NA</u>	Type of aerator <u>—</u>	Tray area or weir length <u>—</u>	Condition of screens <u>—</u>
Bloodworms present <u>—</u>	Condition of aerator <u>—</u>		Adequate for Fe, H <sub>2</sub> S control <u>—</u>
<u>COAGULATION NA</u>	Chemical used <u>—</u>	Purpose <u>—</u>	
Blanket visible <u>—</u>	Flocculation good or poor <u>—</u>	Settling good? <u>—</u>	Carryover <u>—</u>
<u>LIME SOFTENING NA</u>	Quicklime or hydrated <u>—</u>	Name of unit <u>—</u>	Size and type <u>—</u>
Any auxiliary chemicals used <u>—</u>		Points of application (in unit) <u>—</u>	
Nature and abundance of floc <u>—</u>		Appearance of sludge blanket <u>—</u>	
Is settling good <u>—</u>	Excessive carryover <u>—</u>	Turbidity in clearwell <u>—</u>	Secondary precipitation <u>—</u>
Any filter cementation <u>—</u>	Effluent stability <u>—</u>	Recarbonation type <u>—</u>	Sludge recirculation used <u>—</u>
<u>FLUORIDATION NA</u>	Chemical used <u>—</u>	Strength if acid <u>—</u>	Is dilution used (acid) <u>—</u>
Corrosion noted <u>—</u>	Gelling or plugging <u>—</u>	Feeder make and model <u>—</u>	
Split sample agreement <u>—</u>	Sufficient analyses <u>—</u>	Feeder condition <u>—</u>	
<u>STABILIZATION NA</u>	Stability index of effluent <u>—</u>	Is pH control practiced <u>—</u>	Chemical(s) used <u>—</u>

<u>FILTERS &amp; FILTRATION</u> NA		Type of filters _____
Size and number _____	Length of filter runs _____	
Can you see filter media _____	Is it clean after backwash _____	Are mudballs visible _____
What is the normal filter rate _____	What is the usual backwash rate _____	Is there air-binding _____
Capacity of filters _____	Are filters overloaded _____	
Loss in head ga. present _____	At what head loss is BW done _____	Cracks and Channelling _____
Has cementation ever occurred _____	Where in relation to filtration is stabilization done _____	
If high rate, what is turbidity at interface _____	Range of turbidity in effluent _____	
Can you observe algae in filters _____	Distance from top of media to trough overflow _____	
<u>REVERSE OSMOSIS</u> NA		Pressure required _____
Auxiliary chemicals used _____	Make and type of units _____	Proportion of waste to product streams _____
Quality of effluent _____	Type of pre-treatment _____	Stabilization _____
Booster pump _____	Type of membranes _____	
<u>ZEOLITE SOFTENING</u> NA		Resin capacity _____
Disinfection of beds _____	Unit mfg. & model _____	Resin prevented from escaping _____
	Grade of salt for regen. _____	Stability of effluent _____

.....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

WGR SERVICE

Pump No.	1	2					
Manufacturer name	Peerless	Peerless					
Pump type & motor HP	Centrifical 5 HP	Centrifical HP-unk.					
Model number	-	-					
Date Installed	-	-					
Capacity (GPM)	600	600					
Maintenance schedule	Daily	Daily					
Date last serviced	Unk.	Unk.					

Comments: #2 pump powered by Ford engine (propane) - auxiliary power with auto start-up.

STORAGE FACILITIES: ( ) ground: ( ) hydro pneumatic: ( ) elevated: ( ) clearwell.

Tank No.	#3	#4	#5	#1			
Capacity	Unk	Unk	8500	1 million gallon			
Material	Steel	Steel	Steel	Concrete			
Gravity drain capacity	Yes	Yes	Yes				
Bypass capacity	Yes	Yes	Yes	Yes			
Covered/screeded openings	NA	NA	NA	Yes			
Date of last cleaning	Unk	Unk	Unk	Unk			
Pressure gauge	Yes	Yes	Yes	NA			
Sight glass	Yes	Yes	Yes	Indicator			
On/Off pressure	55 psi	→	→	→			
Hgt. to bottom of el. tank	NA	NA	NA	NA			
Hgt to max. water level	NA	NA	NA	NA			

Comments:



**DISTRIBUTION SYSTEM**

Material of mains	<u>PVC</u>	System looped	<u>Yes</u>
Operation pressure	Max. pipe diam. <u>14"</u>	Min. pipe diam. <u>4"</u>	No. of dead ends <u>120</u>
How often flushed	No. of fire hydrants <u>259</u>	Known cross-connections with private supplies	<u>None</u>
Blowoff lines below grade	Routine cross-connection control program		<u>Yes</u>

**PLANT LABORATORY CAPABILITY**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> pH	<input type="checkbox"/> Chlorine: type	<input type="checkbox"/> Color
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Iron	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Alkalinity
<input type="checkbox"/> Radiological	<input type="checkbox"/> Stability	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Fluorides
	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Organics	<input type="checkbox"/> Inorganics
			<input type="checkbox"/> Hardness
			<input type="checkbox"/> Complete

Person in charge of laboratory, and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING** System is in full compliance with which requirements?  
Check.

<input checked="" type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Turbidity	<input checked="" type="checkbox"/> Inorganic chemical	<input type="checkbox"/> Organic chemical	<input type="checkbox"/> TEM
<input checked="" type="checkbox"/> Radiological	<input checked="" type="checkbox"/> Secondaries	*Other: <u>Bacteriologicals from tanks show unsatisfactory results. Submit re-checks as required.</u>		

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
<u>No loss of chlorination alarm</u>	<u>17-555.320(5)(g)</u>	<u>Provide a device that sounds an alarm upon loss of chlorination capability.</u>
<u>Fan switch at well # 6 chlorine room located on - side of room.</u>	<u>17-555.320</u>	<u>Locate fan control switch outside of chlorine room.</u>

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
No sample results from well #6 for volatile organic contaminants ✓	17-550.510(f)	Submit water samples quarterly for 1 year from well #6 Repeat every 36 months
No sample results from well #6 for unregulated organic contaminants ✓	17-550.510(8)	

You must submit sample results for primary inorganics, primary organics, secondary contaminants and turbidity from each treatment plant in the future.

Inspector's signature Paul B. Gato Date: 8/22/91  
Title Env. Sup II Approved by \_\_\_\_\_ Date: \_\_\_\_\_

**Meredith Manor - 330**

**Seminole County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name MEREDITH MANOR County SEMINOLE PWS ID 3590823

Plant Address: E. L. BRANTLEY  
LONGWOOD ZIP 32779 Plant Phone ( )

Location Description: \_\_\_\_\_

Owner SOUTHERN STATES UTILITIES Owner Phone 407 990-0100

Address/PO BOX COLOR PL City APOPKA State FL Zip 32704

Date of this inspection: 3-1-91 Date of last survey: 6-14-89  
Date of last compliance inspection: \_\_\_\_\_ Person contacted: DON CORDER

Service area characteristics: C  S  MC  NTNC

1. Certified Operators: J. W. JOHNSON C-4354
2. Maintenance and Operation Log Book: Yes  No  Not Applicable
3. Meter Time Lapse Clock: Yes  No  TOTALING METERS ON WELL
4. Well(s) Number: 2 6' X 6' X 4' Concrete Pad: \_\_\_\_\_

In Line Check Valve Present?: YES Raw Water Tap?: YES - SMOOTH NOSED

Comments: DIRECT DRIVE ROAD MOTOR ON WELL

5. CHLORINATION  
Manufacturer's Name of Chlorinator: REGAL Gas:  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: \_\_\_\_\_  
Plant Output Remote 0.50M l/s

6. Other Treatment(s): AERATION  
Comments: CUMMINS - AUXILIARY GENERATOR.

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number									
Pressure Gauge	-	YES							
Sight Glass	-	YES							
On/Off pressure	-	N/A							

Comments: \_\_\_\_\_

DEFICIENCIES: NO OBSERVED DEFICIENCIES.

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3399 McGuire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig & Title: Donald B. Corder Date: 3-1-91  
Received By: Donald B. Corder Date: 3-1-91

Form Left on Site/Left with Operator or Water Purveyor

**Morningview - 562**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Morningview S/D County Lake PWS ID 33-0852

Plant Address \_\_\_\_\_ Zip \_\_\_\_\_ Plant Phone (\_\_\_\_) \_\_\_\_\_

Location Description: \_\_\_\_\_

Owner Southern State Utilities Owner Phone 907-890-0100

Address 1000 Color Pl. City Apopka State FL Zip 32704

Date of this inspection: 10/23/91 Date of last compliance inspection: \_\_\_\_\_ Person contacted: Brian Heath

Service area characteristics: C  HC \_\_\_\_\_ HTIC \_\_\_\_\_

1. Certified Operators & Certification No.: Brian Heath CS325 CSC

2. Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_

3. Meter/Time Lapse Clock: Yes  No \_\_\_\_\_

4. Well(s): Number: 1 6' X 6' X 4" Concrete Pad: yes

In Line Check Valve Present?: yes Raw Water Tap?: yes

Comments: Submersible pump 425 GPM

5. CHLORINATION

Manufacturer's Name of Chlorinator: Adveco Gas:  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: Plant 1.5 Remote 0.9

Comments: Chlorin, Ammonia, Scale washer

6. Other Treatment(s): \_\_\_\_\_

Comments: Air Release valve, Air compressor 1/2 hp, Pressure Relief

7. Storage Facilities: (G) ground:  (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	5000-1								
Pressure Gauge	<input checked="" type="checkbox"/>								
Sight Glass	<input checked="" type="checkbox"/>								
On/Off pressure	<input checked="" type="checkbox"/>								
Exp. Val.	<input checked="" type="checkbox"/>								

Comments: No Gravity drain (Hydro tank in the pit)

DEFICIENCIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Water system deficiencies listed above must be corrected within 11/23/91 days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Aguirre Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Brian Heath Date: 10/23/91

Received By: \_\_\_\_\_ Date: 10/23/91

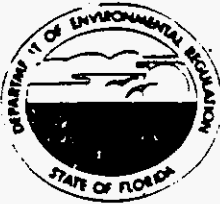
Form left on site/left with Operator or Water Purveyor

**Oak Forest - 993**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

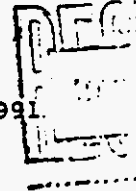
Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-556

Bob Martinez, Governor

Dale Thwachmann, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Garrity, Deputy Assistant Secretary

January 16, 1991



Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

RE: Surveys for Golden Terrace, Gospel Island,  
Rolling Greens, Oak Forest, Point O' Woods & Rosemont  
Citrus County

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water systems. On page six of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office within 30 days, in writing, of your action.

Thank you for your cooperation. You can contact me at (813) 623-5561 extension 319.

Sincerely,

Cece Featheringill  
Environmental Specialist II  
Drinking Water Section

CF/sem

Enclosure:

cc: Dawn Durham, Citrus CPHU



STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name OAK FOREST County CITRUS PWS ID 6091274  
 Plant Address DAFFODIL ST, US 41 Zip Code 32636 Phone 1-800-432-450  
 Owner Name SOUTHERN STATES UTILITIES Phone 1-800-432-450  
 Owner Address 1000 COLOR PLACE APOPKA, FL Zip Code 32708  
 Date of this inspection 11-14-80 Date of last inspection 1-23-87 Person contacted BOB BOGOSTA  
 Certified operators and cert. nos. JOHN MACKENZIE C-5380

Plant location HWY 41 NEAR FLORAL CITY  
 Population served ≈ 300 Service connections 121 Percent metered 100 Design capacity 0.5 MGD  
 Design storage capacity 5000 Average output 53,000 Maximum hour UNK Maximum day 70,000  
 Approval no. and date R-14738, 12-13-73 Type meter and copy PRECISION 12108

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other  
 Indian Reservation  Motel  School

Emergency Water Source 2ND WELL Emergency Power Source DIESEL  
 Type of Standby GM GENERATOR Capacity of Standby 40 HP - 220V (258)

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many Identify Identify supply  
 Wells? 2 Source: System:

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify

What, if any, additional treatment is needed? NONE  
 For the control of what deficiencies? NONE

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

## Sanitary Survey (Groundwater)

Page Two

LAT: 28° 40' 00"  
LON: 82° 19' 00"

PWS ID: 6091274

Well Number*	1	2				
Year Drilled	1973	1973				
Depth Drilled	266'	275'				
Length, out-side casing	UNK	UNK				
Diameter, out-side casing	8"	8"				
Material, out-side casing	B.I.	B.I.				
Depth to static water level	70'	70'				
Normal suction lift (wkng. level)	UNK	UNK				
Normal yield, GPM	300	150				
Test yield, GPM	UNK	UNK				
Type of grout	NONE	NONE				
Drilling method	CASE	CABLE				
Type of strainer	UNK	UNK				
Depth to top of strainer	UNK	UNK				
Protection from surface water?	YES	YES				
Is inundation of well possible?	No	No				
Salt intrusion noted in past?	No	No				
Has the well ever been contaminated?	No	No				
Pump manufacturer's name	VERTON	SUB-MERS.				
Model number	UNK	UNK				
Capacity GPM	300	150				
Check valve present in line?	YES	YES				
Date of last servicing	UNK	UNK				
Maintenance schedule (day/mo.)	MONTHLY	MONTHLY				

COMMENTS (condition):

...additional copies of this page as needed

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>YES</u>	Backup machine <u>GAS</u>	Make of chlorinator <u>CHEM-TECH</u>	Capacity, lb./24 hr <u>24600</u>
Evidence of leaks <u>NO</u>	Operative- <u>RELAY</u>	Gas or hypo used <u>BOTH</u>	Chlorine feed rate <u>JNK</u>
Air-pack or respirator adequate <u>YES</u>	Reserve supply <u>YES</u>	Condition of equipment <u>OK</u>	Automatic switchover <u>NO</u>
Residual at plant <u>0.9</u>	Residual at remote tap <u>0.4</u>	Ammonia smells fresh <u>NONE</u>	More capacity needed <u>NO</u>
		Comments on chlorination <u>MUST HAVE</u>	

ALARM FOR GAS CHLORINATION - UTILITY MAY CHOOSE TO NOT USE GAS BACKUP.

<u>AERATOR</u>	Type of aerator _____	Tray area or weir length _____	Condition of screens _____
Bloodworms present _____	Condition of aerator _____		Adequate for Fe, H <sub>2</sub> S control _____

<u>COAGULATION</u>	Chemical used _____	Purpose _____	
Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____

<u>LIME SOFTENING</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Any auxiliary chemicals used _____		Points of application (in unit) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____

<u>FLUORIDATION</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	

<u>STABILIZATION</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____
----------------------	-----------------------------------	-------------------------------	------------------------

FILTERS & FILTRATION

Size and number	Type of filters	Length of filter runs
Can you see filter media	Is it clean after backwash	Are mudballs visible
What is the normal filter rate	What is the usual backwash rate	Is there air-binding
Capacity of filters	Are filters overloaded	Cracks and Channelling
Loss in head ga. present	At what head loss is BW done	Where in relation to filtration is stabilization done
Has cementation ever occurred	If high rate, what is turbidity at interface	Range of turbidity in effluent
Can you observe algae in filters	Distance from top of media to trough overflow	

REVERSE OSMOSIS

Auxiliary chemicals used	Make and type of units	Pressure required
Quality of effluent	Proportion of waste to product streams	Stabilization
Booster pump	Type of pre-treatment	Type of membranes

ZEOLITE SOFTENING

Disinfection of beds	Unit mfg. & model	Grade of salt for regen.	Stability of effluent	Resin capy	Resin prevented fm escaping
----------------------	-------------------	--------------------------	-----------------------	------------	-----------------------------

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.								
Manufacturer name								
Pump type & motor HP								
Model number								
Date Installed								
Capacity								
Maintenance schedule								
Date last serviced								

Comments: \_\_\_\_\_

\*\*\*\*\*

STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank No.	1							
Capacity	5000							
Material	STEEL-GLASS							
Gravity drain capacity	YES							
Bypass capacity	YES							
Covered/screened openings	N/A							
Date of last cleaning	UNK							
Pressure gauge	YES							
Sight glass	YES							
On/Off pressure	45/10							
Hgt. to bottom of el. tank	N/A							
Hgt to max. water level	N/A							

Comments: \_\_\_\_\_

**DISTRIBUTION SYSTEM**

Material of mains PVC System looped YES  
 Max. pipe diam. 6" Min. pipe diam. 2" No. of dead ends 3  
 Operation pressure 60 No. of fire hydrants 9 Known cross-connections with private supplies NONE  
 How often flushed 2-3 YRS Routine cross-connection control program No  
 Blowoff lines below grade No

**PLANT LABORATORY CAPABILITY**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> pH	<input type="checkbox"/> Chlorine: type	<input type="checkbox"/> Color
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Iron	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Alkalinity
<input type="checkbox"/> Radiological	<input type="checkbox"/> Stability	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Fluorides
	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Organics	<input type="checkbox"/> Inorganics
			<input type="checkbox"/> Hardness Complete

Person in charge of laboratory, and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING**

System is in full compliance with which requirements? Check.

<input checked="" type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Turbidity	<input checked="" type="checkbox"/> Inorganic chemical	<input checked="" type="checkbox"/> Organic chemical	<u>NATHM</u>
<input checked="" type="checkbox"/> Radiological	<input checked="" type="checkbox"/> Secondaries	Other: _____		

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
<u>GAS BACKUP MUST HAVE LOSS OF CHLORINATION ALARM INSTALLED</u>	<u>17-555.320(5)(a)</u>	<u>GET ALARM</u>
<u>* MAY CHOOSE TO DISMANTLE GAS BACKUP &amp; NOT USE.</u>		

Inspector's signature Cecilia Santiago Date: 1/15/90  
 Title ENV. SPEC. II

**Oakwood - 1702**

**Brevard County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**OAKWOOD**

This is a consecutive water system for which water is purchased from Brevard County. The Florida Department of Environmental Regulation normally does not perform a sanitary survey on consecutive water systems.



**Palisades Country Club - 579**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

State of Florida  
 Department of Environmental Regulation  
 Central District

**WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT**

Plant Name PALISADES County LAKE PWS ID 335-4877  
 Plant Address S.R. 561 A CLEERMONT Phone \_\_\_\_\_  
 Owner Name SSU Contact Person \_\_\_\_\_  
 Owner Address 1000 COLOE PLACE, APOKA, FL 32703 Phone (407) 894-0058  
 Date of this Inspection 11/19/91 Date of last Compliance Inspection 7/11/91 Date of last Sani. Survey 7/11/91  
 PWS Type:  Community  Non-Transient Non-Community  Non-Community  
 Service area characteristics: C-D No. Service Connections 1

**OPERATION & MAINTENANCE**

Operators & cert. class/number  
BRIAN HEATH C SP 25

O&M log book:  Yes  No  N.A.  
 Comments \_\_\_\_\_

**WELL**

Number of Wells 1  
 Standby well.....  Yes  No  N.A.  
 Aux. Power.....  Yes  No  N.A.  
 6'x6'x4" pad.....  Yes  No  
 Sanitary Seal.....  Ok  \_\_\_\_\_  
 Raw water tap.....  Yes  No  
 Not smooth nosed  
 Check valve.....  Yes  No  
 Fence/housing.....  Yes  No  
 Sanitary Hazards: NONE NOTED  
 Comments \_\_\_\_\_

**CHLORINATION**

Chlorinator type:  Gas 15  Hypo  
 Plant chlorine residual \_\_\_\_\_  
 DPD-type test kit.....  Yes  No  
 Gas cylinder scale.....  Yes  No  
 Gas cylinder chained.....  Yes  No  
 Air-pak.....  Yes  No  
 Ammonia solution.....  Yes  No  
 Ventilation.....  Yes  No  
 Dual.....  Yes  No  
 Switchover.....  Yes  No  
 Alarm.....  Yes  No  
 Comments \_\_\_\_\_

**OTHER TREATMENT PROCESSES**

Comments \_\_\_\_\_

**STORAGE TANKS**

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

Tank Type	<u>H</u>				
Pressure gauge	<u>YES</u>				
By-pass piping	<u>YES</u>				
Sight Glass	<u>YES</u>				
Gravity Drain	<u>YES</u>				
On/Off Pressure	<u>YES</u>				

Comments \_\_\_\_\_

**OTHER**

Flow measurement:  Meter  Elapsed time clock  
 No  
 Cross-connections: NONE NOTED  
 Back-flow prevention YES  
 Comments \_\_\_\_\_

**DEFICIENCIES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**YOU ARE REQUIRED TO CORRECT THE DEFICIENCIES FOR THE SUBJECT SYSTEM AND TO PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT BY \_\_\_\_\_ THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT.**

and your response to: Department of Environmental Regulation, 3319 Maguire Blvd., Suite 232, Orlando, FL 32803. Phone: (407)894-7555.

Inspector [Signature] Title Env Sup II Date 11/19/91

Received by [Signature] Title \_\_\_\_\_ Date 11/19/91

Form left.....  on site.....  with plant operator.....  with water purveyor

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name PALISADES PARK WTP County LAKE PWS ID 3354877  
 Plant Address CORNER OF JALARMY RD. Zip Code \_\_\_\_\_ Plant Phone ( ) - \_\_\_\_\_  
and ARSHAWA RD.  
 Owner Name JSU SERVICES INC. Owner Phone (407) 884-8777  
 Owner Address 1000 COLOR PLACE City APOPKA State FL Zip Code 32703  
 Date of this Insp. 6/10/91 Date of last Insp. NONE Person Contacted BRIAN HEATH

Certified Operators BRIAN HEATH Certified Operators Numbers C-5825

Population served 50+ Service Connections 1 <sup>(185 ERC @ 0.065 MGD)</sup> % metered -  
 Design Capacity 0.576 MGD Design Storage Capacity \_\_\_\_\_ Average output UNK  
 Maximum Hour \_\_\_\_\_ Maximum Day \_\_\_\_\_

Approval Number & Date WC35-1817-25 8-31-90 Type meter & capy PROPPELLER

Service area characteristics: (check all that apply)  COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input checked="" type="checkbox"/> Other <u>GOLF</u>
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Hotel	<input type="checkbox"/> School	<u>COURSE</u>

Emergency Water Source \_\_\_\_\_ Emergency Power Source NONE

Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_

Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\* \_\_\_\_\_

How many wells? 2

Identify Source: \_\_\_\_\_

Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

<input type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt.hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	_____
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	_____

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 3354877

Well Number*	#1	#2							
Year Drilled	UNK	1990							
Depth Drilled	UNK	500'							
Length (outside casing)	UNK	263'							
Diameter (outside casing)	6"	12"							
Material (outside casing)	STEEL	STEEL							
Depth to static Water level		106'							
Normal suction lift (w/kg. level)									
Normal yield, GPM	UNK	800'							
Test yield, GPM		1000							
Type of grout		CONC.							
Drilling method	UNK	CABLE TOOL							
Type of strainer									
Depth to top of strainer									
Protection from surface water?	NO	YES							
Is inundation of well possible?	UNK	NO							
Salt intrusion noted in past?	UNK	NO							
Has the well ever been contaminated?	UNK	NO							
Pump manufacturer's name	STA-RITE	PEERLESS							
Model number	VIP III	10MA T5HP							
Capacity (GPM)	UNK	800							
Check valve present in line?	YES	YES							
Date of last servicing	UNK	NEW							
Maintenance Schedule (day/mo.)									

COMMENTS (conditional): ACCORDING TO MR. MARK BUELL (GOLF COURSE MANAGER), WELL #1 WAS A TEMPORARY SOURCE OF WATER FOR THE CLUBHOUSE FOR ONE MONTH, and DISCONNECTED IN JUNE 6, 1991. AT THAT SAME DAY WELL #2 WAS PICKED UP AS A NEW SOURCE.

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

#2 PLANT EQUIPMENT WELL #2

CHLORINATOR:

Make of chlorinator REGAL / 220 / 170 Capacity, lb./24 hr. 100 lb/day  
Dual system? YES Backup machine operative YES Gas or hypo used GAS Chlorine  
feed rate 60 lb/day Evidence of leaks NO Reserve supply YES  
Condition of equipment NEW/GOOD Automatic switchover YES Air-pack or respirator  
adequate NO Ammonia smells fresh NO More capacity needed - Residual  
at plant 1.9 Residual at remote tap - Comments on chlorination -

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

PLANT EQUIPMENT WELL #1 (TEMPORARY)

CHLORINATOR:

Make of chlorinator FIA WATER PROCESSING CO. Capacity, lb./24 hr. 30 GPD  
Dual system? N.A. Backup machine operative N.A. Gas or (hypo) used HYPO Chlorine  
feed rate ? UNK Evidence of leaks N.A. Reserve supply NONE  
Condition of equipment UNK Automatic switchover N.A. Air-pack or respirator  
adequate N.A. Ammonia smells fresh N.A. More capacity needed UNK Residual  
at plant 0 Residual at remote tap 0 Comments on chlorination \_\_\_\_\_

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_ Settling good? \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Calling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):


.....  
 round: hydropneumatic; elevated; clearwell.

#1						
15000						
STEEL						
YES						
YES						
YES						
NEW						
YES						
YES						
45/65						
2'-9"						
9'-0"						

operation - disconnected from the system. Was used as  
 in the clubhouse.

NO)



DISTRIBUTION SYSTEM:

Material of mains PVC  
 System Looped YES Operation pressure \_\_\_\_\_ Maximum pipe diameter 12"  
 Minimum pipe diameter 2" Number of dead ends 7 How often flushed \_\_\_\_\_  
 Number of fire hydrants 11 Known cross-connections with private supplies \_\_\_\_\_  
 Blowoff lines below grade YES Routine cross-connection control program \_\_\_\_\_

PIANT LABORATORY CAPABILITY: No lab on site.

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine: type _____
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity _____
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests _____
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics _____
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity _____

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Secondaries	<input type="checkbox"/> TDM
<input type="checkbox"/> Radiological	<input type="checkbox"/> Inorganic chemical	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Turbidity	<input type="checkbox"/> Organic chemical	

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>1. WATER SYSTEM PLACED INTO SERVICE WITHOUT PROPER CLEARANCE</u>		<u>- See Warning Notice</u>

Inspector's Signature: Ronny U. Gray Date: 6/14/71  
 Title: ENGINEER-I Approved by: Paul J. Mann Date: 7/10/91  
for Manager, Drinking Water Program

**Palm Port - 440**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Egan, Secretary

*Mil Foster - per handle*

January 15, 1992

*Carol Egan*  
*Joel Parvitz*  
*BT: [unclear]*

Mr. Bert Phillips  
SSU Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Dear Mr. Phillips:

Putnam County - PW  
Palm Port WTP

On December 23, 1991, a sanitary survey was done on the drinking water system serving Palm Port. Paul Thompson was present. The following items are noted for corrective action:

1. The aerator had mosquitoes, spiders and other vermin on the interior, both live and dead. Vermin was also observed at the hatches to the GST. The GST assembly and aerator must be dumped, flushed, cleaned and disinfected.
2. Gaskets are needed on the GST hatches so the covers can fit flush and prevent vermin from entering.
3. The aerator splashes beyond the screens and plates causing growth of slime. A splash guard could help here.
4. A leak at HSP #1's check valve needs repaired.
5. The valve on the HSP discharge main leaks and needs repaired.
6. Prechlorination should be tried to control growth and vermin in aerator and GST.
7. Corrosivity parameters were missing on the last Secondary Standards for field pH, field conductivity, field dissolved oxygen and field temperature. Please measure these parameters and report.
8. A loss of chlorination capability alarm is needed.

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320

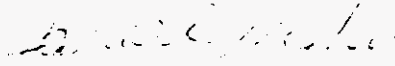


Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

Mr. Bert Phillips  
January 15, 1992  
Page Two

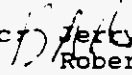
Please contact me in writing as to your plans to correct the items listed above and in what time frame. If you have any questions, please contact me at (904) 448-4330 extension 305. Your past and continued cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,



James R. Maher  
Engineer IV

JRM/lgb

cc:  Jerry Boyd  
Robert Regalado  
Putnam County Health Department

510  
 17  
 10

2540365

State of Florida  
 Department of Environmental Regulation  
 SANITARY SURVEY REPORT  
 107  
 Drinking Water Systems

Inspection date: 12/2/91

I. GENERAL  
 Plant name: PALM PORT County: PUTNAM  
 Plant owner: SSU SERVICES INC Person contacted: BERT PHILLIPS  
 Plant address: 1000 COLOR PL APOPKA FL 32704 Person contacted: BOYD  
 City: APOPKA Zip: 32703 Phone no.: 649-4143 State code: FL  
 Population Served: est 315 No. of service connections: 90  
 Type of Service: COMMUNITY Type of meter at plant & capacity: in line - 000  
 Percent of no. of meters: 100% Plant designed by: Charles Ginos P2  
 Plant capacity (design): .086 Plant output, average (MGD): .015 (1-140)  
 Storage capacity (design): 18000 Maximum hour (1000's gal.): 3  
 Approval no. and date: 14416 7-22-72 Emergency water source: none  
 Daily maximum (MGD): .036 (7198) Standby equipment: none  
 Emergency power source: none Capacity: none

TYPE OF SERVICE  Community  Non-community  
 Municipal  Subdivision  Common carrier  
 Amusement area  Institution  Hotel or motel  
 Trailer park  College or school  Other  
 Restaurant  Industrial plant

II. SOURCE(S) OF RAW WATER SUPPLY  Ground; Number of wells   
 Surface; Purchased

A. Ground supplies; (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled					
Depth drilled		265'			
Length, outside casing					
Diameter, outside casing		6"			
Material, outside casing		STEEL			
Depth to static water level		FLOWING			
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?		NO			
Is well protected against surface water?		YES			
Saline water infiltration problems in past?		NO			
Latitude		29 40 55			
Longitude		81 37 30			
Check valve		YES			
Grouped					
Has well ever been contaminated?		NO			
Pump manufacturer's name		HOWAR			
Date manufactured					
Model number					
Capacity		0 PM 60			
Last serviced (date)					
Comments		no. 5			
Maint. schedule (day, week, month, etc.)					

2. Surface Supplies: Provide section or separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring: \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake: \_\_\_\_\_  
 Name any pollution sources above intake: \_\_\_\_\_  
 If a spring, character of formation is needed: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ how is spring protected: \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring: \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Spec? \_\_\_\_\_  
 Other observations: \_\_\_\_\_

3. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS  
 (Check where applicable)

- A. General:
- |                                               |                                                       |
|-----------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration  | <input type="checkbox"/> Lime softening               |
| <input type="checkbox"/> Coagulation          | <input type="checkbox"/> Recarbonation                |
| <input type="checkbox"/> Iron removal         | <input type="checkbox"/> Reverse osmosis              |
| <input type="checkbox"/> Taste-odor control   | <input checked="" type="checkbox"/> Chlorination-post |
| <input type="checkbox"/> High-rate filtration | <input type="checkbox"/> Fluoridation                 |
| <input type="checkbox"/> Chlorination-pre     | <input type="checkbox"/> Settling                     |
| <input type="checkbox"/> Filtration           | <input type="checkbox"/> pH adjustment                |
|                                               | <input type="checkbox"/> Zeolite softening            |
- B. Aeration:
- |                                                           |                                                                                                      |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Slimes or algae noted | <input type="checkbox"/> Screens in good repair <u>N</u>                                             |
| <input type="checkbox"/> Iron deposits                    | <input checked="" type="checkbox"/> Hydrogen sulfide odor <u>H<sub>2</sub>S &amp; K<sub>2</sub>S</u> |
- C. Chemical Used (include Chlorine): NFOS CLEANER

Chemical	Type Feeder	2x nr. capacity	Point of app.	Purpose (Disinfection, etc.)
Chlorine	Regal	50#	Pre HSPS	Disinfection

- D. Chemical Feeders:
- |            |                                              |                                                 |
|------------|----------------------------------------------|-------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Oil on floor        | <input type="checkbox"/> Chemical spilled       |
|            | <input type="checkbox"/> Spare parts kept    | <input type="checkbox"/> Has repair manuals     |
|            | <input type="checkbox"/> Noisy operation     | <input type="checkbox"/> Chemicals well stocked |
|            | <input type="checkbox"/> Water on floor      | <input type="checkbox"/> Feeders all work       |
|            | <input type="checkbox"/> Excessive vibration | <input type="checkbox"/> Bags stored dry        |
- E. Coagulation:
- |            |                                          |                                                       |
|------------|------------------------------------------|-------------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Settling poor   | <input type="checkbox"/> Chem. dose questionable      |
|            | <input type="checkbox"/> No blanket seen | <input type="checkbox"/> Effluent taste & odor strong |
|            | <input type="checkbox"/> Slippery floor  | <input type="checkbox"/> Color removal good           |
- F. Settling:
- |            |                                               |                                                     |
|------------|-----------------------------------------------|-----------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Flot unstable        | <input type="checkbox"/> Blanket visible            |
|            | <input type="checkbox"/> Feed intermittent    | <input type="checkbox"/> Settling good              |
|            | <input type="checkbox"/> Water leaves clear   | <input type="checkbox"/> Int. skimmer used          |
|            | <input type="checkbox"/> Sludge not excessive | <input type="checkbox"/> Sludge return used         |
|            | <input type="checkbox"/> Comp. aid used       | <input type="checkbox"/> No control of sludge level |
- G. Filtration:
- |            |                                             |                                                |
|------------|---------------------------------------------|------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Analysis OK        | <input type="checkbox"/> Feeder good condition |
|            | <input type="checkbox"/> Separate storage   | <input type="checkbox"/> Acid spilled          |
|            | <input type="checkbox"/> Dusty enclosure    | <input type="checkbox"/> Frequent shutdowns    |
|            | <input type="checkbox"/> Monthly samples OK | <input type="checkbox"/> Corrosion evident     |
- H. Filtration:
- |            |                                              |                                                   |
|------------|----------------------------------------------|---------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Mudballs present    | <input type="checkbox"/> Clearwell turbidity seen |
|            | <input type="checkbox"/> Carryover excessive | <input type="checkbox"/> Backwash cleans media    |
|            | <input type="checkbox"/> Gallery kept clean  | <input type="checkbox"/> Plant appears overloaded |
|            | <input type="checkbox"/> Air binding present | <input type="checkbox"/> Little foreign material  |
|            | <input type="checkbox"/> Short filter runs   | <input type="checkbox"/> Sediment in clearwater   |
|            | <input type="checkbox"/> Algae in filter     |                                                   |

II. DISCONTINUATION:

<input checked="" type="checkbox"/>	Order of chlorine (leak)	<input checked="" type="checkbox"/>	Amble stock of chlorine
<input checked="" type="checkbox"/>	Lead washers kept	<input checked="" type="checkbox"/>	Ammonia fresh (color) <b>NO</b>
<input checked="" type="checkbox"/>	Note effluent residual	<input checked="" type="checkbox"/>	Air tank pressure OK
<input checked="" type="checkbox"/>	Respirator in date	<input checked="" type="checkbox"/>	Repair parts kept
<input checked="" type="checkbox"/>	Corrosion non-negligible	<input checked="" type="checkbox"/>	Note chlorine rate 14.4M
<input checked="" type="checkbox"/>	Machine function good	<input checked="" type="checkbox"/>	Fan works OK
<input checked="" type="checkbox"/>	Chlorine residual records current		

Chlorine residual before entering distribution line 2.5 ppm.  
 Chlorine residual at extremity of distribution system 2.5 ppm.  
 Reserve supply of chlorine (specify units) 64 Normal Conc.  
 Other observation(s) Need to keep ammonia on site

III. STORAGE FACILITIES:

<input checked="" type="checkbox"/>	Ground storage	<input type="checkbox"/>	Elevated storage
<input checked="" type="checkbox"/>	Hydropneumatic tank	<input type="checkbox"/>	Clear well

Tank number	1	2	3	4
Capacity	5000	5000	5000	3200
Material	CONCRETE	CONCRETE	CONCRETE	STEEL
Ground water capacity	YES	YES	YES	YES
Low-pass capacity	YES	YES	YES	YES
Covered/screened openings	YES	NO	NO	NO
Date of last cleaning				
Cutoff pressure, where appl.				40-60
Vol. of vol. of H <sub>2</sub> O tank				
Vol. to min. tank water level				
Comments	to be dumped or removed			

IV. PUMP SERVICE:

Pump number	1	2	3	4
Manufacturer's name	Gould	Gould		
Date manufactured				
Model number	5636	5636		
Capacity	6PM	160	160	
Maintenance schedule				
Last serviced (date)				
Comment	HP	5	5	

V. DISTRIBUTION SYSTEM:

Material of main PVC Max. pipe diam. 4" Min. pipe diam. 3/4"  
 Connection pressure 48 No. of dead ends 7 Low often flushed AS needed  
 No. of fire hydrants 0  
 Are there cross connections with private or other supplies? none known  
 Are there any blowoff lines below grade in the system? YES 6  
 Are there any sanitary basins near sources of water supply? YES 6  
 Are there any underwater crossings, which are suspected of leaking? NO  
 If a sewer line is within 100 feet, state material and joining method. none  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? NO  
 Blow off lines below grade  none  several  numerous  
 Observations:

VI. WATER QUALITY TESTS:

1. Chemical

<input checked="" type="checkbox"/>	pH	<input type="checkbox"/>	Radiological
<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Physical (color, odor, turbidity)
<input type="checkbox"/>	Gas Test	<input type="checkbox"/>	Special
<input type="checkbox"/>	Bacteriological	<input checked="" type="checkbox"/>	Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? YES If not, explain.  
See records in maintenance or chemical laboratory

P1	10189	10192
Turbidity	10189	10192
Chlorine	9.89	7.93
pH	10.89	10.12
Temp	71.91	71.95
Alkalinity	101.91	149.4
	151	117

See Form SRM 10-10 (Aug 77) Page 3 of 4

1. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? NO If so, specify the chemical parameter(s) and concentration(s) \_\_\_\_\_
2. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? NO If so, specify \_\_\_\_\_
3. Bacteriological:
1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? YES
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NO If so, specify \_\_\_\_\_

VIII. SUMMARY AND RECOMMENDED ACTION

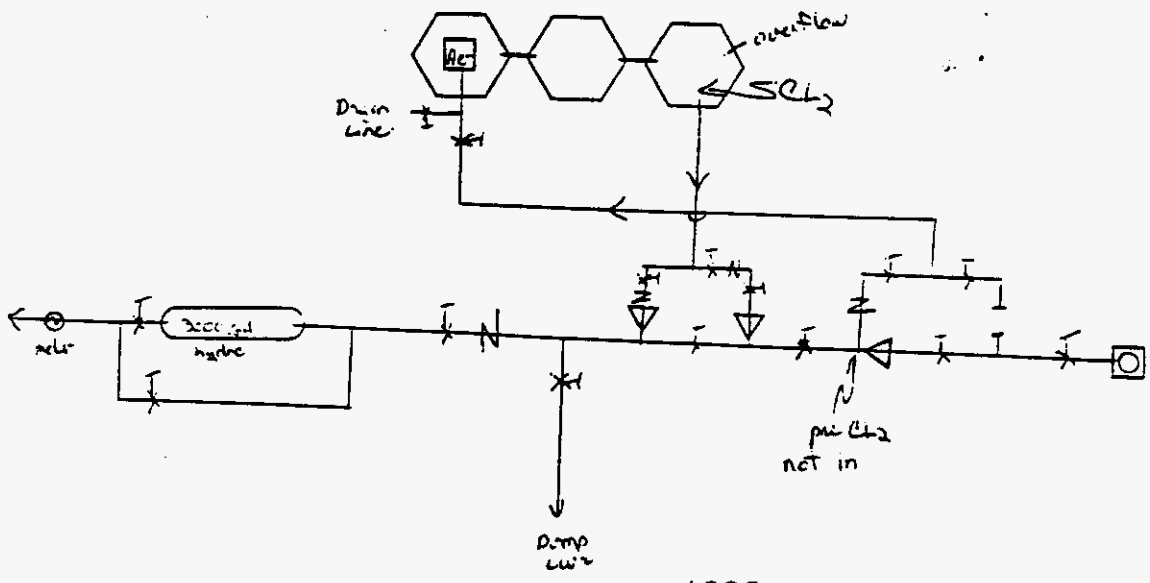
- This facility meets or exceeds all State and Federal regulations. Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. H <sub>2</sub> O <sub>2</sub> tank had excessive H <sub>2</sub> O in it	17-555.350(1)	Remove H <sub>2</sub> O tank
2. 1" H <sub>2</sub> O <sub>2</sub> pipe	17-555.350(1)	Repair
3. GST vent not sealed	17-555.350(1)	Replace check valve
4. H <sub>2</sub> O <sub>2</sub> discharge main	17-555.350(1)	Repair
5. 1" H <sub>2</sub> O <sub>2</sub> pipe in excess of secondary standard analysis	17-555.350(1)	Remove pipe
6. Had 1000 of chlorine residual	17-555.350(1)	Remove chlorine

Inspector's signature: Thomas P. Miller Date: 11-16-92

Title: Inspector

Approved by: B. Arduini Date: 11/17/92  
 District Manager (signature)





**Palm Terrace - 1429**

**Pasco County (SSU)**

**Water**

**- 1992 FPSC Filing -**

Palm Terrace



# Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347  
Lawton Chiles, Governor Carol M. Browner, Secretary

*Gregory follow up with  
Bill Williams let me  
know corrective action, 9/23/91  
9/24/91*

September 3, 1991

*Enc. Attached report*

John Lubeck  
C.L. Smith Utilities  
10928 Premier Avenue  
New Port Richey, FL 33463

C.L. Smith Ellnar  
Pasco County  
Community Water System  
PWS-ID # 6511330

RE: Sanitary Survey Report

Dear Mr. Lubeck:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water system. On the last page of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended corrective action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office, in writing, of your action.

Thank you for your cooperation.

Sincerely,

Robert P. Barker  
Environmental Specialist I  
Drinking Water Section

RPB/sem

Enclosure:

cc: Pasco CPHU



Completed  
C.M. 10/17/80  
9/13/81

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name C.L. SMITH ELLNAR county PASCO PWS ID 6511330  
Plant Address 1092 PREMIER AVE zip code 33568 Plant Phone 813/868-6074  
Owner Name C.L. SMITH UTILITIES Owner Phone 813/868-6074  
Owner Address 10928 PREMIER AVE. NEW PORT RICHEY, FLORIDA zip code 33568  
Date of this inspection 8/28/91 Date of last inspection 8/29/88 Person contacted LARRY RAMSEY  
Certified operators and cert. nos. LARRY RAMSEY

Population served 550 Service connections 282 Percent metered 100 Design capacity ~  
Design storage capacity 6500 Average output 82,000 GPD Maximum hour day ~  
Approval no. and date \_\_\_\_\_ Type meter and copy CORAD 1x10<sup>6</sup>

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other \_\_\_\_\_  
 Indian Reservation  Motel  School

Emergency Power Source PALM TERRACE GARDENS YES  
Type of Standby KOHLER GAS ENGINE Capacity of Standby ~

Sources of Raw Water:  Ground\* How many Wells? 1  Surface\*\* Identify Source: \_\_\_\_\_  Purchased\*\*\* Identify supply System: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify \_\_\_\_\_

What, if any, additional treatment is needed? NONE  
For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
\*\*Use page 2 (Surface).  
\*\*\*Page 2 not required.

WATER PLANT IS LOCKED & FENCED.  
MONTHLY OPERATION REPORTS ARE SUBMITTED. # 000221 "C"  
DER Form Perm 13-24 (Aug. 80) LEAD NOTICE COMPLETED JUNE 1989.

Well Number*	1						
Year Drilled	1967						
Depth Drilled	100'+						
Length, out-side casing	70'						
Diameter, out-side casing	6"						
Material, out-side casing	B.I.						
Depth to static water level	15'						
Normal suction lift (wkng. level)	45'						
Normal yield, GPM	150						
Test yield, GPM	200						
Type of grout	UNK						
Drilling method	CABLE						
Type of strainer	CONE						
Depth to top of strainer	44'						
Protection from surface water?	YES						
Is inundation of well possible?	NO						
Salt intrusion noted in past?	NO						
Has the well ever been contaminated?	UNK						
Pump manufacturer's name	SUBMERSIBLE PUMP						
Model number	UNK						
Capacity	15HP						
Check valve present in line?	YES						
Date of last servicing	~						
Maintenance schedule (day/mo.)	WEEKLY						

COMMENTS (condition): \_\_\_\_\_

\*Attach additional copies of this page as needed.

PLANT EQUIPMENT - CHLORINATOR

SINGLE

Make of ADVANCE  
chlorinator  
Gas or Gas  
hypo used GAS  
Condition of equipment  
Ammonia smells fresh  
Comments on chlorination WORKING PROPERLY

Capacity, lb./24 hr 150/gal  
Chlorine feed rate 2%/day  
Automatic switchover NO  
More capacity needed

Dual system? NO  
Evidence of leaks NO  
Air-pack or respirator adequate YES  
Residual at plant 2.0 mg/l  
Residual at remote tap 0.8 mg/l

Backup machine Operative ~  
Reserve supply ~

AT TIME OF SANITARY SURVEY

AERATOR Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_ Condition of screens \_\_\_\_\_  
Bloodworms present \_\_\_\_\_ Condition of aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_ Carryover \_\_\_\_\_

LIME SOFTENING Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_ Size and type \_\_\_\_\_  
Any auxiliary chemicals used \_\_\_\_\_ Points of application (in unit) \_\_\_\_\_  
Nature and abundance of floc \_\_\_\_\_ Appearance of sludge blanket \_\_\_\_\_  
Is settling good \_\_\_\_\_ Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary precipitation \_\_\_\_\_  
Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_ Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_  
Corrosion noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_ Chemical(s) used \_\_\_\_\_

FILTERS & FILTRATION

Size and number _____	Type of filters _____
Can you see filter media _____	Length of filter runs _____
Is it clean after backwash _____	Are mudballs visible _____
What is the normal filter rate _____	Is there air-binding _____
Capacity of filters _____	What is the usual backwash rate _____
Loss in head ga. present _____	Are filters overloaded _____
At what head loss is BW done _____	Cracks and Channelling _____
Has cementation ever occurred _____	Where in relation to filtration is stabilization done _____
If high rate, what is turbidity at interface _____	Range of turbidity in effluent _____
Can you observe algae in filters _____	Distance from top of media to trough overflow _____

REVERSE OSMOSIS

Make and type of units _____	Pressure required _____
Auxiliary chemicals used _____	Proportion of waste to product streams _____
Quality of effluent _____	Stabilization _____
Booster pump _____	Type of pre-treatment _____
	Type of membranes _____

ZEOLITE SOFTENING

Unit mfg. & model _____	Resin copy _____
Disinfection of beds _____	Grade of salt for regen. _____
	Stability of effluent _____
	Resin prevented fm escaping _____

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.								
Manufacturer name								
Pump type & motor HP								
Model number								
Date Installed								
Capacity								
Maintenance schedule								
Date last serviced								

Comments: \_\_\_\_\_

\*\*\*\*\*

STORAGE FACILITIES: ( )ground; hydropneumatic; ( )elevated; ( )clearwell.

Tank No.	1							
Capacity	650							
Material	STEEL							
Gravity drain capacity	YES							
Bypass capacity	YES							
Covered/screened openings	~							
Date of last cleaning	UNK							
Pressure gauge	YES							
Sight glass	YES							
On/Off pressure	40-60							
Hgt. to bottom of el. tank	~							
Hgt to max. water level	~							

Comments: \_\_\_\_\_

**DISTRIBUTION SYSTEM** Material of mains PVC + CAST IRON System looped YES  
 Operation pressure 50-60 Max. pipe diam. 4 1/2 Min. pipe diam. 2 1/2 No. of dead ends \_\_\_\_\_  
 How often flushed AS NEEDED No. of fire hydrants UNK Known cross-connections with private supplies NO  
 Blowoff lines below grade NO Routine cross-connection control program YES

**PLANT LABORATORY CAPABILITY**

\_\_\_\_\_ pH \_\_\_\_\_ Chlorine: type \_\_\_\_\_ Color  
 \_\_\_\_\_ Bacteriological \_\_\_\_\_ Iron \_\_\_\_\_ Turbidity \_\_\_\_\_ Alkalinity \_\_\_\_\_ Hardness  
 \_\_\_\_\_ Chlorides \_\_\_\_\_ Stability \_\_\_\_\_ Jar tests \_\_\_\_\_ Fluorides \_\_\_\_\_ Complete  
 \_\_\_\_\_ Radiological \_\_\_\_\_ Marble tests \_\_\_\_\_ Organics \_\_\_\_\_ Inorganics \_\_\_\_\_

Person in charge of laboratory, and credentials: VOC'S 1st quarter 91

unregulated contaminants done 8/9/89

**COMPLIANCE MONITORING** System is in full compliance with which requirements?  
 Check. (8/9/89) (8/9/89)

current  
 Bacteriological  Turbidity  Inorganic  Organic  THM  
 Radiological  Secondarys  Other: \_\_\_\_\_  
(8/9/89) (8/9/89)

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
<u>VOLEATILE ORGANIC CONTAMINANTS DUE FOR 2<sup>nd</sup> QUARTER 1991</u>	<u>FLORIDA ADMINISTRATIVE CODE RULE 17-550.510 (A)</u>	<u>SWABIT SAMPLE RESULT FOR 2<sup>nd</sup> QUARTER 1991</u>

Inspector's signature Robert P. Baker Date: August 29, 1991  
 Title ENVIRONMENTAL SPECIALIST I Approved by S. B. [Signature] Date: 8-24-91  
District Manager (signature)



**Palms Mobile Home Park - 559**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

State of Florida  
 Department of Environmental Regulation  
 Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name Palm Mobile Home Estates County Lake PWS ID 3350901  
 Plant Address  Hwy 27 South, Leesburg Phone \_\_\_\_\_  
 Owner Name SSW Contact Person \_\_\_\_\_  
 Owner Address 1000 Color Piece Rd, Leesburg, FL 34704 Phone 907-880-0038  
 Date of this Inspection 11/17/91 Date of last Compliance Inspection 4/4/89 Date of last Sani. Survey 4/4/89  
 PWS Type:  Community  Non-Transient Non-Community  Non-Community  
 Service area characteristics: CSD No. Service Connections 50

OPERATION & MAINTENANCE

Operators & cert. class/number  
Brian Heath E-582

O&M log book:  Yes  No  N.A.  
 Comments \_\_\_\_\_

WELL

Number of Wells 1  
 Standby well.....  Yes  No  N.A.  
 Aux. Power.....  Yes  No  N.A.  
 6'x6'x4" pad.....  Yes  No  
 Sanitary Seal.....  OK  
 Raw water tap.....  Yes  No  
 Not smooth nosed  
 Check valve.....  Yes  No  
 Fence/housing....  Yes  No  
 Sanitary Hazards: None  
 Comments \_\_\_\_\_

CHLORINATION

Chlorinator type:  Gas  Hypo  
 Plant chlorine residual 1.4  
 DPD-type test kit.....  Yes  No  
 Gas cylinder scale.....  Yes  No  
 Gas cylinder chained.....  Yes  No  
 Air-pak.....  Yes  No  
 Ammonia solution.....  Yes  No  
 Ventilation.....  Yes  No  
 Dual.....  Yes  No  
 Switchover.....  Yes  No  
 Alarm.....  Yes  No  
 Comments \_\_\_\_\_

OTHER TREATMENT PROCESSES

Agua-mag for iron

STORAGE TANKS

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

Tank Type	<u>G</u>				
Pressure gauge	<u>Yes</u>				
By-pass piping	<u>Yes</u>				
Sight Glass	<u>Yes</u>				
Gravity Drain	<u>Yes</u>				
On/Off Pressure	<u>Yes</u>				

Comments \_\_\_\_\_

OTHER

Flow measurement:  Meter  Elapsed time clock  
 No  
 Cross-connections None note d  
 Back-flow prevention Yes  
 Comments \_\_\_\_\_

DEFICIENCIES

YOU ARE REQUIRED TO CORRECT THE DEFICIENCIES FOR THE SUBJECT SYSTEM AND TO PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT BY \_\_\_\_\_ THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT.

Send your response to: Department of Environmental Regulation, 3319 Maguire Blvd., Suite 232, Orlando, FL 32803. Phone: (407) 894-7555.

Inspector W. B. Williams Title Env Sup II Date 11/19/91

Received by Brian Heath Title Lead Operator II Date 11/19/91

Form left.....  on site.....  with plant operator.....  with water purveyor

**Park Manor - 444**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

December 17, 1991

Mr. Charles Sweat  
Vice President of Operations  
S.S.U. Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Dear Mr. Sweat:

Putnam County - PW  
Park Manor WTP

On <sup>Max MCL</sup> September 19, 1991, a sanitary survey was done of the drinking water system referenced. The following items are noted:

1. The July 31, 1991 chemical analysis for Secondary Standards contained a Maximum Contaminant Level (MCL) violation for odor. The results of 4 ton exceeded the MCL of 3 ton. Three rechecks for odor are required within thirty days.
2. The chlorine level was excessively high, darker than the highest reading on my test kit 3.5 mg/l, by far. This must be reduced. The on-site log had a chlorine residual reading of only 0.7 mg/l taken less than three hours before by certified operator JS, C-6963. There was no indication on the on-site log that the chlorine setting had been changed. Please make sure that the chlorine is set at a reasonable level, that the operators are correctly measuring the chlorine level, and that any maintenance actions or adjustments to the plant are recorded on the on-site log.
3. Several residents were present at the inspection to voice their dissatisfaction with the water quality. They stated that the water consistently alternates from a high, excessive chlorine concentration that is offensive, to no chlorine and an offensive rotten egg smell. One of the residents, Mrs. Morici, further noted that the quality first significantly deteriorated when the laundromat was hooked up. A backflow preventer is required for the laundromat connection. Please ensure one is installed.

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320



Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

Mr. Charles Sweat  
December 12, 1991  
Page Two

Among the residents filing complaints was a Mr. Mottor who believes there was Pseudomonas bacteria in the water adversely affecting his family's health. A bacteriological sample was taken at his home and the results were absent for coliform bacteria. However, I discussed this with Richard Berry of the HRS Bacteriological Lab. He said it is possible pseudomonas could be present in the absence of a coliform indicator. He is sending a sterile, autoclaved liter bottle to Jerry Boyd for pseudomonas sampling. This sampling should be done in concert with a representative of the Putnam County Health Department.

Missing from the July 1991 chemical analyses were the field corrosivity parameters, Dissolved Oxygen, pH, temperature and conductivity. Please ensure they are measured in the field and submitted.

A copy of the survey is enclosed for your records. Please contact me in writing within 15 days of receipt of this letter as to your plans to address the deficiencies listed above and within what time frames. If you have any questions, please contact me at (904) 448-4330 extension 305. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

  
James R. Maher  
Engineer IV

JRM/lgb

Enclosure

cc: Mr. Jerry Boyd  
Mr. Robert Regaldo  
Ms. Laurie Gauch, Putnam County Health Department

Hollister/Hollockham Atn

ID. No. 2540973

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
for  
Drinking Water System

Inspection date: 11/19/91

COMMUNITY

Plant name PARK MAJOR SLO County PUTNAM  
 Plant owner Southern States Utilities Inc. Person contacted CHARLES SWIFT, VP O&S  
MARK GUY  
 Plant address 1000 Cedar Place Operator certification no. 26963  
BY 649-1401  
 City ROCKY ZIP 32703 Phone no. 407-700-0000 Area code \_\_\_\_\_

Population served 105 No. of service connections 30

Type of Service COMMUNITY Type of water at plant & capacity 12.6 MG

Percent of no. of meters 100% Plant designed by NATION BAY ASSOC

Plant capacity (design) 144 MGD Plant output, average (MGD) .006

Storage capacity (design) 525 gal Maximum hour (1000's gals.) 5

Approval no. and date 13900 2/1/72 Emergency water source 2nd WELL

Daily maximum (MGD) \_\_\_\_\_ Standby equipment NONE

Emergency power source NONE Capacity \_\_\_\_\_

TYPE OF SERVICE  Community  Non-community

Municipal  Subdivision  Common carrier  
 Recreation area  Institution  Hotel or hotel  
 Trailer park  College or school  Other  
 Residential  Industrial plant

SOURCE(S) OF RAW WATER SUPPLY  Ground: Number of wells 2  
 Surface: Purchased \_\_\_\_\_

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 3, attach extra sheets)	1	2	3	4	5
Year drilled	1977	1977			
Depth drilled	200'	150'			
Length, outside casing	123'	120'			
Diameter, outside casing	6"	6"			
Material, outside casing	galv	galv			
Depth to static water level		20'			
Normal surface lift (working level)					
Normal yield in GPM					
Test yield in GPM	150				
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	no	no			
Is well protected against surface water?	yes	yes			
Salt water infiltration problem in past?	no	no			
Latitude	29 37 35				
Longitude	91 50 20	91 50 20			
Check valve	yes	yes			
Crested	no	no			
Has well ever been contaminated?					
Pump manufacturer's name		WELLS			
Date manufactured		1977			
Model number					
Capacity	100	50			
Lot: services (date)					
Comment					
MAINT. SCHEDULE (day, week, month, etc.)	MP	2	2		

2. WATER SHEET: Provide section or separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map as attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is known: \_\_\_\_\_  
 What is yield in gpm, if spring? low as spring production  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter or plant: \_\_\_\_\_ Does effluent meet EPA Turb. Std: \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:  
 Aeration  
 Coagulation  
 Iron removal  
 Taste-odor control  
 High-rate filtration  
 Chlorination-pre  
 Filtration  
 Lime softening  
 Reaeration  
 Reverse osmosis  
 Chlorination-post  
 Fluoridation  
 Settling  
 pH adjustment  
 Zeolite softening
- B. Aeration:  
 Slimes or algae noted  
 Iron deposits  
 Screens in good repair  
 Hydrogen sulfide odor  
N/A

C. Chemical Feed (include Chlorine):

Chemical	Type (solid)	Pl. no. supply	Point of app.	Purpose (Coagulation, etc.)
Chlorine				

- D. Chemical Feeders:  
 Oil on floor  
 Spare parts kept  
 Safety equipment  
 Water on floor  
 Excessive vibration  
 Chemical spilled  
 See repair manuals  
 Chemicals well stocked  
 Fasteners all work  
 Bags stored dry
- E. Coagulation:  
 Settling poor  
 No blanket seen  
 Flippant float  
 Chem. dose questionable  
 Effluent taste & odor strong  
 Color removal good  
N/A
- F. Settling:  
 Flow unstable  
 Feed instructions  
 Water leaves clear  
 Sludge not excessive  
 Comp. aid used  
 Blanket visible  
 Settling good  
 Act. sludge used  
 Sludge return used  
 No control of sludge level  
N/A
- G. Fluoridation:  
 Analyzes OK  
 Separate storage  
 Dunny enclosure  
 Monthly samples OK  
 Feeder good condition  
 Acid sealed  
 Frequent audits  
 Corrosion evident  
N/A
- H. Filtration:  
 Backwash present  
 Carryover excessive  
 Gallery kept clean  
 Air binding present  
 Short filter runs  
 Algae in filter  
 Clearwell turbidity seen  
 Backwash alarm works  
 Plant appears overloaded  
 Little foreign material  
 Sediment in clearwater  
N/A

2. Disinfection: HYPOCHLORINATION ONLY

<input checked="" type="checkbox"/>	Odor of chlorine (leak)	<input checked="" type="checkbox"/>	Ample stock of chlorine
<input checked="" type="checkbox"/>	Lead venturi kept	<input checked="" type="checkbox"/>	Ammonia tests (odor)
<input checked="" type="checkbox"/>	Note effluent residual	<input checked="" type="checkbox"/>	Air tank pressure OK
<input checked="" type="checkbox"/>	Maintainer in date	<input checked="" type="checkbox"/>	Repair work done
<input checked="" type="checkbox"/>	Correction noticeable	<input checked="" type="checkbox"/>	Note chlorine rate 50%
<input checked="" type="checkbox"/>	Machine function good	<input checked="" type="checkbox"/>	Fan works OK
<input checked="" type="checkbox"/>	Chlorine residual records current		

Chlorine residual before entering distribution line 3.5+ ppm  
 Chlorine residual at extremity of distribution system 2.0+ ppm  
 Reserve supply of chlorine (specify units) 200 lbs of 12.5% solution  
 Other observations: Residual taken at 4 hrs. Much same value  
that recorded at 12:00 am.

IV. STORAGE FACILITIES:  Ground storage  Elevated storage  
 Hydro-mechanic tank  Clear well

Tank number	1	2	3	4
Capacity	500			
Material	CS			
Capacity spare capacity	25			
Pressure	100			
Control/interlocking equipment	NO			
Dist. of tank				
On/off pressure, water level	50-60			
Dist. to base of tank				
Dist. to base from water level				
Comments				

V. PUMP SERVICE: N/A

Pump number	1	2	3	4
Manufacturer's name				
Dist. manufacturer				
Model number				
Capacity				
Maintenance schedule				
Last service (date)				
Comments				

VI. DISTRIBUTION SYSTEM:

Material of main CS/DIC Max. pipe diam 3" Min. pipe diam 3/4"  
 Operation pressure 100 psi No. of dead ends none No. of air hydrants 0  
 No. of fire hydrants 0  
 Are there cross connections with private or street supplies? none known  
 Are there any blowoff lines below grade in the system? NO  
 Are there any sanitary hazard near sources of water supply? none noted  
 Are there any waterway crossings which are susceptible of leakage? NO  
 If a sewer line is within 100 feet, state material and jointing method. all  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? NO  
 Blow off lines below grade  none  few  numerous  
 Observations:

VII. WATER QUALITY SERVICE:

A. Chemical

1. Test capability

<input checked="" type="checkbox"/>	pH	<input type="checkbox"/>	Radiochemical
<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Physical (color, odor, turbidity)
<input type="checkbox"/>	Jar Test	<input type="checkbox"/>	Special
<input type="checkbox"/>	Bacteriological	<input checked="" type="checkbox"/>	Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? YES If not, explain.  
last done 6/90. Ave. in limits of 474 & 100



2. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? YES If so, specify the chemical parameter(s) and concentration(s) COOR MCL 4700

4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? NOT NECESSARILY If so, specify.

2. Bacteriological  
 1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? YES  
BT some months get only 1 raw and should get

2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? \_\_\_\_\_ If so, specify.

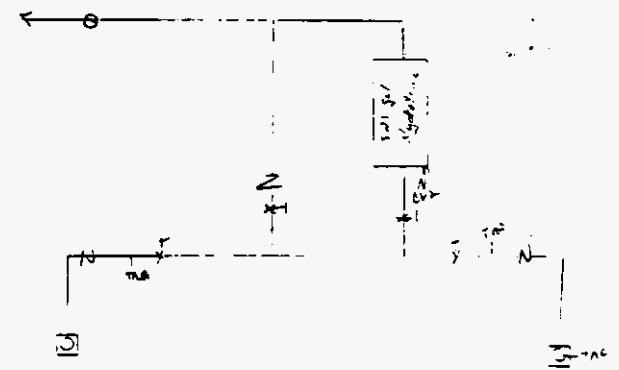
VIII. DEFICIENCIES AND RECOMMENDED ACTION

- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Reference Regulations	Recommended Action
1. <u>EXCEEDING COOR MCL</u>	<u>17.530.520</u>	<u>PERFORM ANALYSES</u>
2. <u>OSL CHLORINE RESIDUE IN QUESTION</u>	<u>526 (EPA)</u>	
3. <u>LAUNCHING TESTS BACK FROM FINISHED</u>		
4.		
5.		

Inspector's signature: James P. Mink Date: 12/18/91  
 Title: 1st ASSISTANT

Approved by: B. Redman Date: 12/18/91  
 District Manager (Signature)



**Picciola Island - 564**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Picciola Island <sup>SD</sup> County Lake PWS ID 3551009  
 Plant Address \_\_\_\_\_ Zip \_\_\_\_\_ Plant Phone (707) 8800053  
 Location Description: \_\_\_\_\_  
 Owner So. States Util Owner Phone (707) 8800053  
 Address 1000 (C or P) City Opoka State FL Zip \_\_\_\_\_  
 Date of this inspection: 8/29/91 Date of last survey: 3/23/90 Date of last compliance inspection: \_\_\_\_\_  
 Person Contacted: Brian Heath  
 Service area characteristics: C  NC \_\_\_\_\_ NTNC \_\_\_\_\_

1. Certified Operators & Certification No.: Brian Heath C-5825 5 days + iweekend
  2. Maintenance and Operation Log Book: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_
  3. Meter/Time Lapse Clock: Yes  No \_\_\_\_\_
  4. Well(s) Number: 2 6' X 6' X 4" Concrete Pad:
- In Line Check:   
 Valve Present?  Raw Water Tap?   
 Comments: Well - Heilushoff 100 gpm 7 1/2 hp 6" casing  
 5. CHLORINATION #1 Submersible 15 hp 175 g/m 6" casing  
 Manufacturer's Name of Chlorinator: Regal Gas:  Hypo:  Cl<sub>2</sub> Residual: 0  
 Plant 1.5 Remote 1.2  
 Comments: \_\_\_\_\_  
 6. Other Treatment(s): None  
 Comments: Pressure relief, gravity drain, bypass

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell  
#1 #2

Tank Number	70.1												
Pressure Gauge	<input checked="" type="checkbox"/>												
Sight Glass	<input checked="" type="checkbox"/>												
On/Off pressure	<u>10/60</u>												

Comments: Inlet tap 1 hp (sto-rite)  
Regal gas Cl<sub>2</sub> - Hypo chlorinator 42.1 F (60g/day)  
 DEFICIENCIES: 1. Service line from main pump (no) is recorded  
Needs maintenance. 2. Servicing required around plant  
3. No dual gas chlorination (gas to primary well - hypo to secondary)  
4. No ammonia bottle present.  
5. No alarm outside chlorine room.  
6. Generator not operating

Water system deficiencies listed above must be corrected within 9/29/91 days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 333 McGuire Boulevard, Suite 232, Orlando, Florida 32803, within the same time frame.  
 Inspector's Sig. & Title: H. E. Harris Date: 8/29/91  
 Received By: Brian Heath Date: 8/29/91  
 Form Left on Site/Left with Operator or Water Purveyor

**Pine Ridge Estates - 782**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Pine ridge Estate County Osceola PWS ID 3494292  
 Plant Address Plant Hill Rd, Kiss Zip Code \_\_\_\_\_ Plant Phone (-) -  
 Owner Name Southern State Utilities, Inc Owner Phone ( )  
 Owner Address 1000 Coler Place City Apopka State FL Zip Code 32703  
 Date of this Insp. 4/12/89 Date of last Insp. None Person Contacted William Kerlin

Certified Operators William Kerlin Certified Operators Numbers C-5926

Category 4, class 1 operator plant repairs 3 visit/week & one  
intended visit not meter the weekend visit  
Flow & chlorine residuals not being recorded daily on 10 work's.  
 Population served ± 500 Service Connections 145 % metered \_\_\_\_\_  
 Design Capacity 1.612 Design Storage Capacity \_\_\_\_\_ Average output 0.16  
 Maximum Hour \_\_\_\_\_ Maximum Day 1.040 (4/31/88)

Approval Number & Date W-49-201 (6/21/85) Type meter & copy INC 6"

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input type="checkbox"/> Lodge              | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Motel              | <input type="checkbox"/> School                 |                                                 |

Emergency Water Source and well Emergency Power Source None

Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*

How many wells? 2 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

- |                                                  |                                        |                                          |                                                |
|--------------------------------------------------|----------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.          | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration    | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt. hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation  | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal  | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

Well Number	1	2							
Year Drilled	1985	1985							
Depth Drilled	425	262							
Length (outside casing)	175	89							
Diameter (outside casing)	8"	6"							
Material (outside casing)	Steel	Steel							
Depth to static Water level	11'7"	8'6"							
Normal suction lift (wkng. level)									
Normal yield, GPM									
Test yield, GPM	650	650							
Type of grout									
Drilling method									
Type of strainer									
Depth to top of strainer									
Protection from surface water? is inundation of well possible?									
Salt intrusion noted in past?									
Has the well ever been contaminated?									
Pump manufacturer's name	unk	unk							
Model number	unk	unk							
Capacity	325	125							
Check valve present in line?	Yes	Yes							
Date of last servicing	-	-							
Maintenance Schedule (day/mo.)	-	-							

COMMENTS (conditional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional copies of this page as needed.  
 DER Form Perm 13-24 (August, 80)

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution sources above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_

Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Chapter 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator Rega Capacity, lb./24 hr. 100 gal  
Dual system? Yes Backup machine operative Yes Gas or hypo used Yes Chlorine  
feed rate 5 ppm Evidence of leaks No Reserve supply OK  
Condition of equipment OK Automatic switchover Yes Air-pack or respirator  
adequate No Ammonia smells fresh Yes More capacity needed Yes Residual  
at plant 1.0 Residual at remote tap 0.8 Comments on chlorination \_\_\_\_\_

No air-pack or respirator.

AERATOR:

Type of aerator Cas cada 425 gpm Tray area or weir length \_\_\_\_\_  
Condition of screens OK Bloodworms present None Condition of  
aerator Good Adequate for Fe, H<sub>2</sub>S control Yes

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good? \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_



FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head gal. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin copy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump Number	1	2							
Manufacturer name	<i>Perkins</i>	<i>Perkins</i>							
Pump type and motor HP	<i>50hp</i>	<i>50hp</i>							
Model number	<i>711A</i>	<i>711A</i>							
Date installed	<i>8-25-85</i>	<i>8-25-85</i>							
Capacity	<i>1985</i>	<i>1985</i>							
Maintenance Schedule	<i>325</i>	<i>325</i>							
Date Last Serviced	<i>—</i>	<i>—</i>							

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( / ) ground; ( ~~2~~ ) hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1	2							
Capacity	<i>15,120</i>	<i>2,120</i>							
Material	<i>Steel</i>	<i>Steel</i>							
Gravity drain capacity	<i>Yes</i>	<i>Yes</i>							
Bypass capacity	<i>Yes</i>	<i>Yes</i>							
Covered/screened openings	<i>OK</i>	<i>N/A</i>							
Date of last cleaning	<i>—</i>	<i>—</i>							
Pressure Gauge	<i>N/A</i>	<i>Yes</i>							
Site Glass	<i>N/A</i>	<i>Yes</i>							
On/Off pressure	<i>—</i>	<i>60/100</i>							
Height to bottom of el. tank	<i>N/A</i>	<i>N/A</i>							
Height to Maximum water level	<i>N/A</i>	<i>N/A</i>							

COMMENTS: \_\_\_\_\_

DISTRIBUTION SYSTEM:

Material of mains PVC  
 System looped Yes Operation pressure 60-80 Maximum pipe diameter 8"  
 Minimum pipe diameter 2" Number of dead ends 17 How often flushed 1-2 times/week  
 Number of fire hydrants Numerous Known cross-connections with private supplies None  
 Blowoff lines below grade Yes Routine cross-connection control program Yes

PLANT LABORATORY CAPABILITY:

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine: type <u>NO</u>	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

Bacteriological 3/6" Secondaries with TIM  
 Radiological 3/6" Inorganic chemical 3/27 Other: acetic  
 Turbidity 3/6" Organic chemical

Violations of sampling requirements: None

Violations of maximum contaminant levels: None

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>Weekend visit by certified operator</u>	<u>17-16.370(2)(d)</u>	<u>see case folder</u>
<u>Chlorine for residual develop-ment</u>	<u>17-16.375(d) &amp; 360(1)(b)</u>	<u>" " "</u>
<u>Water quality</u>	<u>17-16.370(5)(a)</u>	<u>" " "</u>
<u>Residual Chlorine</u>	<u>17-16.370(6)</u>	<u>" " "</u>

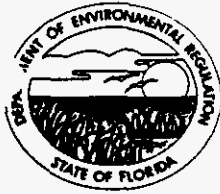
Inspector's Signature: [Signature] Date: 4/13/89  
 Title: E.S. II Approved by: [Signature] Date: 5/11/89  
 for Manager, Drinking Water Program

**Pine Ridge Utilities - 9002**

**Citrus County (UFU)**

**Water**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Southwest District

4520 Oak Fair Boulevard

Tampa, Florida 33610-7347

Lawton Chiles, Governor

Carol M. Browner, Secretary

April 12, 1991

Deltona Corporation  
Post Office Box 217  
Dunnellon, Florida 32630

RE: Sanitary Survey Conducted 12/11/90  
Pine Ridge Country Estates  
PWS-ID # 6091399  
Citrus County

1000 Kite (1/1/91)

Dear Sir:

On a recent inspection of the above mentioned drinking water system, the plant was found in good condition. I noted no deficiencies at this time.

If you have any questions, contact me at (813) 623-5561 Ext. 319. Please continue your efforts to remain in compliance.

Sincerely,

Cece Featheringill  
Environmental Supervisor II  
Drinking Water Section

CF/sem

cc: Dawn Durham, Citrus CPHU



**Piney Woods - 553**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

High Service Pump: 2044P  
Supt Tank to well: 120'

Plant Name Piney Woods S/D County Lake PWS ID 3351021  
Plant Address 22033 LIVE OAK DR. Zip \_\_\_\_\_ Plant Phone (407) 880-0100  
Location Description: Front Line Ave  
Owner Southern States Utility Service Owner Phone (407) 880-0100  
Address 1000 Motor Ave City DADE State FL Zip 33703  
Date of this inspection: 9/14/91 Date of last survey: 4/24/91 person contacted: Don Lott  
Date of last compliance inspection: \_\_\_\_\_  
Service area characteristics: C CUC NC NTNC

1. Certified Operators & Certification No.: Brian Howe CS825 5 days + one week
2. Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_
3. Meter/Time Lapse Clock: Yes \_\_\_\_\_ No \_\_\_\_\_
4. Well(s): Number: 2 6' X 6' X 4" Concrete Pad: Yes

In Line Check Valve Present?: Yes Raw Water Tap?: Yes  
Comments: \_\_\_\_\_

5. CHLORINATION  
Manufacturer's Name of Chlorinator: Regal Gas:  Hypo: \_\_\_\_\_ C12 Residual: Plant 2 Remote \_\_\_\_\_  
Comments: \_\_\_\_\_

6. Other Treatment(s): Aeration  
Comments: over 200' dia aeration tank, pressure stat. 10' dia

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	Pressure Gauge	Sight Glass	On/Off pressure						
<u>201</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>45/15</u>	<input checked="" type="checkbox"/>					

Comments: Pressure gauge (Katohyst cal); Aerator door needs 6" diameter (Envirotrib) Ground floor well (201)

DEFICIENCIES: Pressure not present at the plant (Piney Woods S/D)  
Mr. Kadoor Amount not present at Spring Lake number chlorine

Water system deficiencies listed above must be corrected within 30 days (5-21-91) days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3399 McGuire Boulevard, Suite 222, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Michael Kadoor Engineer Date: 9/14/91  
Received By: Donald R. Costa Date: 9-14-91

Form Left on Site/Left with Operator on Water Purveyor

High Service Pump: 154P  
Supt Tank to well: 104P

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Piney Woods S/D County Lake PWS ID 335/02/  
 Plant Address Fin. Hall Park Ave Zip Code \_\_\_\_\_ Plant Phone ( ) \_\_\_\_\_  
 Owner Name Charles Sweet, V.P. - operating division Owner Phone (407) 880-005  
Southern States Utilities Services, Inc.  
 Owner Address 1000 Collier Place City AP/la State FL Zip Code 32703  
 Date of this Insp. 4/24/90 Date of last Insp. - Person Contacted Don Gorder

Certified Operators \_\_\_\_\_ Certified Operators Numbers \_\_\_\_\_  
Brian Heath C-5825  
Kevin Shroeder C-6587  
Category 7 class C N/A

Population served 620 Service Connections 127 I metered 100  
 Design Capacity 325 mgd Design Storage Capacity \_\_\_\_\_ Average output 105 mgd  
 Maximum Hour \_\_\_\_\_ Maximum Day 173 mgd (4/29/90)

Approval Number & Date 4695 1/31/61 Type meter & copy Spring 6"  
846458 5/23/75 x No Bu. 115" 4673  
 Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

- |                                             |                                             |                                                 |                                                 |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input type="checkbox"/> Trailer Park           |
| <input type="checkbox"/> Campground         | <input type="checkbox"/> Lodge              | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center         |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Hotel              | <input type="checkbox"/> School                 |                                                 |

Emergency Water Source \*Interconnected Emergency Power Source Spring  
to Spring Lake  
manhole

Type of Standby and plant Capacity of Standby to pipe down to  
with 100' - 320' pipe  
 Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*

How many wells? 2 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_  
no  
automatic station data

- Treatment in use at this plant: (check all that apply)
- |                                                  |                                        |                                          |                                                |
|--------------------------------------------------|----------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.          | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration    | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt. hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation  | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal  | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

DER Form Perm 13-24 (August, 80)  
 \* Spring Lake Maner plant is used only as a back-up plant.



Sanitary Survey (Groundwater)  
Page Two

PWS ID: 335/021

	<i>Park Woods</i>	<i>Spring House</i>							
Well Number*	1	2							
Year Drilled	<i>unk</i>	<i>1961</i>							
Depth Drilled	<i>unk 2200</i>	<i>336'</i>							
Length (outside casing)	<i>unk 2100</i>	<i>100'</i>							
Diameter (outside casing)		<i>6"</i>							
Material (outside casing)	<i>steel</i>	<i>steel</i>							
Depth to static water level									
Normal suction lift (wking. level)									
Normal yield, GPM									
Test yield, GPM									
Type of grout									
Drilling method									
Type of strainer									
Depth to top of strainer									
Protection from surface water?	<i>Yes</i>	<i>Yes</i>							
Is inundation of well possible?	<i>No</i>	<i>No</i>							
Salt intrusion noted in past?	<i>No</i>	<i>No</i>							
Has the well ever been contaminated?	<i>No</i>	<i>No</i>							
Pump manufacturer's name	<i>VT</i>	<i>Parsons</i>							
Model number	<i>1000</i>								
Capacity	<i>150 370</i>	<i>100 150</i>							
Check valve present in line?	<i>Yes</i>	<i>Yes</i>							
Date of last servicing	<i>-</i>	<i>1969</i>							
Maintenance Schedule (day/mo.)	<i>-</i>								

COMMENTS (conditional): *Sanitary records allow to be with no radiat at well #2 - done located at 2030 & 2040 Ave Oak Ridge Wash to determine where the syphic systems & water meter plumbing well located*

Attach additional copies of this page as needed.  
DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator Resa / (Spray Lake) / (Humboldt) / (Advanced) Capacity, lb./24 hr. 5000 / (Spray Lake)  
Dual system? No Backup machine operative Yes Gas or hypo used 602 Chlorinators  
Feed rate 55 Evidence of leaks No Reserve supply OK  
Condition of equipment OK Automatic switchover No Air-pack or respirator  
adequate No Ammonia smells fresh No More capacity needed Residual  
at plant 12 Residual at remote tap 0.4 Comments on chlorination  
No chlorine on site.

AERATOR:

Type of aerator Good 44 Tray area or weir length 5 ft. 6 in.  
Condition of screens Good Bloodworms present No Condition of  
aerator Good Adequate for Fe, H<sub>2</sub>S control OK

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter ceneration \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin copy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

.....  
In the space below, give a rough sketch of the flow diagram of the plant showing all  
important parts of the plant (not to scale):

HIGH SERVICE

Pump Number	1								
Manufacturer name	Jacuzzi								
Pump type and motor HP	20hp								
Model number	-								
Date installed	-								
Capacity	300								
Maintenance Schedule	-								
Date Last Served	-								

Comments: Gate valve between ground storage tank & pressure tank was leaking.

\*\*\*\*\*  
STORAGE FACILITIES: ( / ) ground; (  ) hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1	2	3						
Capacity	5000	5,000	2000						
Material	steel	steel	steel						
Gravity drain capacity	Yes	Yes	Yes						
Bypass capacity	no	Yes	Yes						
Covered/screened openings	OK	N/A	N/A						
Date of last cleaning	8/89	-	-						
Pressure Gauge	N/A	Yes	Yes						
Sight Glass	N/A	Yes	Yes						
On/Off pressure	N/A	45/65	N/A						
Height to bottom of el. tank	N/A	N/A	N/A						
Height to Maximum water level	N/A	N/A	N/A						

COMMENTS: Ground storage tank rusted on top  
Sight glass leaky on the 5,000 gallon PTT.

**DISTRIBUTION SYSTEM:**

Material of mains PVC  
 System Looped Y Operation pressure 45-65 Maximum pipe diameter 6"  
 Minimum pipe diameter 3" Number of dead ends 1 How often flushed monthly  
 Number of fire hydrants 1 Known cross-connections with private supplies none  
 Blowoff lines below grade none Routine cross-connection control program Y

**PLANT LABORATORY CAPABILITY:**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine: type <u>11D</u>	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING:** (System is in full compliance with which requirements? Check.)

Bacteriological 1/85 Secondaries  
 Radiological 1/85 Inorganic chemical TIM  
 Turbidity 1/85 Organic chemical TIM Other: 1/85, 1/86

Violations of sampling requirements: no satisfactory distribution for 2/90  
(TNTC) only 1 recheck for unshipped  
distribution sample on 7/12/89 (4 col. bin)

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>Backflow preventer not functioning</u>		<u>SEE COVER LETTER</u>
<u>no automatic shut-off device</u>		
<u>sanitary devices - used for</u>		
<u>cleaning &amp; control equipment</u>		
<u>leak valve</u>		
<u>control storage tank rusted on top</u>		
<u>CSH used Aug 7/89 no P1</u>		
<u>Backflow preventer</u>		

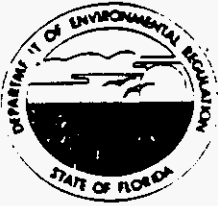
Inspector's Signature: [Signature] Date: 4/25/90  
 Title: E.S. H Approved by: Paul P. Manni Date: 5-4-90  
 for Manager, Drinking Water Program

**Point O' Woods - 987**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Garniv, Deputy Assistant Secretary

January 16, 1991



Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

RE: Surveys for Golden Terrace, Gospel Island,  
Rolling Greens, Oak Forest, Point O' Woods & Rosemont  
Citrus County

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water systems. On page six of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office within 30 days, in writing, of your action.

Thank you for your cooperation. You can contact me at (813) 623-5561 extension 319.

Sincerely,

Cece Featheringill  
Environmental Specialist II  
Drinking Water Section

CF/sen

Enclosure:

cc: Dawn Durham, Citrus CPHU

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name POINT O' WOODS County CITRUS PWS ID 6091422  
 Plant Address CR 470 INNERNESS, FL Zip Code \_\_\_\_\_ Plant Phone 904-344-0398  
 Owner Name SOUTHERN STATES UTILITIES Owner Phone 1-800-432-45  
 Owner Address 1000 COLOR PLACE APOPKA, FL Zip Code 32708  
 Date of this inspection 11-14-90 Date of last inspection 7-31-86 Person contacted BOB BOGOSTA  
 Certified operators and cert. nos. JOHN MACKENZIE C-5380

Plant Loc: HWY 44 INNERNESS LON GOSPEL ISL, GOLFHOUSE  
 Population served ~525 Service connections 300 Percent metered 100 Design capacity 0.5 MGD LEF  
 Design storage capacity 7000 Average output 58,000 Maximum hour UNK Maximum day 96,000  
 Approval no. 7628-2/22/65 Type meter: \_\_\_\_\_  
 and date WC-09-1288-4/22/82 and copy WATER SPECIALTIES INC. SPANNER RECORDER.

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other \_\_\_\_\_  
 Indian Reservation  Motel  School  
 Emergency \_\_\_\_\_ Emergency \_\_\_\_\_  
 Water Source OTHER WELLS Power Source FORD L.P.  
 Type of Standby DIRECT DRIVE Capacity of Standby 80%

Sources of Raw Water:  
 Ground\* How many Wells? 3  Surface\*\* Identify Source: \_\_\_\_\_  Purchased\*\*\* Identify supply System: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify \_\_\_\_\_

What, if any, additional treatment is needed? NONE  
 For the control of what deficiencies? NONE

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.



Sanitary Survey (Groundwater)  
 Page Two LAT: 28° 50' 00"  
 Lon: 82° 17' 00"

PWS ID: 6091422

Well Number*	1	2	3				
Year Drilled	1964	1969	1981				
Depth Drilled	66'	71'	76'				
Length, out-side casing	50'	50'	45'				
Diameter, out-side casing	6"	8"	10"				
Material, out-side casing	STEEL	STEEL	STEEL				
Depth to static water level	19'	19'	UNK				
Normal suction lift (wkng. level)	UNK.	UNK	UNK				
Normal yield, GPM	130	130	500				
Test yield, GPM	UNK.	UNK	UNK				
Type of grout	NONE	NONE	NEAT CEMENT				
Drilling method	CABLE TOOL	CABLE TOOL	CABLE TOOL				
Type of strainer	UNK.	UNK	UNK				
Depth to top of strainer	UNK.	UNK	UNK				
Protection from surface water?	YES	YES	YES				
Is inundation of well possible?	No	No	No				
Salt intrusion noted in past?	No	No	No				
Has the well ever been contaminated?	No	No	No				
Pump manufacturer's name	UNK	UNK	GOULD				
Model number	UNK	UNK	UNK				
Capacity	130	130	500				
Check valve present in line?	YES	YES	YES				
Date of last servicing	UNK.	UNK	UNK				
Maintenance schedule (day/mo.)	DAILY	DAILY	DAILY				

COMMENTS (condition):

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>NO</u>	Backup machine Operative <u>N/A</u>	Make of chlorinator <u>ADVANCE</u>	Capacity, lb./24 hr <u>UNK</u>
Evidence of leaks <u>NO</u>	Reserve supply <u>YES</u>	Gas or hypo used <u>GAS</u>	Chlorine feed rate <u>UNK</u>
Air-pack or respirator adequate <u>YES</u>	Residual at plant <u>0.9</u>	Condition of equipment <u>GOOD</u>	Automatic switchover <u>NO</u>
	Residual at remote tap <u>0.4</u>	Ammonia smells fresh <u>NOT ON SITE</u>	More capacity needed <u>NO</u>
		Comments on chlorination <u>NEW SCALES</u>	

INSTALLED - MAKE SURE AMMONIA IS ON HAND!

<u>AERATOR</u>	Type of aerator _____	Tray area or weir length _____	Condition of screens _____
Bloodworms present _____	Condition of aerator _____		Adequate for Fe, H <sub>2</sub> S control _____

<u>COAGULATION</u>	Chemical used _____	Purpose _____	
Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____

<u>LIME SOFTENING</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Any auxiliary chemicals used _____		Points of application (in unit) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____

<u>FLUORIDATION</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	

<u>STABILIZATION</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____
----------------------	-----------------------------------	-------------------------------	------------------------

FILTERS & FILTRATION

Size and number _____	Type of filters _____
Can you see filter media _____	Length of filter runs _____
What is the normal filter rate _____	Are mudballs visible _____
Capacity of filters _____	Is there air-binding _____
Loss in head ga. present _____	What is the usual backwash rate _____
At what head loss is BW done _____	Are filters overloaded _____
Has cementation ever occurred _____	Cracks and Channelling _____
Where in relation to filtration is stabilization done _____	Range of turbidity in effluent _____
If high rate, what is turbidity at interface _____	Distance from top of media to trough overflow _____
Can you observe algae in filters _____	

REVERSE OSMOSIS

Make and type of units _____	Pressure required _____
Auxiliary chemicals used _____	Proportion of waste to product streams _____
Quality of effluent _____	Stabilization _____
Booster pump _____	Type of pre-treatment _____
	Type of membranes _____

ZEOLITE SOFTENING

Unit mfg. & model _____	Resin capy _____
Disinfection of beds _____	Grade of salt for regen. _____
	Stability of effluent _____
	Resin prevented fm escaping _____

.....  
In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.									
Manufacturer name									
Pump type & motor HP									
Model number									
Date Installed									
Capacity									
Maintenance schedule									
Date last serviced									

Comments: \_\_\_\_\_

STORAGE FACILITIES: ( ) ground; (X) hydro pneumatic; ( ) elevated; ( ) clearwell.

Tank No.	1	2							
Capacity	2000	5000							
Material	STEEL	STEEL							
Gravity drain capacity	No	No							
Bypass capacity	YES	YES							
Covered/screened openings	N/A	N/A							
Date of last cleaning	UNK	UNK							
Pressure gauge	YES	YES							
Sight glass	YES	YES							
On/Off pressure	45/60	45/60							
Hgt. to bottom of el. tank	N/A	N/A							
Hgt to max. water level	N/A	N/A							

Comments: \_\_\_\_\_

**DISTRIBUTION SYSTEM**

Material of mains	<u>PVC, Ac</u>	System looped	<u>YES</u>
Operation pressure	<u>250</u>	Max. pipe diam.	<u>6"</u>
		Min. pipe diam.	<u>2"</u>
How often flushed	<u>Monthly</u>	No. of fire hydrants	<u>9</u>
Blowoff lines below grade	<u>None</u>	Known cross-connections with private supplies	<u>No</u>
		Routine cross-connection control program	<u>YES</u>

**PLANT LABORATORY CAPABILITY**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> pH	<input type="checkbox"/> Chlorine: type	<input type="checkbox"/> Color
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Iron	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Alkalinity
<input type="checkbox"/> Radiological	<input type="checkbox"/> Stability	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Fluorides
	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Organics	<input type="checkbox"/> Inorganics
			<input type="checkbox"/> Hardness Complete

Person in charge of laboratory, and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING**

System is in full compliance with which requirements?

Check.

<input checked="" type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Turbidity	<input checked="" type="checkbox"/> Inorganic chemical	<input checked="" type="checkbox"/> Organic chemical	<input checked="" type="checkbox"/> THM
<input checked="" type="checkbox"/> Radiological	<input checked="" type="checkbox"/> Secondaries	Other: _____		

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
<u>PROVIDE RAW WATER</u>	<u>17-555.315(2)(b)6'</u>	<u>INSTALL SMOOTH</u>
<u>SAMPLING TAP FOR</u>		<u>NOSED DOWN-OPENING</u>
<u>EACH WELL</u>		<u>TAP AT WELL</u>

Inspector's signature Lee Franchingill Date: 1/15/91

Title ENV. SPECIALIST II

**Pomona Park - 443**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

*McL F. - Pls handle response*  
January 6, 1992

*O! Joe R  
FRANK S*

Mr. Bert Phillips  
SSU Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Putnam County - PW  
Pomona Park WTP

Dear Mr. Phillips:

On November 19, 1991, a sanitary survey was done on the drinking water system serving Pomona Park. Mr. Jerry Boyd was present. The following deficiencies are noted:

1. Failure to provide a emergency generator. Florida Administrative Code (FAC) Rule 17-555.320(6) Because the system serves more than 350 people, auxiliary power must be provided.
2. Cabling to the submersible pump needs to be sleeved and secured. Cabling to pressure switches needs to be sleeved and secured. FAC Rule 17-555.350(1).
3. Lead washers and ammonia should be kept on site.
4. Flushing and maintenance actions should be noted on MOR.
5. As a reminder, chemical analysis for Primary Inorganics, Primary Organics, Secondary Standards and Turbidity are due in January 1992. Please ensure these analysis results are submitted on time. We are also still awaiting the results of the 4th quarter VOC analysis.
6. A loss of chlorine capability alarm is needed. FAC Rule 17-555.320(6)

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320

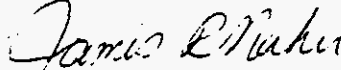


Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

Mr. Bert Phillips  
January 6, 1992  
Page Two

Enclosed is a copy of the survey. Please contact me in writing within 15 days of receipt of this letter as to your plans to correct the above deficiencies and within what time frame. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,



James R. Maher  
Engineer IV

JRM/lgb

cc: Jerry Boyd  
Robert Regalado  
Putnam County Health Department



LOCATION: HWY 17 S  
to APOKA ST

ID. No. 2540905

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
for  
Drinking Water Systems

Inspection date: 11/19

I. GENERAL

Plant name: PANAMA PARK WTP County: PUTNAM  
 Plant owner: SSU Services Inc. <sup>Met. Fr. 11.0</sup> Person contacted: JOEY BOYD / LANCE S. SMITH  
 Plant address: 1000 COOPER PLACE Operator certification no.: 7251  
 City: APOPKA Zip: 32703 Phone no.: 472-0100 <sup>PAUL THOMPSON</sup> Basic code: \_\_\_\_\_  
 Population served: 637 (est) No. of service connections: 182  
 Type of service: COMMUNITY Type of water at plant & capacity in line: \_\_\_\_\_  
 Percent or no. of meters: 100% Plant designed by: John Miller  
 Plant capacity (design): 1.58 MGD Plant output, average (MGD): .047 (calc)  
 Storage capacity (design): 6000 Maximum hour (1000's gals.): 4  
 Approval no. and date: AS BUILT Emergency water source: 2nd well  
 Daily maximum (MGD): .064 (1 day) Standby equipment: none  
 Emergency power source: none Capacity: none

TYPE OF SERVICE  Community  Non-community

- |                                               |                                            |                                         |
|-----------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input checked="" type="checkbox"/> Municipal | <input type="checkbox"/> Subdivision       | <input type="checkbox"/> Common carrier |
| <input type="checkbox"/> Recreation area      | <input type="checkbox"/> Institution       | <input type="checkbox"/> Hotel or hotel |
| <input type="checkbox"/> Trailer park         | <input type="checkbox"/> College or school | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Restaurant           | <input type="checkbox"/> Industrial plant  |                                         |

II. SOURCE(S) OF RAW WATER SUPPLY  Ground: Number of wells 2  
 Surface: Purchased \_\_\_\_\_

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1952	1962			
Depth drilled	180'	150'			
Depth, outside casing	120'	120'			
Diameter, outside casing	4"	4"			
Material, outside casing	steel	steel			
Depth to static water level	27'	28'			
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	no	no			
Is well protected against surface water?	yes	yes			
Has water infiltration problems in past?	no	no			
Latitude					
Longitude					
Check valve	yes	yes			
Grouted	yes	yes			
Has well ever been abandoned?	no	no			
Pump manufacturer's name	Hamilton	2-16			
Date manufactured					
Model number					
Capacity	400	50	60		
Last serviced (date)					
Comments					
Maint. schedule (reg., spec., month, etc.)					

well 2 is primary & well 1 is backup

D. Surface Supplies: Provide sketch on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is desired: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant \_\_\_\_\_ Does effluent meet EPA Turb. Stats? \_\_\_\_\_  
 Other observations \_\_\_\_\_

100. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                                               |                                                       |
|-----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Aeration             | <input type="checkbox"/> Lime softening               |
| <input type="checkbox"/> Coagulation          | <input type="checkbox"/> Astarbonation                |
| <input type="checkbox"/> Iron removal         | <input type="checkbox"/> Reverse osmosis              |
| <input type="checkbox"/> Taste-odor control   | <input checked="" type="checkbox"/> Chlorination-post |
| <input type="checkbox"/> High-rate filtration | <input type="checkbox"/> Fluoridation                 |
| <input type="checkbox"/> Chlorination-pre     | <input type="checkbox"/> Settling                     |
| <input type="checkbox"/> Filtration           | <input type="checkbox"/> pH adjustment                |
|                                               | <input type="checkbox"/> Zeolite softening            |

- B. Aeration:
- |                                                |                                                 |
|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Slimes or algae noted | <input type="checkbox"/> Screens in good repair |
| <input type="checkbox"/> Iron deposits         | <input type="checkbox"/> Hydrogen sulfide odor  |

C. Chemical Used (include Chlorine):

Chemical	Type (e.g., 24 hr. capacity)	Point of appl.	Purpose (Coagulation, etc.)
Chlorine	25 lb	100	Disinfection

D. Chemical Feeders:

- |            |                                              |                                                 |
|------------|----------------------------------------------|-------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Oil on floor        | <input type="checkbox"/> Chemical spilled       |
|            | <input type="checkbox"/> Spare parts kept    | <input type="checkbox"/> Has repair manuals     |
|            | <input type="checkbox"/> Noisy operation     | <input type="checkbox"/> Chemicals well stocked |
|            | <input type="checkbox"/> Water on floor      | <input type="checkbox"/> Feeders all work       |
|            | <input type="checkbox"/> Excessive vibration | <input type="checkbox"/> Bags stored dry        |

E. Coagulation:

- |            |                                          |                                                       |
|------------|------------------------------------------|-------------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Settling poor   | <input type="checkbox"/> Chem. dose questionable      |
|            | <input type="checkbox"/> No blanket seen | <input type="checkbox"/> Effluent taste & odor strong |
|            | <input type="checkbox"/> Pamport floc    | <input type="checkbox"/> Color removal good           |

F. Softening:

- |            |                                               |                                                     |
|------------|-----------------------------------------------|-----------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Flow unstable        | <input type="checkbox"/> Blanket visible            |
|            | <input type="checkbox"/> Feed intermittent    | <input type="checkbox"/> Settling good              |
|            | <input type="checkbox"/> Water leaves clear   | <input type="checkbox"/> Act. slimes used           |
|            | <input type="checkbox"/> Sludge not excessive | <input type="checkbox"/> Sludge return used         |
|            | <input type="checkbox"/> Comp. air used       | <input type="checkbox"/> No control of sludge level |

G. Fluoridation:

- |            |                                             |                                                |
|------------|---------------------------------------------|------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Analyses OK        | <input type="checkbox"/> Feeder good condition |
|            | <input type="checkbox"/> Separate storage   | <input type="checkbox"/> Acid spilled          |
|            | <input type="checkbox"/> Dusty enclosure    | <input type="checkbox"/> Frequent shutdowns    |
|            | <input type="checkbox"/> Monthly samples OK | <input type="checkbox"/> Corrosion evident     |

H. Filtration:

- |            |                                              |                                                   |
|------------|----------------------------------------------|---------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Mudballs present    | <input type="checkbox"/> Clearwell turbidity seen |
|            | <input type="checkbox"/> Carryover excessive | <input type="checkbox"/> Backwash cleans media    |
|            | <input type="checkbox"/> Gallery kept clean  | <input type="checkbox"/> Plant appears overloaded |
|            | <input type="checkbox"/> Air binding present | <input type="checkbox"/> Little foreign material  |
|            | <input type="checkbox"/> Short filter runs   | <input type="checkbox"/> Sediment in clearwater   |
|            | <input type="checkbox"/> Algae in filter     |                                                   |

No longer use Aqua-Max polyphosphate.

3. Disinfection:

Order of chlorine (leak)  Ample stock of chlorine at Leominster Co.  
 Lead washers kept  Ammonia fresh (odor) in vaults  
 Note effluent residual  Air pack pressure OK  
 Respirator in date  Repair parts avail  
 Corrosion noticeable  Note chlorination rate 1 #/day  
 Machine function good  Fan works OK  
 Chlorine residual records current

Chlorine residual before entering distribution line 1.2 ppm.  
 Chlorine residual at extremity of distribution system 0.9 ppm.  
 Reserve supply of chlorine (specify units), kept at Leominster Co.  
 Other observation(s) \_\_\_\_\_

IV. STORAGE FACILITIES:  Ground storage tank  Elevated storage  Hydropneumatic tank  Clear well

Tank number	1	2	3	4
Capacity	1600			
Material	Steel			
Ground cover capacity	4"			
Bypass capacity	no			
Covered/screened openings	no			
Date of last cleaning				
On/off pressure, where appl.	40-60			
Hgt. to top of tank				
Hgt. to max. tank water level				
Company				

V. HIGH SERVICE: N/A

Item number	1	2	3	4
Manufacturer's name				
Date manufactured				
Model number				
Capacity				
Maintenance schedule				
Last service date				
Comments				

VI. DISTRIBUTION SYSTEM:

Material of main 2.5 PVC Max. pipe diam. 4" Min. pipe diam. 3 1/2"  
 Operation pressure 98 No. of dead ends 10 How often flushed? monthly  
 No. of fire hydrants 0  
 Are there cross connections with private or other supplies? none known  
 Are there any blowoff lines below grade in the system? no  
 Are there any sanitary hazard near sources of water supply? none noted  
 Are there any underwater crossings, which are suspected of leaking? no  
 If a sewer line is within 100 feet, state material and jointing method. 4" in  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? no  
 Blow off lines below grade  none  few  numerous  
 Observations: \_\_\_\_\_

VII. WATER QUALITY TESTS:

A. Chemical

1. Test capability  pH  Radiological  
 Chemical  Physical (color, odor, turbidity)  
 Jar Test  Special  
 Bacteriological  Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal regulations? yes If not, explain. not  
EL 10 55 + 7 with flow meter 11/22 11/23 11/24 11/25 11/26 11/27 11/28

FIELD TEST FOR IRON YIELDED 0.25 mg/l at  
 A DEPTH 700. (GARDNER HOUSE)

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? CC If so, specify the chemical parameter(s) and concentration(s) \_\_\_\_\_
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? PC If so, specify. \_\_\_\_\_
1. Bacteriological
2. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? YEA
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NA If so, specify. \_\_\_\_\_

VIII. SUMMARY AND RECOMMENDED ACTION

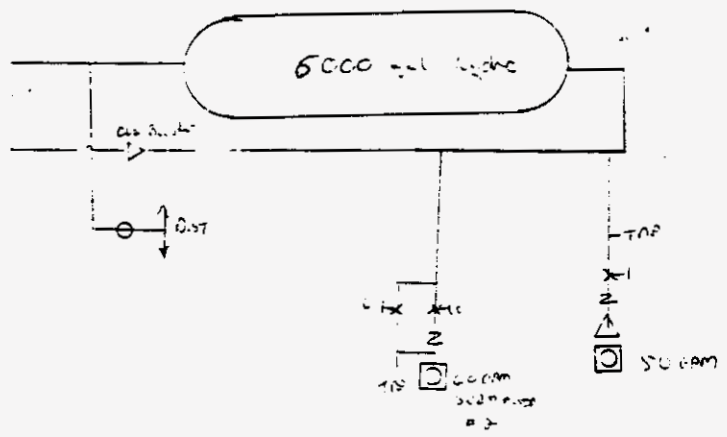
- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

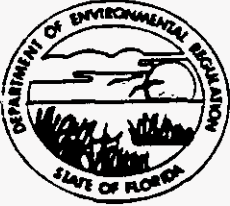
Deficiency	Referenced Regulations	Recommended Action
1. If emergency generator	17.555.320(6)	provide and power
2. Piping to submersible pump needs cleaned & secured.		
3. Find methane & ammonia should be kept on site.		
4. Labels to pressure switches needs secured.		
5. Flushing should be noted on MCRs.		

Inspector's signature: James R. Fisher Date: 1/6/92

Title: Inspector II

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
District Manager (signature)





## Florida Department of Environmental Regulation

Northeast District • 3426 Bills Road • Jacksonville, Florida 32207 • 904-793-4200

Bob Martinez, Governor

Dale Twachmann, Secretary

John Shearer, Assistant Secretary  
Ernest Froy, Deputy Assistant Secretary

October 6, 1989

Mr. Charles Sweat  
Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Dear Mr. Sweat:

Bradford/Clay - PW  
Keystone Heights WTP  
✓ Postmaster Village WTP  
Geneva Lake Estates WTP  
Keystone Club Estates WTP

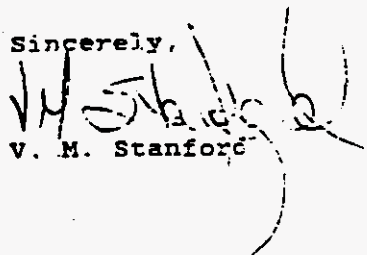
Inspections were made of the water systems serving Geneva Lake Estates and Keystone Club Estates in Bradford County and Keystone Heights and Postmaster Village in Clay County on October 4, 1989.


The only deficiencies noted at the time of inspection was a failure to secure the chlorine cylinders at Keystone Club Estates and Geneva Lake Estates. Mr. Cross telephoned today to notify me that these deficiencies have been corrected.

Copies of these inspections are enclosed for your records.

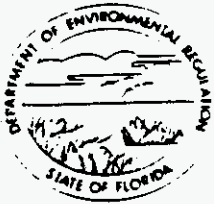
Thank you for your cooperation.

Sincerely,

  
V. M. Stanford

  
VMS:js  
enclosure

cc: Bradford CHD  
Clay CHD



# Florida Department of Environmental Regulation

Northeast District • 3426 Bills Road • Jacksonville, Florida 32207 • 904-796-4200

Bob Martinez, Governor

Dale Trachtmann, Secretary

John Shearer, Assistant Secretary  
Ernest Fren, Deputy Assistant Secretary

## PUBLIC WATER PLANT COMPLIANCE INSPECTION

Inspection Date 10-5-89  
 Name of System Postmaster Village ID No. 21009100  
 System Owner Chatham State Utilities Phone No. 904-444-1410  
 Address 1275 Oak Ridge City Apopka Zip 32733  
 Operator John Stanford Cert. Level & No. 1-5826

Community  Special Non-Community ( ) Non-Community ( )

## INSPECTION RESULTS

selections marked with an "X" are unsatisfactory  
Referenced sections are from Florida Administrative Code, Chapter 17

___	Aeration	555.350	_____
___	Auxiliary Power	555.320(6)	_____
___	Bacteriological Monitoring	550.510	_____
___	Certified Operator	555.350	_____
___	Chemical Monitoring	550.510 & 520	_____
___	Chlorine Test Kit (DFO)	550.510(6)g	_____
___	Cross-connection	555.360	_____
___	Disinfection	550.510(6)g	_____
___	Plant <u>0.5</u> mg/l; Remote _____ mg/l		_____
___	Flow Meter	555.320(8)	_____
___	Gas Chlorination	555.320(5)	_____
___	Housekeeping	555.350	_____
___	Maintenance of Facilities	555.350	_____
___	Monthly Operational Reports	550.730	_____
___	Av. Flow <u>0.6</u> MGD; Max <u>1.2</u> MGD		_____
___	Number of Wells	555.315(1)	_____
___	Raw Sample Tap	555.315(2)g	_____
___	6' X 6' Concrete Well Pad	555.315(2)(b)g	_____
___	Safety Equipment	555.320(5)	_____
___	Sanitary Hazard	555.312	_____
___	System Pressure	555.320(7)	_____

No violations noted

It is required that a written response be provided to this office within ten (10) days regarding any unsatisfactory results listed above.

Inspector Wicki Stanford Date 10-5-89  
Wicki Stanford

cc: County Health Unit

**Postmaster Village - 1095**

**Clay County (SSU)**

**Water**

**- 1992 FPSC Filing -**

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
for  
Drinking Water Systems

Inspection date: 9-21-88

**I. GENERAL**

Plant name POSTMASTERS VILLAGE County CLAY  
 Plant owner Southern States Util. Person contacted Rita Cross DE 5178  
 Plant address P.O. BOX 414 Operator certification no. 12436  
 City Melrose, FL Zip 32666 Phone no. 477-4800 Basin code 20  
 Population Served Approx. 250 No. of service connections 135  
 Type of Service Community Type of water at plant & capacity Radger  
 Percent or no. of meters 99% Plant designed by Edwin L. Best  
 Plant capacity (design) each plant 2.68 MGD Plant output, average (MGD) .050  
 Storage capacity (design) 2000 gals Maximum hour (1000's gals.) \_\_\_\_\_  
 Approval no. and date \_\_\_\_\_ Emergency water source 6" Well  
 Daily maximum (MGD) .060 Standby equipment Backup - Well & 3000 gal. storage  
 Emergency power source N/A Capacity N/A

TYPE OF SERVICE  Community  Non-community

Municipal  Subdivision  Detention  Common carrier  
 Recreation area  Institution  Motel or hotel  
 Trailer park  College or school  Other  
 Restaurant  Industrial plant

II. SOURCE(S) OF RAW WATER SUPPLY  Ground: Number of wells (2)  
 Surface: Purchased

A. Ground supplies; (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	Backup				
	1	2	3	4	5
Year drilled	1976	1978			
Depth drilled	150'	200'			
Length, outside casing		105'			
Diameter, outside casing	6"	6"			
Material, outside casing	Steel	Steel (h)			
Depth to static water level		72'			
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer	NO	NO			
Is well subject to inundation?	NO	NO			
Is well protected against surface water?	YES	YES			
Self water infiltration problems in past?	NO	NO			
Latitude					
Longitude					
Check valve	YES	YES			
Crowned	YES	YES			
Has well ever been contaminated?	NO	NO			
Pump manufacturer's name	S&B Bitt Goulds (Submersible)				
Date manufactured					
Model number					
Capacity	GPM (est) 270 200 (est)				
Last serviced (date)					
Comment	no 15 15 hrs				
Maint. schedule (cov. work, parts, etc.)					



N/A

3. Surface Supplies: Provide sketch on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) \_\_\_\_\_

Name of River, Stream, Lake or Spring \_\_\_\_\_

If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_

Name any pollution sources above intake \_\_\_\_\_

If a spring, character of formation is needed: \_\_\_\_\_

What is yield in gpm. if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_

Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_

Turbidimeter at plant \_\_\_\_\_ Does effluent meet EPA Turb. Std? \_\_\_\_\_

Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS

(Check where applicable)

- A. General:
- Aeration
  - Coagulation
  - Iron removal
  - Taste-odor control
  - High-rate filtration
  - Chlorination-pre
  - Filtration
  - Lime softening
  - Recarbonation
  - Reverse osmosis
  - Chlorination-post
  - Fluoridation
  - Settling
  - pH adjustment
  - Zeolite softening

- B. Aeration: N/A
- Slimes or algae noted
  - Iron deposits
  - Screens in good repair
  - Hydrogen sulfide odor

C. Chemical Used (include Chlorine):

Chemical	Type Feeder	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
stem #1	Cl <sub>2</sub>	1.3 GPD	Pre-Pressure Tank	Disinfection
stem #2	Cl <sub>2</sub>	1.3 GPD	" "	" "

- D. Chemical Feeders:
- Oil on floor
  - Spare parts kept
  - Noisy operation
  - Water on floor
  - Excessive vibration
  - Chemical spilled
  - Res repair manuals
  - Chemicals well stocked
  - Feeders all work
  - Bags stored dry
- E. Coagulation:
- Settling poor
  - No blanket seen
  - Pinpoint floc
  - Chem. dose questionable
  - Effluent taste & odor strong
  - Color removal good
- F. Softening:
- Floc unstable
  - Feed intermittent
  - Water leaves clear
  - Sludge not excessive
  - Coag. aid used
  - Blanket visible
  - Settling good
  - Act. silica used
  - Sludge return used
  - No control of sludge level
- G. Fluoridation:
- Analyses OK
  - Separate storage
  - Dusty enclosure
  - Monthly samples OK
  - Feeder good condition
  - Acid spilled
  - Frequent shutdowns
  - Corrosion evident
- H. Filtration:
- Mudballs present
  - Carryover excessive
  - Gallery kept clean
  - Air binding present
  - Short filter runs
  - Algae in filter
  - Clearwell turbidity seen
  - Backwash cleans media
  - Plant appears overloaded
  - Little foreign material
  - Sediment in clearwater

I. Disinfection:

- Odor of chlorine (leak)  Ample stock of chlorine
- Lead washers kept  Ammonia free (odor)
- Note effluent residual  Air pack pressure OK
- Respirator in date  Repair parts kept
- Corrosion noticeable  Note chlorine rate
- Machine function good  Fan works OK
- Chlorine residual records current

Chlorine residual before entering distribution line 0.5 ppm.  
 Chlorine residual at extremity of distribution system 0.2 ppm.  
 Reserve supply of chlorine (specify units) 4 tanks @ 50 lbs.  
 Other observation(s) \_\_\_\_\_

IV. STORAGE FACILITIES:

- Ground storage  Elevated storage
- Hydropneumatic tank  Clear well

Tank number	1	2	3	4
Capacity	3000 gal	5000 gal		
Material	Steel	Steel		
Gravity drain capacity	1"	2"		
Hy-dross capacity	4"	6"		
Covered/screened openings	n/a	n/a		
Date of last cleaning				
On/off pressure, where app.	60-60	60-60		
Hgt. to bot. of tank				
Hgt. to max. tank water level				
Comments				

V. HIGH SERVICE: N/A

Pump number	1	2	3	4
Manufacturer's name				
Date manufactured				
Model number				
Capacity				
Maintenance Schedule				
Last service date				
Comments				

VI. DISTRIBUTION SYSTEM:

Material of mains GVS/PVC Max. pipe diam. 6" Min. pipe diam. 1 1/2"  
 Operation pressure 55 psi No. of dead ends 6-10 how often flushed: monthly  
 No. of fire hydrants 1  
 Are there cross connections with private or other supplies? none known  
 Are there any blowoff lines below grade in the system? none known  
 Are there any sanitary hazards near sources of water supply? fill hole for construction  
 Are there any under-water crossings which are suspected of leaking? none known  
 If a sewer line is within 100 feet, state material and joining method. none known  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? no  
 Blow off lines below grade  none  sev.  numerous  
 Observations: \_\_\_\_\_

VII. WATER QUALITY REVIEW:

A. Chemical

1. Lab capability
- pH  Radiological
  - Chemical  Physical (color, odor, turbidity)
  - Jar Test  Special
  - Bacteriological  Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain.  
through Environmental Chemistry Laboratory - 1/88  
VOC / DOC = 2/88

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? NO If so, specify the chemical parameter(s) and concentration(s). \_\_\_\_\_

4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? NO If so, specify. \_\_\_\_\_

**Bacteriological**

1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? yes  
But Plant samples have been submitted for compliance.

2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NO If so, specify. \_\_\_\_\_

**VIII. SUMMARY AND RECOMMENDED ACTION**

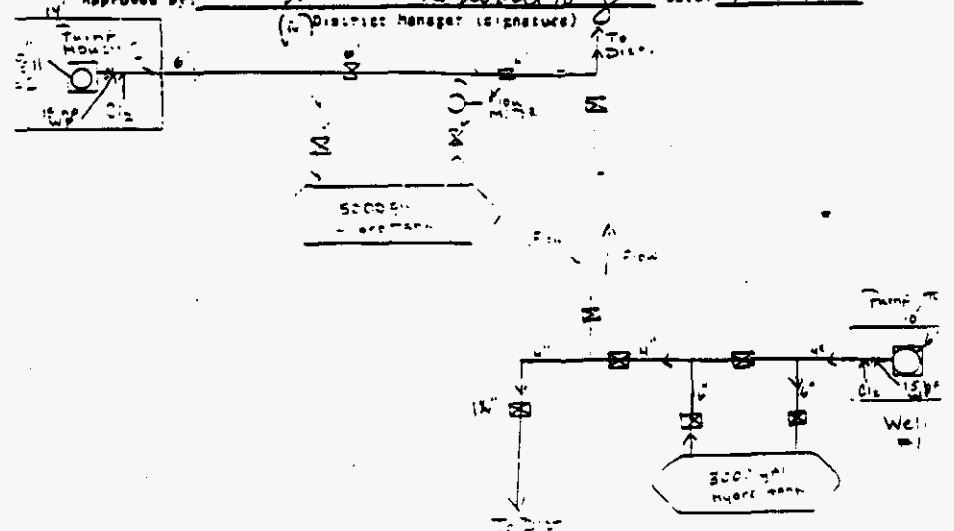
- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. Avg. weekend <sup>flow</sup> tanks and table as such on MORS.		
2. Submit 2 raw + 2 separate treated distribution samples		
3. to maintain bacteriological compliance.		
4.		
5.		

Inspector's signature: [Signature] Date: 10-3-88

Title: Environmental Inspector

Approved by: [Signature] Date: 10-3-88  
 (District Manager (signature))



**Quail Ridge - 578**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**



# Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-75

Bob Martinez, Governor

Dele Twechirmann, Secretary

John Shearer, Assistant Secretary

Alex Alexander, Deputy Assistant Secretary

CERTIFIED  
P 239 862 971

January 14, 1991

*OK  
to Breen*

Ideal Development Company of Central Florida, Inc.  
Post Office Box 916126  
Longwood, Florida 32791

OCD-PW-SS-91-0023

Attention: David Wall, President

Lake County-PW  
Quail Ridge Estates  
PWS-ID Number 3354867

*To Aaron  
Gary Miller indicated  
this is in compliance  
Ed*

Dear Mr. Wall:

This will confirm a visit to the subject "community" public water system on January 8, 1991 by Mr. Gary P. Miller of this office in the presence of Mr. Dennis Moro for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the survey and/or determined from records on file in this office are explained below. Please see page six (6) of the survey report form which refers to each violation of Chapters 17-550, 17-555, 17-560 and 17-602 of the Florida Administrative Code (F.A.C.) for each deficiency.

*Respiratory  
equipment  
2/14/91*

1. The well was not protected from tampering and vandalism (fence or enclosure required). [Rule 17-555.315(2)(d), F.A.C.]
2. The air release valve on the well was not adequately protected (minimum #20 mesh screen required). [Rule 17-555.315(2)(e), F.A.C.]
3. A check valve was not installed between the raw water sampling tap and the chlorine injection point in order to assure that the raw water sample is not chlorinated. [Rule 17-555.330, F.A.C.]
4. The respiratory protection equipment, which was located on-site for chlorine gas use, was not adequate. Respiratory protection equipment, meeting the requirements of the National Institute for Occupational Safety and Health (NIOSH) shall be available where chlorine gas is handled, and shall be stored at a convenient location, but not inside any room where chlorine is used or stored. The unit shall use compressed air, have at least a 30 minute capacity, and be compatible with or exactly the same as units used by the fire department responsible for the plant. [Rule 17-555.330(3), F.A.C.]

*System  
state  
unit is  
will  
provide  
on  
truck*

Mr. David Wall  
Page Two  
OCD-FW-SS-91-0023  
January 14, 1991

*ds.* There was not an approved backflow prevention device (double check valve assembly/atmospheric vacuum breaker) on the lawn irrigation system. [Rule 17-555.360(4)(c)&(e), F.A.C.]

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within sixty (60) days of the date of this letter.

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapters 17-550, 17-555, 17-560 and 17-602, Florida Administrative Code.
2. "How Does One Initiate a Cross Connection Control Program."
3. "Be a Cross Connection Expert."
4. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. Gary P. Miller at (407)894-7555.

Sincerely,

*J. M. McNamara, P.E.*

Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

JMMc:gm/mg

cc: Lake County Health Department

**River Grove - 442**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lower Office, Governor

Carol M. Browner, Secretary

January 15, 1992

Mr. Bert Phillips  
SSU Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Dear Mr. Phillips:

Putnam County - PW  
Rivergrove S/D

On December 23, 1991, a sanitary survey was done of the drinking water system serving Rivergrove S/D. Mr. Paul Thompson was present. The following items require corrective action:

1. With 107 service connections as reported on the MOR, using our estimate of 3.5 people per residential connection, we estimate the population served to be approximately 375. This is above the threshold of 350 requiring a second well and emergency power. If you have another documented census adjusting this figure, it would be reconsidered. Otherwise a second well and emergency power are needed at this time.
2. There is a leak on the raw water line.
3. The sight glass to the tank is opaque and needs cleaning.
4. HSP discharge check valve has a drip and needs repaired.
5. The raw samples are taken from a valved off pipe. An actual raw spigot is needed.
6. A ladder should be provided on site to allow for access to the aerator for both inspection and maintenance.
7. The aerator/GST needs some maintenance. Screens were not completely sealed, some algae growth noticed, rust and peeling paint observed on tank.

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320



Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366




Mr. Bert Phillips  
January 15, 1922  
Page Two

8. The flow meter was out of commission and needs repaired.
9. A loss of chlorination capability alarm is needed.

Enclosed is a copy of the survey. Please contact me in writing as to your plans to address the items above and within what time frame. If you have any questions, please contact me at (904) 448-4330, extension 305. Your past and continued cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

  
James R. Maher  
Engineer IV

JRM/lgb

cc: Jerry Boyd  
Robert Regalado  
Putnam County Health Department

10000000 LOCATION  
 AC 17 S TO HWY 1700 STA. TO 1704 S  
 RIGHT OF RIGHT RD  
 1ST LEFT ONTO RIVER TRAP  
 61147 W RIVER DRIVE  
 1/2 BLOCK TO RIGHT OF RIVER.

IS. No. 2540959

State of Florida  
 Department of Environmental Regulation  
 SANITARY SURVEY REPORT  
 for  
 Drinking Water Systems

Inspection date: 12/31/91

1. GENERAL

Plant name Pinellas Supervision County Pinellas  
 Plant owner ADH/dep-80/Int. Person contacted John Boyd  
 Plant address 1000 Cedar Lane Operator certification No. Thompson 6785  
 City Apopka Zip 32703 Phone no. 407-880-0100 Basin code \_\_\_\_\_  
 Population served est 375 No. of service connections 107  
 Type of service COMMUNITY Type of meter at plant & capacity 1 1/2 cu  
 Percent of no. of meters 100% Plant designed by C. VARGAS PE  
 Plant capacity (design) .403 Plant output, average (MGD) .032 (min)  
 Storage capacity (design) .018 Maximum hour (1000's gals.) 3  
 Approval no. and date WFS4-7790 Emergency water source None  
 Daily maximum (MGD) .050 (max) Standby equipment None  
 Emergency power source None Capacity None

TYPE OF SERVICE  Community  Non-community  
 [ ] Municipal  Subdivision [ ] Common carrier  
 [ ] Recreation area [ ] Institution [ ] Hotel or hotel  
 [ ] Trailer park [ ] College or school [ ] Other  
 [ ] Restaurant [ ] Industrial plant

2. SOURCE(S) OF RAW WATER SUPPLY  Ground; Number of wells [ ]  
 [ ] Surface; Purchased

A. Ground supplier: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1962				
Depth drilled	200'				
Length, outside casing					
Diameter, outside casing	6"				
Material, outside casing	galv				
Depth to static water level					
Normal recession tide (Varying level)					
Normal yield in GPM					
Test yield in GPM	600	130			
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?					
Is well protected against surface water?	yes				
Salt water infiltration problems in past?	no				
Latitude					
Longitude					
Check valve	yes				
Grouted	no				
Has well ever been contaminated?	no				
Pump manufacturer's name	Boyle				
Date manufactured					
Model number	3050				
Capacity	4.7	130			
Last serviced date					
Comments	no	5			
Maint. schedule (reg., spec., monitor, etc.)					

2. Source Supplies: Provide section or separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in cfs weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is needed: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring produced? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant \_\_\_\_\_ Does effluent meet EPA Turb. Spec? \_\_\_\_\_  
 Other observations \_\_\_\_\_

3. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS  
 (Check where applicable)

- A. General:
- |                                                        |                                                       |
|--------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration           | <input type="checkbox"/> Lime softening               |
| <input type="checkbox"/> Coagulation                   | <input type="checkbox"/> Recarbonation                |
| <input type="checkbox"/> Iron removal                  | <input type="checkbox"/> Reverse osmosis              |
| <input checked="" type="checkbox"/> Taste-odor control | <input checked="" type="checkbox"/> Chlorination-post |
| <input type="checkbox"/> High-rate filtration          | <input type="checkbox"/> Fluorination                 |
| <input type="checkbox"/> Chlorination-pre              | <input type="checkbox"/> Settling                     |
| <input type="checkbox"/> Filtration                    | <input type="checkbox"/> pH adjustment                |
|                                                        | <input type="checkbox"/> Sulfite softening            |
- B. Aeration:
- |                                                           |                                                           |
|-----------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Slimes or algae noted | <input type="checkbox"/> Screens in good repair <u>NO</u> |
| <input type="checkbox"/> Iron deposits                    | <input checked="" type="checkbox"/> Hydrogen sulfide odor |

C. Chemical Used (include Chlorine):

Chemical Name (except for air separator)	Point of application	Purpose (Coagulation, etc.)
Chlorine	SO <sub>2</sub>	for hydrant
		Disinfection

D. Chemical Feeders:

- |            |                                              |                                                 |
|------------|----------------------------------------------|-------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Oil on floor        | <input type="checkbox"/> Chemical spilled       |
|            | <input type="checkbox"/> Spare parts kept    | <input type="checkbox"/> Has repair manuals     |
|            | <input type="checkbox"/> Noisy operation     | <input type="checkbox"/> Chemicals well stocked |
|            | <input type="checkbox"/> Water on floor      | <input type="checkbox"/> Feeders all work       |
|            | <input type="checkbox"/> Excessive vibration | <input type="checkbox"/> Bags stored dry        |

E. Coagulation:

- |            |                                          |                                                       |
|------------|------------------------------------------|-------------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Settling poor   | <input type="checkbox"/> Dose questionable            |
|            | <input type="checkbox"/> No blanket seen | <input type="checkbox"/> Effluent taste & odor strong |
|            | <input type="checkbox"/> Wapmark floor   | <input type="checkbox"/> Color removal poor           |

F. Softening:

- |            |                                               |                                                     |
|------------|-----------------------------------------------|-----------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Flow unstable        | <input type="checkbox"/> Blanket variable           |
|            | <input type="checkbox"/> Feed intermittent    | <input type="checkbox"/> Settling poor              |
|            | <input type="checkbox"/> Water leaves clear   | <input type="checkbox"/> Add. silica used           |
|            | <input type="checkbox"/> Sludge not excessive | <input type="checkbox"/> Sludge return used         |
|            | <input type="checkbox"/> Comp. acid used      | <input type="checkbox"/> No control of sludge level |

G. Fluoridation:

- |            |                                             |                                                |
|------------|---------------------------------------------|------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Analyzes OK        | <input type="checkbox"/> Feeder good condition |
|            | <input type="checkbox"/> Separate storage   | <input type="checkbox"/> Acid spilled          |
|            | <input type="checkbox"/> Dusty enclosure    | <input type="checkbox"/> Frequent shutdowns    |
|            | <input type="checkbox"/> Monthly samples OK | <input type="checkbox"/> Corrosion evident     |

H. Filtration:

- |            |                                              |                                                   |
|------------|----------------------------------------------|---------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Mudballs present    | <input type="checkbox"/> Clearwell turbidity seen |
|            | <input type="checkbox"/> Carryover excessive | <input type="checkbox"/> Backwash cleans media    |
|            | <input type="checkbox"/> Gallery kept clean  | <input type="checkbox"/> Flamm appears overloaded |
|            | <input type="checkbox"/> Air binding present | <input type="checkbox"/> Little foreign material  |
|            | <input type="checkbox"/> Spinn filter runs   | <input type="checkbox"/> Sediment in clearwater   |
|            | <input type="checkbox"/> Algae in filter     |                                                   |

III. Disinfection:

<input checked="" type="checkbox"/> Chlorine residual before entering distribution line	<input checked="" type="checkbox"/> Amble stock of chlorine
<input checked="" type="checkbox"/> Chlorine residual at extremity of distribution system	<input checked="" type="checkbox"/> Ammonia fresh (over)
<input checked="" type="checkbox"/> Reserve supply of chlorine (specify units)	<input checked="" type="checkbox"/> Air back pressure OK
<input checked="" type="checkbox"/> Other observation(s)	<input checked="" type="checkbox"/> Repair parts stock
	<input checked="" type="checkbox"/> Note chlorine rate 90
	<input checked="" type="checkbox"/> Test works OK

Chlorine residual reserves current:

Chlorine residual before entering distribution line 1.4 ppm.

Chlorine residual at extremity of distribution system 1.0 ppm.

Reserve supply of chlorine (specify units) 150 Gallons, 400 Gallons of Ammonia

Other observation(s) pre-chlorination is piped but not used.

IV. STORAGE FACILITIES:

<input checked="" type="checkbox"/> Ground storage	<input type="checkbox"/> Elevated storage
<input checked="" type="checkbox"/> Hydro-pneumatic tank	<input type="checkbox"/> Clear well

Tank number	1	2	3	4
Capacity	15,000	3,000		
Material	Steel	Steel		
Working steel capacity	2"	2"		
Working capacity	2"	6"		
Covers/screened openings	4.25	7.5		
Date of last cleaning				
Wind pressure, where appl.		2.54		
Hgt. to top of tank				
Hgt. to max. tank water level				
Comments	1000 gal (600) hydro tank reads OK maintained			

V. PUMP SERVICE:

Pump number	1	2	3	4
Manufacturer's name	Corndas	Corndas		
Date manufactured		11/83		
Model number	3656	3656		
Capacity	17	17	(est)	
Balance/Service Schedule				
Last service date				
Comments	NO	0	0	

VI. DISTRIBUTION SYSTEM:

Material of mains PVC, CI, DI, GI Max. pipe diam. 6" Min. pipe diam. 3/4"

Governor pressure 50 No. of cast ends 1 How often cleaned? as needed

No. of bare hydrants 0

Are there cross connections with private or other supplies? none known

Are there any blowoff lines below grade in the system? none known

Are there any sanitary hazards near sources of water supply? septic tank

Are there any underground crossings, which are suspected of leaking? none known

If a sewer line is within 100 feet, state material and joining method. alg

When was the last water supply shortage? nil

Has there been a problem of supply shortages? no

Flow off lines below grade.  None  Some  Numerous

Observations:

VII. WATER QUALITY TESTS:

A. Chemical

B. No responsibility

<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Radiological
<input type="checkbox"/> Chemical	<input type="checkbox"/> Physical (color, odor, turbidity)
<input type="checkbox"/> Jar Test	<input type="checkbox"/> Special
<input type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? YES If not, explain.

Still analyzing ammonia. pH samples in conductivity temperature a dissolved oxygen.

	Last One	Next One
pH	8.91	8.94
Alk	8.91	8.94
Hardness	8.91	8.94
Sec. ind.	8.91	8.94
Resid.	6.89	6.92
VOCs	11.7.1014	11.94
UGO	11.94	11.94

2. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? NO If so, specify the chemical parameter(s) and concentration(s): None
3. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? NO If so, specify.
4. **Bacteriological:**  
 a. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? Yes
5. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NO If so, specify.

**VIII. SUMMARY AND RECOMMENDED ACTION**

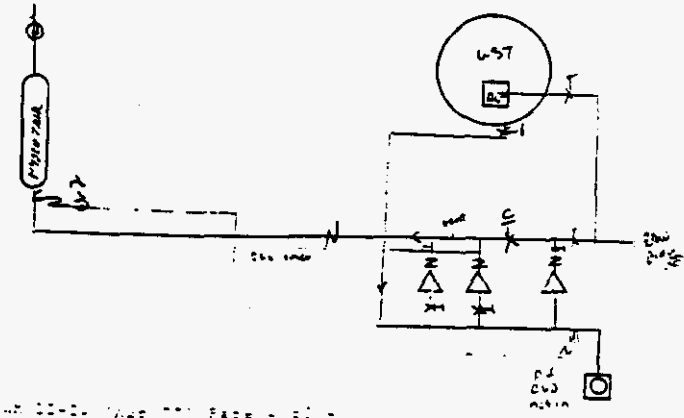
- This facility meets or exceeds all State and Federal regulations.  
 Attached is supplemental information concerning this facility.  
 The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
Need auxiliary power	17-555.320(6)	install generator
Need 2nd well	17-555.320(1)	generate well
Broken saw water line	17-555.350(1)	repair
Wrist glass rognane	17-555.320(1)	clean it off
Older low flow device	17-555.320(1)	repair
Need saw tap offset	17-555.350(1)	install tap

Inspector's signature: James E. Nelson Date: 1/15/92  
 Title: Inspector II

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 District Manager (Signature):

7. Need a ladder to get to anaer 17-555.320(3) ground ladder  
 8. aerator needs maintenance 17-555.350(1) air source, check gears, motor, paint, etc.  
 9. Flow meter needs repaired 17-555.320(5)  
 10. Need loss of chlorine capability claim 17-555.320(5)



**River Park - 439**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

*TO  
JOE ROBERTS  
FRANK SOMMER  
JERRY BOYD*

**RECEIVED**

DEC 23 1991

December 12, 1991

**ENGINEERING DEPT.**

Mr. Charles Sweat  
Vice President of Operations  
S.S.U. Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Dear Mr. Sweat:

Putnam County - PW  
River Park S/D #1

On November 20, 1991, a sanitary survey was done on the referenced drinking water system. The following deficiencies are noted.

1. MCL is exceeded for turbidity on the October 1991 chemical analysis. The reported value of 5.8 NTU exceeds the MCL of 1.0 NTU. Two consecutive days rechecks are required.
2. Four deadends were counted for this system on the recent permit application for River Park Improvements. No record of flushing was seen on the on-site log and related paperwork. Please ensure these deadends are flushed regularly and that it gets recorded in the on-site log and MOR.
3. The plant had improved significantly since the last survey. A single vertical turbine pump was replaced by two jet pumps in parallel. A new security building was built over the pumps and piping configuration had changed. While these improvements are very good, you must keep us informed of changes to the plants. Normally a permit would have been required. Jerry Boyd informed me that the change was done during emergency conditions. In cases like this, please inform us of what changes are made once the emergency has been stabilized.

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320



Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

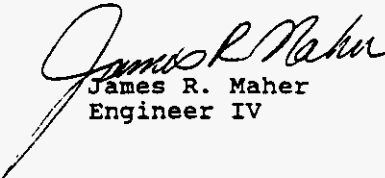
Mr. Charles Sweat  
December 12, 1991  
Page Two

4. The chlorine injector was leaking, causing there to be no chlorine in the tank at the plant. However, there still was chlorine in the distribution system due to elevated levels earlier in the day.

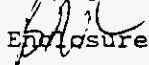
A bacteriological sample was taken and the results were confluent. Mr. Boyd has stated he will take a replacement sample.

A copy of the survey is enclosed for your records. Please contact me in writing within 15 days of receipt of this letter as to your plans to address the deficiencies listed above and within what time frames. If you have any questions, please contact me at (904) 448-4330 extension 305. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

  
James R. Maher  
Engineer IV

JRM/lgb

  
Enclosure

cc: Mr. Jerry Boyd  
Mr. Robert Regaldo  
Ms. Laurie Gauch, Putnam County Health Department



LOCAL 4762 4783 3087 309  
in Franklin

IS. No. 2540962

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
for  
Drinking Water Systems

Inspection date: 11/20

I. GENERAL

Plant name River Park #1 County Putnam  
Plant owner SSO, Inc Person contacted CHARLES SWART VP ops  
Plant address 1000 Color Place Operator certification no. STEVE BIRD 6690 66963  
City APOLKA Zip 32703 Phone no. 904-888-9113 904-884-9777 Basin code \_\_\_\_\_  
Population Served 132 (est) No. of service connections 53  
Type of Service COMMUNITY Type of meter at plant & capacity in line  
Percent or no. of meters 100% Plant designed by AS BUILT  
Plant capacity (design) 1072 Plant output, average (MGD) 0.32  
Storage capacity (design) 1400 gal Maximum hour (1000's gals.) 2.7  
Approval no. and date AS BUILT Emergency water source none \*  
Daily maximum (MGD) 0.15 Standby equipment 2nd well pump  
Emergency power source none \* Capacity none

TYPE OF SERVICE  Community  Non-community  
 Municipal  Subdivision  Common carrier  
 Entertainment area  Institution  hotel or hotel  
 Trailer park  College or school  Other  
 Restaurant  Industrial plant

II. SOURCE(S) OF RAW WATER SUPPLY  Ground; Number of wells   
 Surface; Purchased

A. Ground supplier: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	<u>UNK</u>				
Depth drilled	<u>84'</u>				
Length, outside casing					
Diameter, outside casing	<u>4"</u>				
Material, outside casing	<u>Steel</u>				
Depth to static water level	<u>84'</u>				
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	<u>no</u>				
Is well protected against surface water?	<u>yes</u>				
Salt water infiltration problems in past?	<u>no</u>				
Latitude	<u>29° 25' 12"</u>				
Longitude	<u>81° 35' 46"</u>				
Check valve	<u>yes</u>				
Grouted					
Has well ever been contaminated?	<u>no</u>				
Pump manufacturer's name	<u>G</u>	<u>Gearty Co. d</u>			
Date manufactured		<u>1991</u>	<u>1991</u>		
Model number		<u>3656</u>	<u>3656</u>		
Capacity		<u>50</u>	<u>50</u>		
Last serviced (date)		<u>6PM</u>			
Comment		<u>NP</u>			
Maint. schedule (day, week, month, etc.)		<u>5</u>	<u>5</u>		

DEF Form PERM 10-24 (Aug 77) Page 1 of 4  
\* TO BE CHANGED

2. Surface Supplies: Provide sketch on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, public grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is needed: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Std? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                          |                      |                                     |                   |
|--------------------------|----------------------|-------------------------------------|-------------------|
| <input type="checkbox"/> | Aeration             | <input type="checkbox"/>            | Line softening    |
| <input type="checkbox"/> | Coagulation          | <input type="checkbox"/>            | Recarbonation     |
| <input type="checkbox"/> | Iron removal         | <input type="checkbox"/>            | Reverse osmosis   |
| <input type="checkbox"/> | Taste-odor control   | <input checked="" type="checkbox"/> | Chlorination-post |
| <input type="checkbox"/> | High-rate filtration | <input type="checkbox"/>            | Fluoridation      |
| <input type="checkbox"/> | Chlorination-pre     | <input type="checkbox"/>            | Screening         |
| <input type="checkbox"/> | Filtration           | <input type="checkbox"/>            | pH adjustment     |
|                          |                      | <input type="checkbox"/>            | Zeolite softening |
- B. Aeration:
- |                          |                       |                          |                        |
|--------------------------|-----------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Slimes or algae noted | <input type="checkbox"/> | Screens in good repair |
| <input type="checkbox"/> | Iron deposits         | <input type="checkbox"/> | Hydrogen sulfide odor  |

C. Chemical Used (include Chlorine):

Chemical	Type feeder	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
Chlorox Chemtech		24000	pre hydr	Disinfection
		10000		

- D. Chemical Feeders:
- |                          |                     |                          |                        |
|--------------------------|---------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Oil on floor        | <input type="checkbox"/> | Chemical spilled       |
| <input type="checkbox"/> | Spare parts kept    | <input type="checkbox"/> | Gas repair manuals     |
| <input type="checkbox"/> | Noisy operation     | <input type="checkbox"/> | Chemicals well stocked |
| <input type="checkbox"/> | Water on floor      | <input type="checkbox"/> | Feeders all work       |
| <input type="checkbox"/> | Excessive vibration | <input type="checkbox"/> | Sags stored dry        |
- E. Coagulation:
- |                          |                 |                          |                              |
|--------------------------|-----------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Settling poor   | <input type="checkbox"/> | Chem. dose questionable      |
| <input type="checkbox"/> | No blanket seen | <input type="checkbox"/> | Effluent taste & odor strong |
| <input type="checkbox"/> | Pumpout filter  | <input type="checkbox"/> | Colet removal good           |
- F. Softening:
- |                          |                      |                          |                            |
|--------------------------|----------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Flow unstable        | <input type="checkbox"/> | Blanket visible            |
| <input type="checkbox"/> | Feed intermittent    | <input type="checkbox"/> | Settling good              |
| <input type="checkbox"/> | Water leaves clear   | <input type="checkbox"/> | Acc. silica used           |
| <input type="checkbox"/> | Sludge not excessive | <input type="checkbox"/> | Sludge return used         |
| <input type="checkbox"/> | Coag. aid used       | <input type="checkbox"/> | No control of sludge level |
- G. Fluoridation:
- |                          |                    |                          |                       |
|--------------------------|--------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Analyses OK        | <input type="checkbox"/> | Feeder good condition |
| <input type="checkbox"/> | Separate storage   | <input type="checkbox"/> | Acid spilled          |
| <input type="checkbox"/> | Dusty enclosure    | <input type="checkbox"/> | Frequent shutdowns    |
| <input type="checkbox"/> | Monthly samples OK | <input type="checkbox"/> | Corrosion evident     |
- H. Filtration:
- |                          |                     |                          |                          |
|--------------------------|---------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Mudballs present    | <input type="checkbox"/> | Clearwell turbidity seen |
| <input type="checkbox"/> | Carryover excessive | <input type="checkbox"/> | Backwash cleans media    |
| <input type="checkbox"/> | Gallery kept clean  | <input type="checkbox"/> | Plant appears overloaded |
| <input type="checkbox"/> | Air binding present | <input type="checkbox"/> | Little foreign material  |
| <input type="checkbox"/> | Short filter runs   | <input type="checkbox"/> | Sediment in clearwater   |
| <input type="checkbox"/> | Algae in filter     |                          |                          |

# HYPOCHLORINATION ONLY

**III. Disinfection:**

<input checked="" type="checkbox"/> Odor of chlorine (leak)	<input checked="" type="checkbox"/> Ample stock of chlorine
<input checked="" type="checkbox"/> Lead washers kept	<input type="checkbox"/> Ammonia fresh (odor)
<input checked="" type="checkbox"/> Note effluent residual	<input type="checkbox"/> Air pack pressure OK
<input checked="" type="checkbox"/> Respirator in date	<input type="checkbox"/> Repair parts kept
<input checked="" type="checkbox"/> Corrosion noticeable	<input type="checkbox"/> Note chlorine rate
<input checked="" type="checkbox"/> Machine function good	<input type="checkbox"/> Fan works OK
<input checked="" type="checkbox"/> Chlorine residual records current	

Chlorine residual before entering distribution line 0.12 mg/L  
 Chlorine residual at extremity of distribution system 0.2 mg/L  
 Reserve supply of chlorine (capacity units) 0 gal 12% Cl<sub>2</sub> 100% full  
 Other observation(s) Chlorine leaking at injector  
new building calling pump & chlorine facility

**IV. STORAGE FACILITIES:**

<input type="checkbox"/> Ground storage	<input type="checkbox"/> Elevated storage
<input checked="" type="checkbox"/> Hydropneumatic tank	<input type="checkbox"/> Clear well

Tank number	1	2	3	4
Capacity	1400			
Material	stainless			
Grossly stain capacity	405			
Bypass capacity	no			
Covered/screened openings	n/a			
Date of last cleaning				
On/off pressure, where appl.	40-60			
Hgt. to bot. of tank				
Hgt. to max. tank water level				
Comments				

**V. PUMP SERVICE:**

N/A

Pump number	1	2	3	4
Manufacturer's name				
Date manufactured				
Model number				
Capacity				
Maintenance schedule				
Last service date				
Comments				

**VI. DISTRIBUTION SYSTEM:**

Material of main GS, PVC Max. pipe diam. 3" Min. pipe diam. 3/4"  
 Operation pressure 40 No. of dead ends 4 How often cleaned monthly  
 No. of fire hydrants 0  
 Are there cross connections with private or other supplies? not yet - to be checked  
 Are there any blowoff lines below grade in the system? no  
 Are there any sanitary inlets near sources of water supply? Sanitary at 8'  
 Are there any underwater crossings which are suspected of leaking? no  
 If a sewer line is within 100 feet, state material and pointing method. n/a  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? no  
 Blow off lines below grade,  none  few  numerous  
 Observations:

**VII. WATER QUALITY REVIEW:**

**A. Chemical**

1. Lab capability

<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Radiological
<input type="checkbox"/> Chemical	<input type="checkbox"/> Physical (color, odor, turbidity)
<input type="checkbox"/> Jar Test	<input type="checkbox"/> Special
<input type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal regulations? yes If not, explain.  
Tests will be done 3/92 need conductivity parameters and Turbidity checks.

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? yes If so, specify the chemical parameter(s) and concentration(s) Turbidity MCL - 5.8 NTU
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? unknown If so, specify. awaiting rechecks
5. Bacteriological
1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? yes
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? no If so, specify.

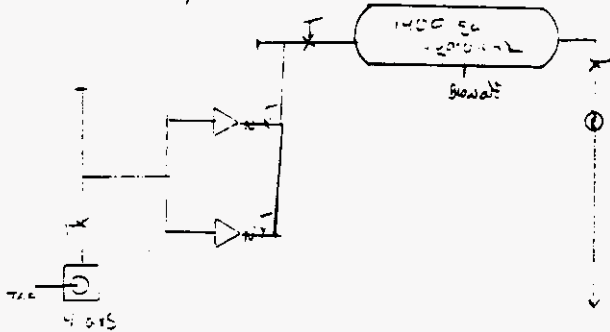
VIII. SUMMARY AND RECOMMENDED ACTION

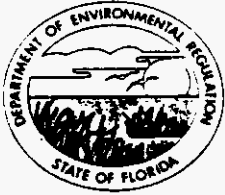
- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. Chlorine injector leaking	17-555.350	Repair.
2. OSC showed no flushing	17-550.230	Include flushing data.
3. Raw had chlorine w/ no notice		Please notify.
4. Turbidity exceeds MCL		Do rechecks

Inspector's signature: James R. Mathew Date: 12/11/91  
 Title: Inspector III

Approved by: B. Rodriguez Date: 12/18/91  
 District Manager (signature)





## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

December 17, 1991

Mr. Charles Sweat  
Vice President of Operations  
S.S.U. Services, Inc.  
1000 Color Place  
Apopka, FL 32703

**R**

DEC 23 1991

ENGINEERING DEPT.

Dear Mr. Sweat:

Putnam County - PW  
River Park S/D #3

On November 20, 1991, a sanitary survey was done on the drinking water system serving the referenced community. The following deficiencies are noted:

1. Failure to meet Quality Standards. Florida Administrative Code (FAC) Rule 17-550.510 and .520. Chemical analysis taken in October 1991 reported the iron level to be 0.54 mg/l, exceeding the Maximum Contaminant Level (MCL) of 0.3 mg/l; the color level was 30 c.u. exceeding the MCL of 15 c.u.; and the odor level was 8 ton, exceeding the MCL of 3 ton. Three recheck samples shall be taken for each of these parameters within 30 days. If these MCLs are confirmed, additional treatment may be needed.
2. Turbidity at 2.1 NTU exceeded the MCL of 1.0 NTU and requires two consecutive days rechecks.
3. The aerator needs cleaning and repair. FAC Rule 17-555.350. There was excessive growth on the interior ledge. There was a small crack in the wall with a leak and surrounding algae growth. There was a crack in the housing across from the spray bar, allowing entrance of vermin. There were also gaps around the hatch, and areas where the screens were not sealed. Excessive iron accumulation needs blown out. Tank should be dumped, cleaned, disinfected, repaired and flushed.

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320



Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

Mr. Charles Sweat  
December 17, 1991  
Page Two

There is some question as to the capacity of the aerator ground storage tank. The December 1988 sanitary survey lists the capacity as 6300 gallons, as reported by the operator. A 1986 permit to upgrade the plant listed the capacity of the tank as 5400 gallons, and the 1991 permit application to upgrade and interconnect the distribution system lists 12,500 gallons. Please determine and document the correct capacity.

Also, there is some question that the aerator ground storage tank is effectively treating the water as needed. The single spray bar and post chlorination configuration is resulting in high odor in the finished water and customer complaints about quality. A study is needed to determine if upgrades are required.

4. The check valve in the service pump discharge manifold is leaking and must be repaired or replaced.
5. Electrical cabling and connections are currently unfinished due to a transfer of breaker boxes and upgrades to accommodate the new auxiliary generator. The electrical cabling and connections must be brought up to code.
6. We are still awaiting the permit application to tie in the auxiliary generator.
7. When the ground storage tank is being bypassed, there is no way to chlorinate the system. Alternate point of chlorination must be provided for when bypass is used.
8. A loss of chlorine capability alarm is required by FAC Rule 17-555.320(5)a.

There is also some questions as to whether adequate disinfection time is provided at peak flow in the hydrotank only. This becomes more important with the interconnection with River Park #1 as the plant may be supplying even more demand now. This should be included in the study mentioned in item 3.

In addition to the rechecks required in item #1 above, there were several sub-parameters omitted from the secondary standards analysis which still must be submitted. Dissolved oxygen, field temperature, field conductivity, field pH and phenolphthaline alkalinity are also required. As a reminder, Radionuclides analysis must be done by March 1992.

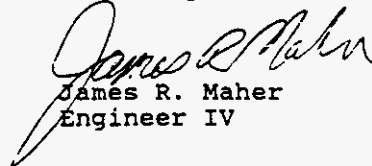
Mr. Charles Sweat  
December 17, 1991  
Page Three

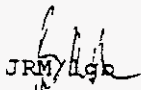
Monthly Operation Reports should include any maintenance actions in the remarks column. Also, flushing information for dead ends should be included.

A bacteriological analysis was taken, and the results were TNTC. Mr. Boyd has stated he will take a replacement sample.

A copy of the survey is enclosed for your records. Please contact me in writing within 15 days of receipt of this letter as to your plans to address the deficiencies listed above and within what time frames. If you have any questions, please contact me at (904) 448-4330 extension 305. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

  
James R. Maher  
Engineer IV

  
JRM/lgr

Enclosure

cc: Mr. Jerry Boyd  
Mr. Robert Regaldo  
Ms. Laurie Gauch, Putnam County Health Department

Rto 309 + 309 AT FRUITLAND

ID. No. 2540964

State of Florida  
Department of Environmental Regulation  
**SANITARY SURVEY REPORT**  
for  
Drinking Water System

Inspection date: 11/20/91

I. GENERAL

Plant name RIVER PARK #3 County POTNAM  
Plant owner SSU, Inc. Person contacted CHARLES SWART VP C  
Plant address 1000 Color Place Operator certification no. 24004 BOYD C-69  
City Apooka Zip 32703 Phone no. 904-689-4443 Basin code 407884-9777  
Population Served 907 (est) No. of service connections 3623  
Type of Service COMMUNITY Type of meter at plant & capacity in line  
Percent or no. of meters 100% Plant designed by AS BUILT  
Plant capacity (design) 316 wells Plant output, average (MGD) 0.48  
Storage capacity (design) 7800 \* Maximum hour (1000's gals.) 4  
Approval no. and date AS BUILT Emergency water source 2nd well, WTD 2  
Daily maximum (MGD) 0.79 Standby equipment WTP 2  
Emergency power source none yet Capacity none yet  
TYPE OF SERVICE  Community  Non-community  
 Municipal  Subdivision  Common carrier  
 Recreation area  Institution  Hotel or hotel  
 Trailer park  College or school  Other  
 Restaurant  Industrial plant

II. SOURCES OF RAW WATER SUPPLY

Ground; Number of wells 2  
 Surface; Purchased 1

A. Ground supplier: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1972	1972			
Depth drilled	1179	1179			
Length, outside casing	145'	145'			
Diameter, outside casing	6"	4"			
Material, outside casing	steel	steel			
Depth to static water level					
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM	235				
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	NO	NO			
Is well protected against surface water?	YES	YES			
Salt water infiltration problems in past?	NO	NO			
Latitude	29° 25' 07"				
Longitude	71° 27' 27"				
Check valve	NO	YES			
Crouched					
Has well ever been contaminated?	NO	NO			
Pump manufacturer's name		Goodman			
Date manufactured					
Model number					
Capacity		160	60		
Last serviced (date)					
Comment					
Maint. schedule (day, week, month, etc.)	NP	S	S		

DER Form PIRM 11-84 (Aug 77) Page 1 of 4

\* TO BE VERIFIED



2. Surface Supplies: Provide sketch on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Stds? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                                     |                      |                                     |                   |
|-------------------------------------|----------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Aeration             | <input type="checkbox"/>            | Line softening    |
| <input type="checkbox"/>            | Coagulation          | <input type="checkbox"/>            | Recarbonation     |
| <input type="checkbox"/>            | Iron removal         | <input type="checkbox"/>            | Reverse osmosis   |
| <input type="checkbox"/>            | Taste-odor control   | <input checked="" type="checkbox"/> | Chlorination-post |
| <input type="checkbox"/>            | High-rate filtration | <input type="checkbox"/>            | Fluoridation      |
| <input type="checkbox"/>            | Chlorination-pre     | <input type="checkbox"/>            | Settling          |
| <input type="checkbox"/>            | Filtration           | <input type="checkbox"/>            | pH adjustment     |
|                                     |                      | <input type="checkbox"/>            | Zeolite softening |

B. Aeration:  Slimes or algae noted  Screens in good repair mostly.  
 Iron deposits  Hydrogen sulfide odor  
 Growth on mineral ledge, small crack in wall w/ growth, gap across from spray bar  
 C. Chemical Used (include Chlorine): Gap on hatch. Single Spray Bar.

Chemical	Type Feeder	24 Hr. Capacity	Point of Appl.	Purpose (Coagulation, etc.)
Chlorine	1 Regal	100 #	1st	Disinfection

- D. Chemical Feeders:
- |            |                          |                     |                          |                        |
|------------|--------------------------|---------------------|--------------------------|------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Oil on floor        | <input type="checkbox"/> | Chemical spilled       |
|            | <input type="checkbox"/> | Spare parts kept    | <input type="checkbox"/> | Has repair manuals     |
|            | <input type="checkbox"/> | Noisy operation     | <input type="checkbox"/> | Chemicals well stocked |
|            | <input type="checkbox"/> | Water on floor      | <input type="checkbox"/> | Feeders all work       |
|            | <input type="checkbox"/> | Excessive vibration | <input type="checkbox"/> | Bags stored dry        |
- E. Coagulation:
- |            |                          |                 |                          |                              |
|------------|--------------------------|-----------------|--------------------------|------------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Settling poor   | <input type="checkbox"/> | Chem. dose questionable      |
|            | <input type="checkbox"/> | No blanket seen | <input type="checkbox"/> | Effluent taste a odor strong |
|            | <input type="checkbox"/> | Pinpoint floc   | <input type="checkbox"/> | Color removal good           |
- F. Softening:
- |            |                          |                      |                          |                            |
|------------|--------------------------|----------------------|--------------------------|----------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Floc unstable        | <input type="checkbox"/> | Blanket visible            |
|            | <input type="checkbox"/> | Feed intermittent    | <input type="checkbox"/> | Settling good              |
|            | <input type="checkbox"/> | Water leaves clear   | <input type="checkbox"/> | Act. slimes used           |
|            | <input type="checkbox"/> | Sludge not excessive | <input type="checkbox"/> | Sludge return used         |
|            | <input type="checkbox"/> | Coag. aid used       | <input type="checkbox"/> | No control of sludge level |
- G. Fluoridation:
- |            |                          |                    |                          |                       |
|------------|--------------------------|--------------------|--------------------------|-----------------------|
| <u>N/A</u> | <input type="checkbox"/> | Analyses OK        | <input type="checkbox"/> | Feeder good condition |
|            | <input type="checkbox"/> | Separate storage   | <input type="checkbox"/> | Acid spilled          |
|            | <input type="checkbox"/> | Dusty enclosure    | <input type="checkbox"/> | Frequent shutdowns    |
|            | <input type="checkbox"/> | Monthly samples OK | <input type="checkbox"/> | Corrosion evident     |
- H. Filtration:
- |            |                          |                     |                          |                          |
|------------|--------------------------|---------------------|--------------------------|--------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Mudballs present    | <input type="checkbox"/> | Clearwell turbidity seen |
|            | <input type="checkbox"/> | Carryover excessive | <input type="checkbox"/> | Backwash cleans media    |
|            | <input type="checkbox"/> | Gallery kept clean  | <input type="checkbox"/> | Plant appears overloaded |
|            | <input type="checkbox"/> | Air binding present | <input type="checkbox"/> | Little foreign material  |
|            | <input type="checkbox"/> | Short filter runs   | <input type="checkbox"/> | Sediment in clearwater   |
|            | <input type="checkbox"/> | Algae in filter     |                          |                          |

Formerly used Aquamag addition for iron removal. Now only have chlorine. Some customers complained of slick texture to water during aquamag treatment.

**I. Disinfection:**

- Odor of chlorine (leak)
- Lead washers kept
- Note effluent residual
- Respirator in date
- Corrosion noticeable
- Machine function good
- Chlorine residual records current
- Ample stock of chlorine
- Ammonia fresh (odor)
- Air pack pressure OK
- Repair parts kept
- Note chlorine rate 5.5 N 3#/do.
- Fan works OK

Chlorine residual before entering distribution line 1.8 ppm  
 Chlorine residual at extremity of distribution system 0.5 ppm  
 Reserve supply of chlorine (capacity, units) 150# 2 no cylinders  
 Other observation(s) Chlorine kept at Helmina cover.

**IV. STORAGE FACILITIES:**

- Ground storage
- Hydro-pneumatic tank
- Elevated storage
- Clear well

Tank number	1	2	3	4
Capacity		1500		
Material	Concrete	Steel		
Gravity clean capacity	3/4"	2 1/4"		
Bypass capacity	4/8"	4/8"		
Covered/screened openings	yes	no		
Date of last cleaning				
On/off pressure, where appl.		40-60		
Hgt. to bot. of tank				
Hgt. to max. tank water level				
Comments				

**V. PUMP SERVICE:**

Pump number	1	2	3	4
Manufacturer's name	Grundfos	Grundfos		
Date manufactured				
Model number	3636	3636		
Capacity	130 GPM	130 GPM		
Maintenance schedule				
Last service (date)				
Comment	NP	S	S	

**VI. DISTRIBUTION SYSTEM:**

Material of main PVC Max. pipe diam. 4" Min. pipe diam. 3/4"  
 Operation pressure 48 No. of dead ends 5 How often flushed: monthly  
 No. of fire hydrants 0  
 Are there cross connections with private or other supplies? Connected to RD #2  
 Are there any blowoff lines below grade in the system? NO  
 Are there any sanitary hazards near sources of water supply? none noted  
 Are there any underwater crossings, which are suspected of leaking? NO  
 If a sewer line is within 100 feet, state material and jointing method. N/A  
 When was the last water supply shortage? never  
 Has there been a problem of supply shortages? NO  
 Blow off lines below grade: none ; few ; numerous  
 Observations to be fixed in with last leak at 1, improved looping to beds

**VII. WATER QUALITY REVIEW:**

**A. Chemical**

1. Lab capability

- pH
- Chemical
- Jar Test
- Bacteriological
- Radiological
- Physical (color, odor, turbidity)
- Special
- Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal regulations? yes If not, explain. awaiting results of 4<sup>th</sup> quarter VOCs  
Rad's due 3/92

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? yes if so, specify the chemical parameter(s) and concentration(s) iron, color and odor mlls need checks. Also, missing conductivity parameters found higher
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? possibly if so, specify. May need filtration operation upgrade
- B. Bacteriological**
1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? yes
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? no if so, specify.

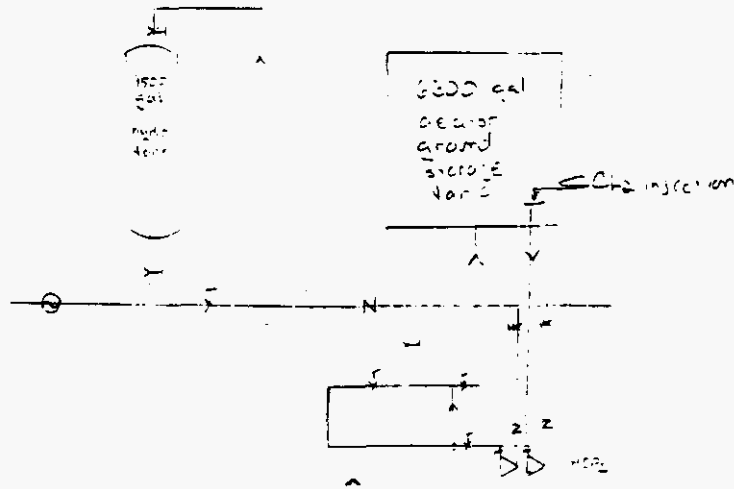
**VIII. SUMMARY AND RECOMMENDED ACTION**

- This facility meets or exceeds all State and Federal regulations.  
 Attached is supplemental information concerning this facility.  
 The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. Secondary MCLs	17-550.520	Perform checks, treat if nec
2. Header need cleaning	17-555.350	Dump, clean, disinfect, etc.
3. Header + screens need repair	17-555.350	Seal screens + gaps
4. CHK VALVE to hydro leaks	17-555.350	Repair or replace chk vl.
5. Electrical wiring + connections unfinished	17-555.350	Correct + cover
6. Need permit for aux power		7. Need eq for OST bypass

Inspector's signature: James R. Maher Date: 12/11/91  
 Title: Env. WSE2 II

Approved by: B. Redding Date: 12/18/91  
 District Manager (Signature)  
 Need loss of fire capability alarm



**Rolling Green - 985**

**Citrus County (SSU)**

**Water**

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## Florida Department of Environmental Regulation

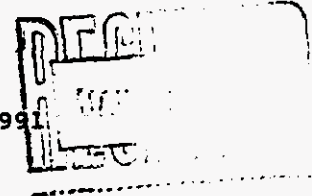
Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Garnry, Deputy Assistant Secretary

January 16, 1991



Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

RE: Surveys for Golden Terrace, Gospel Island,  
Rolling Greens, Oak Forest, Point O' Woods & Rosemont  
Citrus County

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water systems. On page six of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office within 30 days, in writing, of your action.

Thank you for your cooperation. You can contact me at (813) 623-5561 extension 319.

Sincerely,

Cece Featheringill  
Environmental Specialist II  
Drinking Water Section

CF/sem

Enclosure:

cc: Dawn Durham, Citrus CPHU



STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name ROLLING GREENS OF INVERNESS County CITRUS PWS ID 6094587  
 Plant Address SANDPIPER DR & BONNETE Zip Code \_\_\_\_\_ Plant Phone 904-344-4145  
 Owner Name SOUTHERN STATES UTILITIES Owner Phone 1-800-432-4501  
 Owner Address 1000 COLOR PLACE APOPKA FL zip Code 32708  
 Date of this inspection 11-14-90 Date of last inspection 10-3-84 Person contacted BOB BOGOSTA  
 Certified operators and cert. nos. JOHN MACKENZIE C-5380

PLANT LOC: SANDPIPER DRIVE E. OF INVERNESS GOLF & C  
 Population served 150 Service connections 54 Percent metered 100 Design capacity 0.259MGD  
 Design storage capacity 1000 Average output 40 THOUS/NO hour Maximum day 57 THOUS GAL  
 Approval no. and date WC-09-1255, 9/19/81 Type meter and copy KENT 1x107

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source YES Emergency Power Source NO  
 Type of Standby 2ND WELL Capacity of Standby -

Sources of Raw Water:  Ground\* How many Wells? 2  Surface\*\* Identify Source: \_\_\_\_\_  Purchased\*\*\* Identify supply System: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt.-hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify \_\_\_\_\_

What, if any, additional treatment is needed? NONE

For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

## Sanitary Survey (Groundwater)

Page Two LAT:

FWS ID: 6094587

LON:

Well Number*	1	2				
Year Drilled	1981	1981				
Depth Drilled	93'	93'				
Length, out-side casing	63'	54'				
Diameter, out-side casing	4"	4"				
Material, out-side casing	BLACK STEEL	BLACK STEEL				
Depth to static water level	22'	19'				
Normal suction lift (wkng. level)	-	-				
Normal yield, GPM	-	-				
Test yield, GPM	-	-				
Type of grout	NEAT CEMENT	NEAT CEMENT				
Drilling method	CABLE TOOL	CABLE TOOL				
Type of strainer	OPEN HOLE	OPEN HOLE				
Depth to top of strainer	N/A	N/A				
Protection from surface water?	YES	YES				
Is inundation of well possible?	NO	NO				
Salt intrusion noted in past?	NO	NO				
Has the well ever been contaminated?	NO	NO				
Pump manufacturer's name	SUBMER	SUBMER				
Model number	UNK	UNK				
Capacity	UNK	UNK				
Check valve present in line?	YES	YES				
Date of last servicing	-	-				
Maintenance schedule (day/mo.)	-	-				

COMMENTS (condition):

\*Attach additional copies of this page as needed.

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>YES</u>	Backup machine Operative <u>YES</u>	Make of <u>TWO CHEMTECHS</u> chlorinator	Capacity, <u>15 GPD</u> lb./24 hr <u>24 GPD</u>
Evidence of leaks <u>NO</u>	Reserve supply <u>YES</u>	Gas or hypo used <u>HYPO</u>	Chlorine feed rate <u>ONE</u>
Air-pack or respirator adequate <u>N/A</u>	Residual at remote tap <u>0.4</u>	Condition of equipment <u>GOOD</u>	Automatic switchover <u>NO</u>
Residual at plant <u>0.7</u>		Ammonia smells fresh <u>N/A</u>	More capacity needed <u>NO</u>
		Comments on chlorination <u>GOOD</u>	

<u>AERATOR</u>	Type of aerator _____	Tray area or weir length _____	Condition of screens _____
Bloodworms present _____	Condition of aerator _____		Adequate for Fe, H <sub>2</sub> S control _____

<u>COAGULATION</u>	Chemical used _____	Purpose _____	
Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____

<u>LIME SOFTENING</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Any auxiliary chemicals used _____		Points of application (in unit) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____

<u>FLUORIDATION</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	

<u>STABILIZATION</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____
----------------------	-----------------------------------	-------------------------------	------------------------



FILTERS & FILTRATION

Size and number _____	Type of filters _____
Can you see filter media _____	Length of filter runs _____
Is it clean after backwash _____	Are mudballs visible _____
What is the normal filter rate _____	Is there air-binding _____
Capacity of filters _____	What is the usual backwash rate _____
Loss in head ga. present _____	Are filters overloaded _____
At what head loss is BW done _____	Cracks and Channelling _____
Has cementation ever occurred _____	Where in relation to filtration is stabilization done _____
If high rate, what is turbidity at interface _____	Range of turbidity in effluent _____
Can you observe algae in filters _____	Distance from top of media to trough overflow _____

REVERSE OSMOSIS

Auxiliary chemicals used _____	Make and type of units _____	Pressure required _____
Quality of effluent _____	Proportion of waste to product streams _____	Stabilization _____
Booster pump _____	Type of pre-treatment _____	Type of membranes _____

ZEOLITE SOFTENING

Disinfection of beds _____	Unit mfg. & model _____	Stability of effluent _____	Resin capacity _____
Grade of salt for regen. _____	Resin prevented from escaping _____		

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.									
Manufacturer name									
Pump type & motor HP									
Model number									
Date Installed									
Capacity									
Maintenance schedule									
Date last serviced									

Comments: \_\_\_\_\_

STORAGE FACILITIES: ( )ground: (X)hydro pneumatic: ( )elevated: ( )clearwell.

Tank No.	1	2						
Capacity	1000	5000						
Material	Galv.	Galv.						
Gravity drain capacity	YES	YES						
Bypass capacity	YES	YES						
Covered/screened openings	N/A	N/A						
Date of last cleaning	UNK	NEW						
Pressure gauge	YES	YES						
Sight glass	YES	YES						
On/Off pressure	30/60	30/60						
Hgt. to bottom of el. tank	N/A	N/A						
Hgt to max. water level	N/A	N/A						

Comments: TANK #1 USED TO PRESSURIZE TANK #2

**DISTRIBUTION SYSTEM** Material of mains PVC System looped YES  
 Operation pressure 38 Max. pipe diam. UNIC Min. pipe diam. 2" No. of dead ends NONE  
 How often flushed AS NEEDED No. of fire hydrants 0 Known cross-connections with private supplies NO  
 Blowoff lines below grade NO Routine cross-connection control program NO

**PLANT LABORATORY CAPABILITY**

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> pH	<input type="checkbox"/> Chlorine: type	<input type="checkbox"/> Color
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Iron	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Alkalinity
<input type="checkbox"/> Radiological	<input type="checkbox"/> Stability	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Fluorides
	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Organics	<input type="checkbox"/> Inorganics
			<input type="checkbox"/> Hardness
			<input type="checkbox"/> Complete

Person in charge of laboratory, and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING**

System is in full compliance with which requirements? Check.

<input checked="" type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Turbidity	<input checked="" type="checkbox"/> Inorganic chemical	<input checked="" type="checkbox"/> Organic chemical	<u>N/A</u>
<input checked="" type="checkbox"/> Radiological	<input checked="" type="checkbox"/> Secondaries	Other: _____		

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
------------	-----------------------	--------------------

AT THE TIME OF THIS INSPECTION I NOTED NO DEFICIENCIES.

Inspector's signature Lee Featheringill date: 1/15/91

Title ENV. SPECIALIST

**Rosemont - 988**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Garrity, Deputy Assistant Secretary

January 16, 1991

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

RE: Surveys for Golden Terrace, Gospel Island,  
Rolling Greens, Oak Forest, Point O' Woods & Rosemont  
Citrus County


Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water systems. On page six of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended action.

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Thank you for your cooperation. You can contact me at (813) 623-5561 extension 319.

Sincerely,

  
Cece Featheringill  
Environmental Specialist II  
Drinking Water Section

CF/sem

Enclosure:

cc: Dawn Durham, Citrus CPHU



STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name INVERNESS / ROSEMONT County CITRUS PWS ID 6094905  
 Plant Address 611 U.S. 41 S, INV. Zip Code 32650 Phone 913-76-2401  
 Owner Name SOUTHERN STATES UT TIES Phone 1-800-432-450  
 Owner Address 1000 COLOR PLACE, APOPKA, FL Zip Code 32708  
 Date of this inspection 11/14/90 Date of last inspection 9/21/84 Person contacted BOB BOGOSTA  
 Certified operators and cert. nos. JOHN MACKENZIE C-5380

PLANT LOC: HWY 41 TO EDEN RD. E. TO SANDPIPER, TO ROSEMONT  
 Population served ~ 45 Service connections 30 Percent metered 100 Design capacity 0.129 MGD  
 Design storage capacity 2000 Average output 14,000 GAL hour UNK Maximum day 23,000 GAL  
 Approval no. and date WC-09-1236, 11-10-80 Type meter and capy PRECISION

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other \_\_\_\_\_  
 Indian Reservation  Motel  School  
 Emergency Water Source NO Emergency Power Source NO  
 Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many Wells? 1 Identify Source: \_\_\_\_\_ Identify supply System: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify \_\_\_\_\_

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

Sanitary Survey (Groundwater)  
 Page Two LAT: 29° 49' 00"  
 Lon: 82° 22' 30"

FWS ID: 6094905

Well Number*	1						
Year Drilled	1980						
Depth Drilled	100'						
Length, out-side casing	72'						
Diameter, out-side casing	4"						
Material, out-side casing	BLACK IRON						
Depth to static water level	15'						
Normal suction lift (wkng. level)	UNK.						
Normal yield, GPM	UNK						
Test yield, GPM	20						
Type of grout	NEAT CEMENT						
Drilling method	CABLE TOOL						
Type of strainer	OPEN HOLE						
Depth to top of strainer	100'						
Protection from surface water?	YES						
Is inundation of well possible?	No						
Salt intrusion noted in past?	No						
Has the well ever been contaminated?	No						
Pump manufacturer's name	UNK						
Model number	SUNNELL						
Capacity	80GPM						
Check valve present in line?	YES						
Date of last servicing	UNK						
Maintenance schedule (day/mo.)	UNK						

COMMENTS (condition): \_\_\_\_\_

\*attach additional copies of this page as needed.

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>No</u>	Backup machine Operative <u>N/A</u>	Make of chlorinator <u>Precision</u>	Capacity, lb./24 hr <u>20 GPD</u>
Evidence of leaks <u>N/A</u>	Reserve supply <u>N/A</u>	Gas or hypo used <u>HYPO</u>	Chlorine feed rate <u>UNK</u>
Air-pack or respirator adequate <u>N/A</u>	Residual at remote tap <u>0.4</u>	Condition of equipment <u>GOOD</u>	Automatic switchover <u>N/A</u>
Residual at plant <u>0.8</u>		Ammonia smells fresh <u>N/A</u>	More capacity needed <u>No</u>
		Comments on chlorination _____	

<u>AERATOR</u>	Type of aerator _____	Tray area or weir length _____	Condition of screens _____
Bloodworms present _____	Condition of aerator _____		Adequate for Fe, H <sub>2</sub> S control _____

<u>COAGULATION</u>	Chemical used _____	Purpose _____	
Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____

<u>LIME SOFTENING</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Any auxiliary chemicals used _____		Points of application (in unit) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____

<u>FLUORIDATION</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	

<u>STABILIZATION</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____
----------------------	-----------------------------------	-------------------------------	------------------------



FILTERS & FILTRATION

Size and number	Type of filters	Length of filter runs
Can you see filter media	Is it clean after backwash	Are mudballs visible
What is the normal filter rate		Is there air-binding
Capacity of filters	What is the usual backwash rate	Are filters overloaded
Loss in head ga. present	At what head loss is, BW done	Cracks and Channelling
Has cementation ever occurred	Where in relation to filtration is stabilization done	
If high rate, what is turbidity at interface		Range of turbidity in effluent
Can you observe algae in filters		Distance from top of media to trough overflow

<u>REVERSE OSMOSIS</u>	Make and type of units	Pressure required
Auxiliary chemicals used		Proportion of waste to product streams
Quality of effluent		Stabilization
Booster pump	Type of pre-treatment	Type of membranes

<u>ZEOLITE SOFTENING</u>	Unit mfg. & model	Resin capy
Disinfection of beds	Grade of salt for regen.	Stability of effluent
		Resin prevented fm escaping

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.									
Manufacturer name									
Pump type & motor HP									
Model number									
Date Installed									
Capacity									
Maintenance schedule									
Date last serviced									

Comments: \_\_\_\_\_

STORAGE FACILITIES: ( ) ground; (X)hydropneumatic; ( )elevated; ( )clearwell.

Tank No.	1								
Capacity	2500								
Material	STEEL								
Gravity drain capacity	YES								
Bypass capacity	YES								
Covered/screened openings	N/A								
Date of last cleaning	UNK								
Pressure gauge	YES								
Sight glass	YES								
On/Off pressure	40/60								
Hgt. to bottom of ei. tank	N/A								
Hgt to max. water level	N/A								

Comments: \_\_\_\_\_

DISTRIBUTION SYSTEM Material of mains PVC System looped YES  
 Operation pressure 60 Max. pipe diam. UNK Min. pipe diam. 2" No. of dead ends NO  
 How often flushed AS NEEDED No. of fire hydrants 0 Known cross-connections with private supplies NO  
 Blowoff lines below grade NO Routine cross-connection control program NO

PLANT LABORATORY CAPABILITY

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> pH	<input type="checkbox"/> Chlorine: type	<input type="checkbox"/> Color
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Iron	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Alkalinity
<input type="checkbox"/> Radiological	<input type="checkbox"/> Stability	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Fluorides
	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Organics	<input type="checkbox"/> Inorganics
			<input type="checkbox"/> Hardness
			<input type="checkbox"/> Complete

Person in charge of laboratory, and credentials: \_\_\_\_\_

COMPLIANCE MONITORING

System is in full compliance with which requirements?

Check.  Bacteriological  Turbidity  Inorganic chemical  Organic chemical N/A  
 Radiological  Secondaries  Other: \_\_\_\_\_

Violations of sampling requirements: NONE

Violations of maximum contaminant levels: NONE

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
------------	-----------------------	--------------------

AT THE TIME OF THIS INSPECTION I NOTED NO DEFICIENCIES.

Inspector's signature Lee Featheringill Date: 1/15/91  
 Title ENV. SPECIALIST

**Salt Springs - 1115**

**Marion County (SSU)**

**Water**

**- 1992 FPSC Filing -**

RECEIVED



P937-425-506

## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 282 • Orlando, Florida 32803-3707 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Alex Alexander, Deputy Assistant Secretary

November 30, 1988

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

OCD-PW-88-0822

Attention: Charles Sweat, President

Marion County-PW  
Citrus Park Subdivision  
PWS ID Number 3420199

Salt Springs Village  
PWS ID Number 3420408

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water systems on November 14, 1988 by Mr. Gary P. Miller of this office in the presence of Mr. Thomas Gustafson for the purpose of conducting a sanitary survey and compliance inspection. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the survey and/or determined from records on file in this office are explained below. Please see page six (6) of the Citrus Park Subdivision survey report form which refers to each violation of Chapters 17-16 and 17-22 of the Florida Administrative Code for each deficiency.

### Citrus Park Subdivision:

1. According to the on-site maintenance/operation log, the certified operator was not making the required weekend visit.
2. The monthly operational report for November, 1987 was not submitted.
3. Raw water sampling tap on well #1 pump discharge was not a down-flow type as required.
4. A check valve was not installed between the raw water sampling tap (Well #2) and the chlorine injection point in order to insure this sample is not chlorinated.
5. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Gas chlorine cylinder properly secured with a chain.
  - b. An approved air-pack or respirator.
6. Pressure tank was not being maintained in good operating condition (rust).

Southern States Utilities  
Page Two  
OCD-PW-88-0622  
November 30, 1988

7. There was not an approved backflow prevention device on the potable water supply line at the sewer treatment plant (reduced pressure backflow preventer).
8. A cross connection control program had not been instituted as required.
9. There was a history of unsatisfactory bacteriological results from the wells. Please indicate what measures have been, or are going to be, taken to correct the aforementioned condition.

Salt Springs Village:

1. Well #5 was not functional.
2. The wells were not being protected from contamination (openings on top of the well casings).

It will be necessary for you to correct the above-referenced deficiencies for the subject system. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within 60 days of the date of this letter.

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. Please also indicate which information is not reasonably available.

The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapter 17-16, Florida Administrative Code.
2. Chapter 17-22, Florida Administrative Code.
3. "How Does One Initiate a Cross Connection Control Program."
4. "Be a Cross Connection Expert."
5. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. Gary P. Miller at (407)894-7555.

Sincerely,



Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

*Jm*  
JMMc:pjm:gm  
cc: Marion County Health Department  
Richard Redemann, FPSC



# Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-891-7555

Rob Martinez, Governor

Dale Twachmann, Secretary

John Sturges, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

## -COMPLIANCE INSPECTION- WATER PLANTS

\*Plant Name Salt Springs Village \*County Marion PWS ID# 3420408 \*Date 11/14/88  
 \*Plant Location  Hwy 19, \*City Salt Springs  
 \*Plant Owned by Seitan State Utilities \*Address 1000 Cedar Place, Apopka  
 \*Name of S/D or Community Served Salt Springs Village  
 \*Person in General Charge Arion Roberts \*Address street as per \*Phone: (407) 880-0100

\*Plant Operators Thomas Gustafson  
Category 5, Class B Plant - 3 per certificate #3515

Type of Plant	Chemical-Dosing	Type Feeder	Cap. gal/ppd 24 hrs.	Point Feed
*Softening				
*Disinfection	*Disinfection			
*Hydrogen Sulfide Removal	*Hypochlorite	<u>chem. Tank</u>	<u>15 gal/ppd</u>	<u>100%</u>
*Color Removal	*Chlorine Gas			
	*Other			
*General Information	*Fluoride			
*Estimated Population Served <u>350</u>	*Phosphate			
*Number of Services <u>115</u>	*Sodium Silicate			
Number of Meters	*Soda Ash			
Ownership (P-Private; M-Public)	*Lime			
Date Original System Started	*Other <u>chlorine at plant and dist. station 0.8 gal</u>			
Date Present Supply put in Service	Improvements Needed			
Date Present Plant Installed	Source: (W-Well; S-Surface)			
Source of Supply (W-Well)	Transmission			
Safe Yield of Supply - MGD	Pumping (R-Ray; F-Finished)			
Raw Water Pump Cap. - MGD	Treatment aeration Stabilization Softening			
*Rated Plant Capacity - MGD <u>.207</u>	Chlorination			
Average Plant Output - MGD	Storage (G-Ground; E-Elevated)			
*Maximum Daily Plant Output - MGD <u>105 gal/hr</u>	Distribution System			
Laboratory Control	Other			
*Pressure Tank - Gal. <u>2000</u>	Stand by Power (R-Raw; F-Finished)			
*Ground Storage - MG <u>None</u>				
*Elevated Storage - MG <u>None</u>				

\*Plant Plan Approval Numbers: \_\_\_\_\_  
 \*Plant Master Meter: \_\_\_\_\_  
 Make \_\_\_\_\_ Capacity \_\_\_\_\_  
 Make \_\_\_\_\_ Capacity \_\_\_\_\_  
 \*Maine (Pipe Material): CA CI GS Otr (PVC-NSF logo?)  
 Size: Max. \_\_\_\_\_, Min. \_\_\_\_\_, No. Dead Ends \_\_\_\_\_  
 \*Operating Pressure: Max. 60, Min. 40 Ave. 50

\*Pollution Hazards: Sink holes, Drainage wells, Septic tanks, Sewers, Drainfields, Other:  
 \_\_\_\_\_  
 \_\_\_\_\_

Compliance Inspection  
 Water Plants  
 Page Two

Name of Auxiliary or emergency supply: None - can use salt spray compressed  
 Supply Also Serves: Name of Other Communities, SID's Salt Springs Village  
shipping center & compounds

COMPLIANCE MONITORING: System is in full compliance with which requirement? Check.  
 Bacteriological  Turbidity  Inorganic Chemical  THM  
 Radiological  Secondaries  Organic Chemical  Other nic, csoc

Violations of Sampling requirements: only one distribution sample submitted  
in MC 145  
 Violations of Maximum contaminant levels: None

		WELLS		
Well Number		3	4	5
Drilling Permit Number				
Year Drilled				
Depth Drilled (feet)		95'	120'	114'
Length, outside casing		73'	105'	106'
Diameter, outside casing (inches)		6"	6"	4"
Material, outside casing				
Depth to static water level				
Normal Suction Lift (working level)				
Normal Yield in GPM				
Test Yield in GPM				
Draw Down Ft.				
Type of Pump Mounting				
Is well subject to inundation?		No	No	No
Is well protected against surface water?		No	No	No

		WELL PUMPS		
Pump Number		3	4	5
Type (centrifugal, piston, turbine)		SH-AH	GAULT	SH-AH
Make, Model, etc.		40270	40270	40270
Horsepower		5HP	5	2
GPM		20	56	78
Head Setting (2)				
Head Pumped Against				
Standby Power				

		SERVICE OR PRESSURE PUMPS		
Pump Number				
Type				
Make, Model				
Horsepower				
GPM				
Head Pumped Against				
Standby Power				

Cross Connections: None

Remarks/Deficiencies: Openings in well casings (all 3).  
Well #5 - well not functional  
the bay sewer next installed - a 300 pipe  
new installation permit application in number # - 2 new well 3  
pressure tank  
 Inspector's Signature: [Signature] Date: 11/14/88  
 Title: E.S. II Approved by: [Signature] Date: 11/22/88



**Samira Villas - 1118**

**Marion County (SSU)**

**Water**

**• 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347

Lawton Chiles, Governor

Carol M. Browner, Secretary

*Please, I called with Bill Wilkerson  
I need a report this matter CLS  
9-23 CLS  
Bill Wilkerson  
Frank Anderson  
L. [unclear]*

August 27, 1991

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Samira Villas  
Marion County  
PWS-ID # 6424651

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water system. On page six of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended corrective action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office within thirty (30) days, in writing, of your action.

Thank you for your cooperation.

Sincerely,

*Gerald B. Foster*  
Gerald B. Foster  
Environmental Supervisor II  
Drinking Water Section

GBF/sem

Enclosure:

cc: Marion CPHU



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Samsra Villas County Marion PWS ID 6464651  
 Plant Address S.R. 200 + 84<sup>th</sup> Ave (SW) Zip Code \_\_\_\_\_ Plant Phone (407) 890-0053  
 Owner Name Southern States Utilities Owner Phone \_\_\_\_\_  
 Owner Address 1000 Color Place Apopka, Florida Zip Code 32703  
 Date of this inspection 08-20-91 Date of last inspection 2-12-88 Person contacted \_\_\_\_\_  
 Certified operators and cert. nos. C - 004437

Plant Loc: Contact Southern States Utilities  
 Population served 25+ Service connections 5 Percent metered \_\_\_\_\_ Design capacity .122 MGD  
 Design storage capacity \_\_\_\_\_ Average output \_\_\_\_\_ Maximum hour \_\_\_\_\_ Maximum day \_\_\_\_\_  
 Approval no. and date \_\_\_\_\_ Type meter and copy Henry 10<sup>8</sup>

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other \_\_\_\_\_  
 Indian Reservation  Motel  School  
 Emergency Water Source None Emergency Power Source None  
 Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many Wells? 1 Identify Source: \_\_\_\_\_ Identify supply System: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt.-hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other—specify \_\_\_\_\_

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

Well Number*	1						
Year Drilled	1983						
Depth Drilled	140'						
Length, out- side casing	80'						
Diameter, out- side casing	4"						
Material, out- side casing	Black Iron						
Depth to static water level	27'						
Normal suction lift (wknq. level)	Unk.						
Normal yield, GPM	92						
Test yield, GPM	Unk						
Type of grout	Neat Cement						
Drilling method	Comb.						
Type of strainer	Unk.						
Depth to top of strainer	Unk.						
Protection from surface water?	Yes						
Is inundation of well possible?	No						
Salt intrusion noted in past?	No						
Has the well ever been contaminated?	No						
Pump manufacturer's name	Sco-Are Submersible						
Model number	54P						
Capacity (GPM)	92						
Check valve present in line?	Yes						
Date of last servicing	Unk						
Maintenance schedule (dav/mo.)	Weekly						

COMMENTS (condition): \_\_\_\_\_

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>NA</u>	Backup machine Operative <u>          </u>	Make of chlorinator <u>Chem Tech</u>	Capacity, lb./24 hr <u>30 GPD</u>
Evidence of leaks <u>NO</u>	Reserve supply <u>Yes</u>	Gas or hypo used <u>Hypo</u>	Chlorine feed rate <u>UNK</u>
Air-pack or respirator adequate <u>NA</u>	Residual at remote tap <u>0.4 ppm</u>	Condition of equipment <u>Fair</u>	Automatic switchover <u>NA</u>
Residual at plant <u>          </u>	Residual at remote tap <u>0.4 ppm</u>	Ammonia smells fresh <u>NA</u>	More capacity needed <u>NO</u>
		Comments on chlorination <u>          </u>	

AERATOR NA

Type of aerator <u>          </u>	Tray area or weir length <u>          </u>	Condition of screens <u>          </u>
Bloodworms present <u>          </u>	Condition of aerator <u>          </u>	Adequate for Fe. E <sub>2</sub> S control <u>          </u>

COAGULATION NA

Chemical used <u>          </u>	Purpose <u>          </u>
Blanket visible <u>          </u>	Flocculation good or poor <u>          </u>
	Settling good? <u>          </u>
	Carryover <u>          </u>

LIME SOFTENING NA

Quicklime or hydrated <u>          </u>	Name of unit <u>          </u>	Size and type <u>          </u>
Any auxiliary chemicals used <u>          </u>	Points of application (in unit) <u>          </u>	
Nature and abundance of floc <u>          </u>	Appearance of sludge blanket <u>          </u>	
Is settling good <u>          </u>	Excessive carryover <u>          </u>	Turbidity in clearwell <u>          </u>
Any filter cementation <u>          </u>	Effluent stability <u>          </u>	Recarbonation type <u>          </u>
		Secondary precipitation <u>          </u>
		Sludge recirculation used <u>          </u>

FLUORIDATION NA

Chemical used <u>          </u>	Strength if acid <u>          </u>	Is dilution used (acid) <u>          </u>
Corrosion noted <u>          </u>	Galling or plugging <u>          </u>	Feeder make and model <u>          </u>
Split sample agreement <u>          </u>	Sufficient analyses <u>          </u>	Feeder condition <u>          </u>

STABILIZATION NA

Stability index of effluent <u>          </u>	Is pH control practiced <u>          </u>	Chemical(s) used <u>          </u>
-----------------------------------------------	-------------------------------------------	------------------------------------

FILTERS & FILTRATION *NA*

Size and number _____	Type of filters _____
Can you see filter media _____	Length of filter runs _____
What is the normal filter rate _____	Are mudballs visible _____
Capacity of filters _____	Is there air-binding _____
Loss in head ga. present _____	What is the usual backwash rate _____
At what head loss is BW done _____	Are filters overloaded _____
Has cementation ever occurred _____	Cracks and Channelling _____
Where in relation to filtration is stabilization done _____	Range of turbidity in effluent _____
If high rate, what is turbidity at interface _____	Distance from top of media to trough overflow _____
Can you observe algae in filters _____	

REVERSE OSMOSIS *NA*

Make and type of units _____	Pressure required _____
Auxiliary chemicals used _____	Proportion of waste to product streams _____
Quality of effluent _____	Stabilization _____
Booster pump _____	Type of membranes _____
Type of pre-treatment _____	

ZEOLITE SOFTENING *NA*

Unit mfg. & model _____	Resin copy _____
Grade of salt for regen. _____	Resin prevented from escaping _____
Stability of effluent _____	

.....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

SEWER SERVICE *NA*

Pump No.									
Manufacturer name									
Pump type & motor HP									
Model number									
Date Installed									
Capacity									
Maintenance schedule									
Date last serviced									

Comments: \_\_\_\_\_

STORAGE FACILITIES: ( ) ground: (  ) hydro pneumatic: ( ) elevated: ( ) clearwell.

Tank No.	1								
Capacity	1000 g								
Material	Steel								
Gravity drain capacity	Yes								
Bypass capacity	Yes								
Covered/screeded openings	NA								
Date of last cleaning	unk								
Pressure gauge	Yes								
Sight glass	Yes								
On/Off pressure	+0 psi								
Hgt. to bottom of el. tank	NA								
Hgt to max. water level	NA								

Comments: \_\_\_\_\_

DISTRIBUTION SYSTEM Material of mains PVC System looped Unk.  
 Operation pressure 40 psi Max. pipe diam. Min. pipe diam. No. of dead ends 1  
 How often flushed Unk. No. of fire hydrants 0 Known cross-connections with private supplies None  
 Blowoff lines below grade 1 Routine cross-connection control program None

PLANT LABORATORY CAPABILITY  
 pH Chlorine: type \_\_\_\_\_ Color  
 Bacteriological Iron Turbidity Alkalinity Hardness  
 Chlorides Stability Jar tests Fluorides Complete  
 Radiological Marble tests Organics Inorganics

Person in charge of laboratory, and credentials: \_\_\_\_\_

COMPLIANCE MONITORING System is in full compliance with which requirements?  
 Check. Inorganic chemical: Organic chemical TCM  
 Bacteriological  Turbidity  Jar tests  Fluorides  
 Radiological  Secondaries  Other: \_\_\_\_\_

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
Re-check samples for 10006 S.W. 100 <sup>th</sup> Street not received (Bacteriological)	17-557.512(6)	Submit re-checks as required under new coliform rule.
Raw water tap threaded	17-555.315(2)(f)	Make raw tap smooth nowed down opening



DEFICIENCY

REGULATION  
PERTAINING

RECOMMENDED  
ACTION

\* Provide copy of Sanico Villas's cross connection control program.

Inspector's signature

Shall B. [Signature]

Date: 8/23/91

Title Env. Sup. II

Approved by \_\_\_\_\_

Date: \_\_\_\_\_

# **Saratoga Harbour - 448**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary



December 17, 1991

~~DISCONTINUED~~

Mr. Charles Sweat  
Vice President of Operations  
S.S.U. Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Dear Mr. Sweat:

Putnam County - PW  
Saratoga Harbor WTP

On November 19, 1991, a sanitary survey was done on the referenced drinking water system. Jerry Boyd of SSU Services, Inc. was present. The following items are noted:

1. Maximum Contaminant Level (MCL) exceeded for Turbidity. A July 31, 1991 chemical analysis measured Turbidity at 2.2 NTU, exceeding the MCL of 1.0 NTU. Two consecutive days rechecks are required.
2. MCL for Odor exceeded. The July 31, 1991 measured odor at 32 Ton, exceeding the MCL of 3 Ton. Three days rechecks within thirty days is required.
3. An emergency generator is needed. Because this system serves both Saratoga Harbor and Welaka MHP, our population estimates now exceed 350. If you have more accurate census data, please provide. A generator must be permitted prior to installation.
4. An access ladder is needed for the aerator for inspections and maintenance.
5. Sight glass on the hydrotank was opaque and needs cleaning.
6. The pumps and valves are showing weather effects, including rust. A building over this area would protect them and may save maintenance costs.

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320




Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

Mr. Charles Sweat  
December 12, 1991  
Page Two

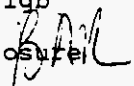
A bacteriological sample was taken and the results were satisfactory. Missing from the July 31, 1991 chemical analysis were the field corrosivity parameters: field conductivity, dissolved oxygen, pH and temperature. Please ensure these parameters are measured and reported.

A copy of the survey is enclosed for your records. Please contact me in writing within 15 days of receipt of this letter as to your plans to address the deficiencies listed above and within what time frames. If you have any questions, please contact me at (904) 448-4330 extension 305. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

  
James R. Maher  
Engineer IV

JRM/lgb

Enclosure 

cc: Mr. Jerry Boyd  
Mr. Robert Regaldo  
Ms. Laurie Gauch, Putnam County Health Department

LOCATION 309 TO Hamilton RD

Ins. No. 2541008

State of Florida  
 Department of Environmental Regulation  
 SANITARY SURVEY REPORT  
 for  
 Drinking Water System

Inspection date: 11/19/91

I. GENERAL

Plant name SARATOGA HARBOR County PUTNAM  
 Plant owner SOUTHERN STATES UTILITIES No. 140 Person contacted CHARLES SWEAT  
JERRY BAYO  
 Plant address 1000 COVE PEACE Operator certification no. CG963  
 City AROPA Zip 32703 Phone no. 904-677-4400 Basin code \_\_\_\_\_  
 Population served 387 (est) No. of service connections 139  
 Type of service Community Type of meter at plant & capacity in line  
 Percent or no. of meters 100% Plant designed by PICK FRIWES  
 Plant capacity (design) 316 MGD Plant output, average (MGD) 1.031  
 Storage capacity (design) 45,000 Maximum hour (1000's gals.) 2.5  
 Approval no. and date WES4142326 (1987) Emergency water source WELAFA MND WTP  
 Daily maximum (MGD) 1.047 Standby equipment WELAFA MND WTP  
 Emergency power source None Capacity 184 MGD  
 TYPE OF SERVICE  Community  Non-community  
 Municipal  Subdivision  Common carrier  
 Recreation area  Institution  Hotel or hotel  
 Trailer park  College or school  Other  
 Restaurant  Industrial plant

II. SOURCE(S) OF RAW WATER SUPPLY

Ground: Number of wells  1  
 Surface: Purchased

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1971				
Depth drilled	179'				
Length, outside casing					
Diameter, outside casing	4"				
Material, outside casing	Steel				
Depth to static water level					
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	NO				
Is well protected against surface water?	NO				
Salt water infiltration problems in past?	NO				
Latitude	29° 31' 25"				
Longitude	81° 41' 00"				
Check valve	YES				
Grouted					
Has well ever been contaminated?	NO				
Pump manufacturer's name	Grundfos				
Date manufactured					
Model number					
Capacity	600				
Last serviced (date)	NO				
Comment					
Maint. schedule (day, week, month, etc.)	10	75	75		

2. Surface Supplies: Provide section on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in cfm weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is needed: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Stats? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                                                      |                                                       |
|------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration         | <input type="checkbox"/> Lime softening               |
| <input type="checkbox"/> Coagulation                 | <input type="checkbox"/> Recarbonation                |
| <input type="checkbox"/> Iron removal                | <input type="checkbox"/> Reverse osmosis              |
| <input type="checkbox"/> Taste-odor control          | <input checked="" type="checkbox"/> Chlorination-post |
| <input type="checkbox"/> High-rate filtration        | <input type="checkbox"/> Fluoridation                 |
| <input checked="" type="checkbox"/> Chlorination-pre | <input type="checkbox"/> Settling                     |
| <input type="checkbox"/> Filtration                  | <input type="checkbox"/> pH adjustment                |
|                                                      | <input type="checkbox"/> Zeolite softening            |
- B. Aeration:
- |                                                   |                                                            |               |
|---------------------------------------------------|------------------------------------------------------------|---------------|
| <input type="checkbox"/> Slimes or algae noted    | <input checked="" type="checkbox"/> Screens in good repair | <u>NHDS A</u> |
| <input checked="" type="checkbox"/> Iron deposits | <input type="checkbox"/> Hydrogen sulfide odor             | <u>WOODR</u>  |

C. Chemical Used (include Chlorine):

Chemical	Type Feeder	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
<u>Alumal Prep 20</u>	<u>20</u>	<u>250</u>	<u>After</u>	<u>Disinfection</u>
<u>NaOCl</u>	<u>20</u>	<u>25</u>	<u>Pre-hydro</u>	

D. Chemical Feeders:

- |            |                                              |                                                 |
|------------|----------------------------------------------|-------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Oil on floor        | <input type="checkbox"/> Chemical spilled       |
|            | <input type="checkbox"/> Spare parts kept    | <input type="checkbox"/> Gas repair manuals     |
|            | <input type="checkbox"/> Noisy operation     | <input type="checkbox"/> Chemicals well stocked |
|            | <input type="checkbox"/> Water on floor      | <input type="checkbox"/> Feeders all work       |
|            | <input type="checkbox"/> Excessive vibration | <input type="checkbox"/> Bags stored dry        |
- E. Coagulation:
- |            |                                          |                                                       |
|------------|------------------------------------------|-------------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Settling poor   | <input type="checkbox"/> Chem. dose questionable      |
|            | <input type="checkbox"/> No blanket seen | <input type="checkbox"/> Effluent taste & odor strong |
|            | <input type="checkbox"/> Pinpoint floc   | <input type="checkbox"/> Color removal good           |
- F. Softening:
- |            |                                               |                                                     |
|------------|-----------------------------------------------|-----------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Float unstable       | <input type="checkbox"/> Blanket visible            |
|            | <input type="checkbox"/> Feed intermittent    | <input type="checkbox"/> Settling good              |
|            | <input type="checkbox"/> Water leaves clear   | <input type="checkbox"/> Acc. silica used           |
|            | <input type="checkbox"/> Sludge not excessive | <input type="checkbox"/> Sludge return used         |
|            | <input type="checkbox"/> Coag. aid used       | <input type="checkbox"/> No control of sludge level |
- G. Fluoridation:
- |            |                                             |                                                |
|------------|---------------------------------------------|------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Analyses OK        | <input type="checkbox"/> Feeder good condition |
|            | <input type="checkbox"/> Separate storage   | <input type="checkbox"/> Acid spilled          |
|            | <input type="checkbox"/> Rusty enclosure    | <input type="checkbox"/> Frequent shutdowns    |
|            | <input type="checkbox"/> Monthly samples OK | <input type="checkbox"/> Corrosion evident     |
- H. Filtration:
- |            |                                              |                                                   |
|------------|----------------------------------------------|---------------------------------------------------|
| <u>N/A</u> | <input type="checkbox"/> Mudballs present    | <input type="checkbox"/> Clearwell turbidity seen |
|            | <input type="checkbox"/> Carryover excessive | <input type="checkbox"/> Backwash cleans media    |
|            | <input type="checkbox"/> Gallery kept clean  | <input type="checkbox"/> Plant appears overloaded |
|            | <input type="checkbox"/> Air binding present | <input type="checkbox"/> Little foreign material  |
|            | <input type="checkbox"/> Short filter runs   | <input type="checkbox"/> Sediment in clearwater   |
|            | <input type="checkbox"/> Algae in filter     |                                                   |

III. Disinfection:

<input checked="" type="checkbox"/> Odor of chlorine (leak)	<input checked="" type="checkbox"/> Ample stock of chlorine
<input checked="" type="checkbox"/> Lead washers kept	<input checked="" type="checkbox"/> Ammonia fresh (odor)
<input checked="" type="checkbox"/> Note effluent residual	<input checked="" type="checkbox"/> Air pack pressure OK
<input checked="" type="checkbox"/> Respirator in date	<input checked="" type="checkbox"/> Repair parts kept
<input checked="" type="checkbox"/> Corrosion noticeable	<input checked="" type="checkbox"/> Note chlorine rate
<input checked="" type="checkbox"/> Machine function good	<input checked="" type="checkbox"/> Fat works OK
<input checked="" type="checkbox"/> Chlorine residual records current	

Chlorine residual before entering distribution lines 1.9 ppm.  
 Chlorine residual at extremity of distribution system 0.8 ppm.  
 Reserve supply of chlorine (specify units), 150 # cylinders kept at Harbort's Cove.  
 Other observation(s) \_\_\_\_\_

IV. STORAGE FACILITIES:

<input checked="" type="checkbox"/> Ground storage	<input type="checkbox"/> Elevated storage
<input checked="" type="checkbox"/> Hydropneumatic tank	<input type="checkbox"/> Clear well

Tank number	1	2	3	4
Capacity	40,000	5,000		
Material	steel	steel		
Gravity drain capacity	4"	4"		
Bypass capacity	4"	4"		
Covered/screened openings	4"	N/A		
Date of last cleaning				
On/off pressure, where appl.		54.65		
Hgt. to bot. of fl. tank				
Hgt. to max. tank water level				
Comments				

V. WIRE SERVICE:

Fund number	1	2	3	4
Manufacturer's name	Goody	Goody		
Date manufactured				
Model number	3656	3656		
Capacity	60M	140	140	
Maintenance schedule				
Last service date				
Comment	48	2.5	2.5	

VI. DISTRIBUTION SYSTEM:

Material of mains AS pipe Max. pipe diam. 4" Min. pipe diam. 3/4"  
 Operation pressure 54 No. of dead ends 5 How often flushed? annually  
 No. of fire hydrants 7  
 Are there cross connections with privates or other supplies? Indicant, w/ Wellata  
 Are there any blowoff lines below grade in the system? none noted  
 Are there any sanitary hazard near sources of water supply? none noted  
 Are there any underwater crossings, which are suspected of leaking? no  
 If a sewer line is within 100 feet, state material and jointing method. N/A  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? Not since new plant b. 1.  
 Blow off lines below grade.  none  few  numerous  
 Observations: \_\_\_\_\_

VII. WATER QUALITY REVIEW:

A. Chemical

1. Test capability

<input checked="" type="checkbox"/> pH	<input type="checkbox"/> Radiological
<input type="checkbox"/> Chemical	<input type="checkbox"/> Physical (color, odor, turbidity)
<input type="checkbox"/> Jar Test	<input type="checkbox"/> Special
<input type="checkbox"/> Bacteriological	<input checked="" type="checkbox"/> Chlorine residual

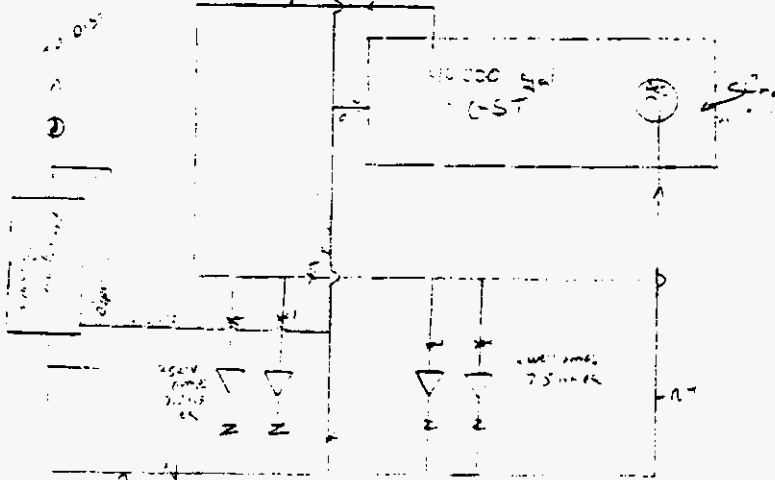
2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain.  
not made no checks made Corrosivity field parameters  
Reds will be due 6/92

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? yes If so, specify the chemical parameter(s) and concentration(s) Turbidity did, odor 32.40m
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? not necessarily If so, specify. Quarantine rechecks
5. Bacteriological
  1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? yes
  2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? no If so, specify.

**VIII. SUMMARY AND RECOMMENDED ACTION**

- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. Odor MCL	17-555.520	Take 3 rechecks
2. Turbidity MCL	17-555.510	Take 2 rechecks
3. Need Emergency Generator		Permit to supply
4. Need a ladder to see odor		provide
5. Sign glass opaque		clean it.
6. Pumps valves showing wear		put buildings up
Inspector's signature: <u>James P. Mahan</u>		Date: <u>12/12/91</u>
Title: <u>PLANT ENGINEER</u>		
Approved by: <u>B. Rodriguez</u>		Date: <u>12/18/91</u>
<u>PLANT ENGINEER (in structure)</u>		





**Silver Lake Estates - 574**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Silver Lake Estates Lake 3351182

Plant Name \_\_\_\_\_ County \_\_\_\_\_ PWS ID \_\_\_\_\_

Plant Address \_\_\_\_\_ Zip \_\_\_\_\_ Plant Phone (\_\_\_\_) \_\_\_\_\_

Location Description: \_\_\_\_\_

Owner Southern States Util. Div. 407 830-0100

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of this inspection: 3/14/91 Date of last survey: \_\_\_\_\_ Date of last compliance inspection: \_\_\_\_\_ Person contacted: Don Corder

Service area characteristics: C \_\_\_\_\_ NC \_\_\_\_\_ NTHC \_\_\_\_\_

1. Certified Operators & Certification No.: Brian Heath C-5825 Sdays & L...  
2. Maintenance and Operation Log Book: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_  
3. Meter/Time Lapse Clock: Yes \_\_\_\_\_ No \_\_\_\_\_  
4. Well(s): Number: \_\_\_\_\_ 6' X 6' X 4" Concrete Pad: YES  
In Line Check Valve Present: YES Raw Water Tap: YES

Comments: \_\_\_\_\_

5. CHLORINATION

Manufacturer's Name: \_\_\_\_\_ Gas: \_\_\_\_\_ Hypo: \_\_\_\_\_ Cl<sub>2</sub> Reg. Qual: \_\_\_\_\_  
of Chlorinator: \_\_\_\_\_ Plant \_\_\_\_\_  
Comments: \_\_\_\_\_

6. Other Treatment(s): \_\_\_\_\_  
Comments: \_\_\_\_\_

7. Storage \_\_\_\_\_ (B) ground: (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number \_\_\_\_\_

Pressure Gauge \_\_\_\_\_

Sight Glass \_\_\_\_\_

On/Off pressure \_\_\_\_\_

Comments: \_\_\_\_\_

DEFICIENCIES: \_\_\_\_\_

NO PRESSURE RELIEF VALVE

Gas chlorine room needs to be above grade - OK Per Mr. Kudimov

NO WASHER IN THE GAS CHLORINE ROOM

(NO RESPIRATOR IN GAS CHLORINE ROOM) - OK Per Mr. Kudimov

Loss of Chlorination also -

Water system deficiencies listed above must be corrected within 30 days (see 14, 91)

Inspector's Signature: \_\_\_\_\_ Date: 3/14/91

Received By: \_\_\_\_\_ Date: 3-14-91

Form left on site/Left with Operator or Water Purveyor

\* Inter. Connected to western shores SD.  
 Ground Board & pump 1HP  
 Pump valve

**Silver Lake Oaks - 473**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

January 10, 1992

CC: [unclear]  
[unclear] Reports

Mr. Bert Phillips  
SSU Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Dear Mr. Phillips:

Putnam County - PW  
Silver Lake Oaks WTP  
PWS ID: 2544258

On November 20, 1991, a sanitary survey was done on the drinking water system referenced above. Mr. Jerry Boyd was present. Also, chemical analysis for iron, Turbidity and TDS were received as required to formally clear the upgraded plant for operation. The following items are noted:

1. The turbidity test results were 1.4 NTU, exceeding the Maximum Contaminant Level (MCL) of 1.0 NTU. Two consecutive days additional samples are required. If the average of these two sample results are less than 5.0 NTU and it can be shown that disinfection is not interfered with, the system would be in compliance for that parameter.
2. In my January 1990 inspection I requested a copy of the field capacity well pump test. I cannot locate this in our files. Please provide a copy.
3. The GST sight glass was opaque and unreadable. Please clean.
4. The water in the GSTs also looked opaque. A sludge like film was noted on the sides of the tank interior, but no sludge was noted upon flushing the bottom blow valve. It seems as if the oxidized iron is clinging to the sides rather than settling. I requested that a sample of the film be analyzed by a lab. Please submit results to me and to your engineers for possible explanations.

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320

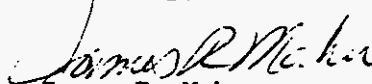


Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

Mr. Bert Phillips  
January 10, 1992  
Page Two

When satisfactory turbidity rechecks and pump test results are received, the plant can be formally cleared for operation. A copy of the survey is enclosed for your records. Please contact me in writing as to your plans to address the GST mystery and take Turbidity samples. Your cooperation in Florida's Safe Drinking Water Program is appreciated.

Sincerely,

  
James R. Maher  
Engineer IV

JRM/lgb

cc: Jerry Boyd  
Robert Regalado  
Putnam County Health Department

2247 Silver Lake Dr  
+ Lake Shore Dr W

ID. No. 2544258

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
for  
Drinking Water Systems

Inspection date: 11/20/91

I. GENERAL

Plant name Silver Lake Oaks County Putnam  
 Plant owner Bill Jensen Inc <sup>but Shilops</sup> Person contacted Jerry Boyd  
 Plant address 400 Cedar Place Operator certification no. Paul Thompson C.  
 City Opoka Zip 32703 Phone no. 678-4113 Basin code \_\_\_\_\_  
 Population served approx 63 No. of service connections 25  
 Type of Service Community Type of water at plant & capacity in line  
 Percent or no. of meters 100% Plant designed by MARK MADSEN  
 Plant capacity (design) .058 Plant output, average (MGD) .007 (1k)  
 Storage capacity (design) 13000 gal Maximum hour (1000's gal.) 5  
 Approval no. and date 15117605 1/10 Emergency water source none  
 Daily maximum (MGD) .05 (15k) Standby equipment: none  
 Emergency power source none Capacity none

TYPE OF SERVICE  Community  Non-community

Municipal  Subdivision  Common carrier  
 Recreation area  Institution  Hotel or motel  
 Trailer park  College or school  Other  
 Restaurant  Industrial plant

II. SOURCE(S) OF RAW WATER SUPPLY  Ground; Number of wells  Surface; Purchased

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1982				
Depth drilled	25'				
Length, outside casing	25'				
Diameter, outside casing	4"				
Material, outside casing	steel				
Depth to static water level					
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	no				
Is well protected against surface water?	yes				
Salt water infiltration problems in past?	no				
Latitude	29° 37' 31"				
Longitude	81° 42' 54"				
Check valve	yes				
Grouted	no				
Has well ever been contaminated?	no				
Pump manufacturer's name	MARK				
Date manufactured					
Model number					
Capacity	GPM 40				
Last serviced (date)					
Comment	HP 3				
Main: schedule (day), week, month, etc.					

2. Surface Supplies: Provide section or separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, public grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring: \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is needed: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ how is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Std? \_\_\_\_\_  
 Other observations: \_\_\_\_\_

3. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                                     |                      |                                     |                   |
|-------------------------------------|----------------------|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Aeration             | <input type="checkbox"/>            | Lime softening    |
| <input checked="" type="checkbox"/> | Coagulation          | <input type="checkbox"/>            | Recarbonation     |
| <input checked="" type="checkbox"/> | Iron removal         | <input type="checkbox"/>            | Reverse osmosis   |
| <input checked="" type="checkbox"/> | Case-odor control    | <input checked="" type="checkbox"/> | Chlorination-post |
| <input checked="" type="checkbox"/> | High-rate filtration | <input type="checkbox"/>            | Fluoridation      |
| <input checked="" type="checkbox"/> | Chlorination-pre     | <input type="checkbox"/>            | Settling          |
| <input checked="" type="checkbox"/> | Filtration           | <input type="checkbox"/>            | pH adjustment     |
|                                     |                      | <input type="checkbox"/>            | Zeolite softening |

- B. Aeration:
- |                                     |                       |                                     |                        |
|-------------------------------------|-----------------------|-------------------------------------|------------------------|
| <input checked="" type="checkbox"/> | Slimes or algae noted | <input checked="" type="checkbox"/> | Screens in good repair |
| <input checked="" type="checkbox"/> | Iron deposits         | <input checked="" type="checkbox"/> | Hydrogen sulfide odor  |

C. Chemical Used (include Chlorine):

Chemical	Type feeder	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
Chlorine	Chem Tech	24 GAO	pre aeration	Disinfection
		100 lbs.		

D. Chemical Feeders:

- |            |                          |                     |                          |                        |
|------------|--------------------------|---------------------|--------------------------|------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Oil on floor        | <input type="checkbox"/> | Chemical spilled       |
|            | <input type="checkbox"/> | Spare parts kept    | <input type="checkbox"/> | Has repair manuals     |
|            | <input type="checkbox"/> | Noisy operation     | <input type="checkbox"/> | Chemicals well stocked |
|            | <input type="checkbox"/> | Water on floor      | <input type="checkbox"/> | Feeders all work       |
|            | <input type="checkbox"/> | Excessive vibration | <input type="checkbox"/> | Bags stored dry        |

E. Coagulation:

- |            |                          |                 |                          |                              |
|------------|--------------------------|-----------------|--------------------------|------------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Settling poor   | <input type="checkbox"/> | Chem. dose questionable      |
|            | <input type="checkbox"/> | No blanket seen | <input type="checkbox"/> | Effluent taste & odor strong |
|            | <input type="checkbox"/> | Pimping float   | <input type="checkbox"/> | Color removal good           |

F. Softening:

- |            |                          |                      |                          |                            |
|------------|--------------------------|----------------------|--------------------------|----------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Flocc unstable       | <input type="checkbox"/> | Blanket visible            |
|            | <input type="checkbox"/> | Feed intermittent    | <input type="checkbox"/> | Settling good              |
|            | <input type="checkbox"/> | Water leaves clear   | <input type="checkbox"/> | Act. silica used           |
|            | <input type="checkbox"/> | Sludge not excessive | <input type="checkbox"/> | Sludge return used         |
|            | <input type="checkbox"/> | Coag. aid used       | <input type="checkbox"/> | No control of sludge level |

G. Fluoridation:

- |            |                          |                    |                          |                       |
|------------|--------------------------|--------------------|--------------------------|-----------------------|
| <u>N/A</u> | <input type="checkbox"/> | Analyses OK        | <input type="checkbox"/> | Feeder good condition |
|            | <input type="checkbox"/> | Separate storage   | <input type="checkbox"/> | Acid spilled          |
|            | <input type="checkbox"/> | Dusty enclosure    | <input type="checkbox"/> | Frequent shutdowns    |
|            | <input type="checkbox"/> | Monthly samples OK | <input type="checkbox"/> | Corrosion evident     |

H. Filtration:

- |            |                          |                     |                          |                          |
|------------|--------------------------|---------------------|--------------------------|--------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Mudballs present    | <input type="checkbox"/> | Clearwell turbidity seen |
|            | <input type="checkbox"/> | Carryover excessive | <input type="checkbox"/> | Backwash cleans media    |
|            | <input type="checkbox"/> | Gallery kept clean  | <input type="checkbox"/> | Plant appears overloaded |
|            | <input type="checkbox"/> | Air binding present | <input type="checkbox"/> | Little foreign material  |
|            | <input type="checkbox"/> | Short filter runs   | <input type="checkbox"/> | Sediment in clearwater   |
|            | <input type="checkbox"/> | Algae in filter     |                          |                          |

HYPOCHLORINATION ONLY

III. Disinfection:

<input checked="" type="checkbox"/>	Order of chlorine (leak)	<input checked="" type="checkbox"/>	Ample stock of chlorine
<input checked="" type="checkbox"/>	Lead washers kept	<input type="checkbox"/>	Ammonia fresh (odor)
<input checked="" type="checkbox"/>	Note effluent residual	<input type="checkbox"/>	Air pack pressure OK
<input checked="" type="checkbox"/>	Respirator in date	<input type="checkbox"/>	Repair parts kept
<input checked="" type="checkbox"/>	Corrosion noticeable	<input type="checkbox"/>	Note chlorine rate
<input checked="" type="checkbox"/>	Machine function good	<input type="checkbox"/>	Fix works OK
<input checked="" type="checkbox"/>	Chlorine residual records current		

Chlorine residual before entering distribution line 1.6 ppm.  
 Chlorine residual at extremity of distribution system 1.4 ppm.  
 Reserve supply of chlorine (specify units) 15 gal storage bucket  
 Other observation(s) have set up to precipitate iron as of 1/27 but not currently in use.

IV. STORAGE FACILITIES:

<input checked="" type="checkbox"/>	Ground storage (2)	<input type="checkbox"/>	Elevated storage
<input checked="" type="checkbox"/>	Hydropneumatic tank	<input type="checkbox"/>	Clear well

Tank number	2 @	2	2
Capacity	6000	1000	
Material	concrete	steel	
Gravity drain capacity	4 gpm	4 gpm	
Bypass capacity	4 gpm	4 gpm	
Covered/extended openings			
Date of last cleaning			
On/off pressure, where appl.	40-60		
Rel. to bot. of H. tank			
Rel. to max. tank water level			
Comments			

V. PUMP SERVICE:

Pump number	1	2	3	4
Manufacturer's name	Perkins	400-125		
Date manufactured				
Model number	6100A	6100		
Capacity	20	20		
Maintenance schedule				
Last service date	9/91			
Comments	NP	S	S	

VI. DISTRIBUTION SYSTEM:

Material of mains PVC, OLS Max. pipe diam. 3" Min. pipe diam. 7/4"  
 Operation pressure 30 No. of dead ends 0 How often flushed: -  
 No. of drive hydrants 0  
 Are there cross connections with private or other supplies? none known  
 Are there any blowoff lines below grade in the system? no  
 Are there any sanitary hazard near sources of water supply? none noted  
 Are there any underground crossings which are suspected of leaking? no  
 If a sewer line is within 100 feet, state material and jointing method. n/a  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? no  
 Blow off lines below grade:  none  few  numerous  
 Observations:

VII. WATER QUALITY REVIEW:

A. Chemical  
 B. Lab capability

<input checked="" type="checkbox"/>	PE	<input type="checkbox"/>	Radiochemical
<input type="checkbox"/>	Chemical	<input type="checkbox"/>	Physical (color, odor, turbidity)
<input type="checkbox"/>	Jar Test	<input type="checkbox"/>	Special
<input type="checkbox"/>	Bacteriological	<input checked="" type="checkbox"/>	Chlorine residual

3. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain.

	last done	next due
Heavy Inorganics	4/89	4/92
Heavy Organics	4/89	4/92
rb.dily	4/89	4/92
secondary tests	4/89	4/92
radiochemicals	8/91	8/95
VOCs	1,4,7,10 91	1,4,7,10 94

USE Form 5800 (REV. 10-80) (ANSI Z39.18) Page 3 of 4  
 UCA



2. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? Yes If so, specify the chemical parameter(s) and concentration(s): Turbidity is at 4.4; no records record
3. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? not at this time If so, specify.
1. Bacteriological
1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? Yes
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? no If so, specify.

VII. SUMMARY AND RECOMMENDED ACTION

- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

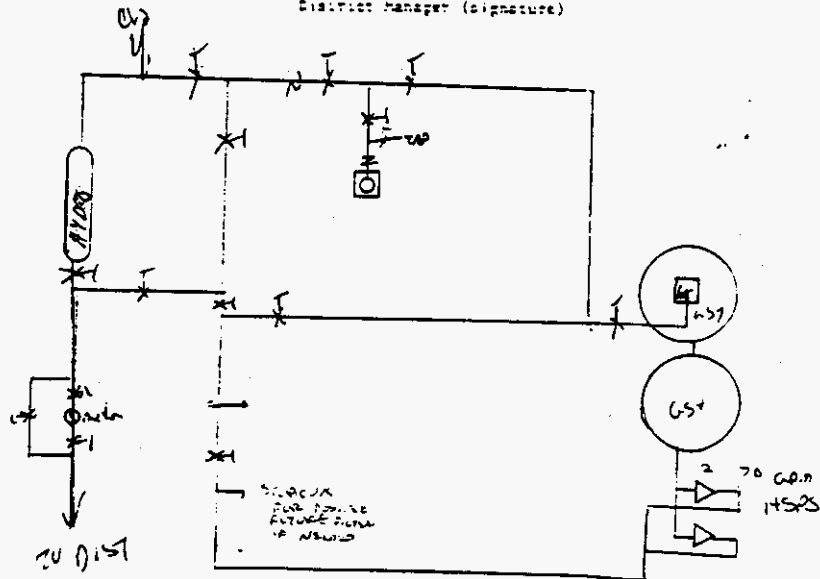
Deficiency	Referenced Regulations	Recommended Action
1. LATEST TURBIDITY ABOVE MCL.	17-550.510	DO RECORDS OR ANALYZE NEW ANALYSIS.
2. SLUDGE ACCUMULATION ON GST	TAM 2783-2 17-555.310	
3. SIGMA CLASS ON GST	17-550.350	CLEAN IT

Inspector's signature: James R. Plakow Date: 11/10/92

Title: ENGINEER III

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

District Manager (signature)



**Skycrest - 551**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Skycrest S.D. County Lake PWS ID 3351205  
 Plant Address 1000 Cedar Pl. #112 Zip 32707 Plant Phone (407) 880-0100  
 Location Description: Skycrest Area lots 12, 17  
 Owner Southern States Util. Serv. Co. Owner Phone (407) 880-0100  
 Address 1000 Cedar Pl. #112 City Apopka State Fl. Zip 32707  
 Date of this inspection: 8/14/91 Date of last survey: 8/28/90 Date of last compliance inspection: \_\_\_\_\_  
 Person contacted: Don Gorder  
 Service area characteristics: C & GSD MC NTNC

1. Certified Operators & Certification No.: Price, Heath C-5825 5 days to expire
  2. Maintenance and Operation Log Book: Yes  No  Not Applicable
  3. Meter/Time Lapse Clock: Yes  No
  4. Well(s): Number: 1 6' X 6' X 4" Concrete Pad: Yes
- In Line Check Valve Present?: Yes Raw Water Tap?: Yes

Comments: \_\_\_\_\_  
 5. CHLORINATION  
 Manufacturer's Name of Chlorinator: Royal Gas:  Hypo:  Cl<sub>2</sub> Residual: \_\_\_\_\_  
 Plant 1.5 Remote

Comments: Submersible pump, Air Relief Valve, Gravity drain, Pressure

7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	Pressure Gauge	Sight Glass	On/Off pressure
<u>1</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>45/55</u>

Comments: C1  
 DEFICIENCIES: Respirator not present in the chlorine room needs to be above grade - OK Per Mr. Kordon

Water system deficiencies listed above must be corrected within 30 days (except 14 days) days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3399 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: M. W. Kordon Date: 8/14/91  
 Received By: Donald P. Gorder Date: 8-14-91

Form Left on Site/Left with Operator or Water Purveyor

Gorder, Don, Pump, 1HP

# **Spring Hill Utilities - 27001**

**Hernando County (DUI)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH  
TAMPA, FLORIDA 33610  
813 985-7402  
EvanCom 570 8000



BOR GRAHAM  
GOVERNOR  
VICTORIA J. TSCHINKEL  
SECRETARY  
DR. RICHARD D. GARRITY  
DISTRICT MANAGER

June 25, 1986

Spring Hill Utilities  
9500 Eldridge Rd.  
Spring Hill, FL 33526

Hernando County  
Spring Hill S/D  
PWS-ID# 6271696

Dear Sir:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water system. On page six of this report, you will find a list of deficiencies, if any, that were noted during a recent inspection, along with recommended corrective action.

You are hereby requested to correct all listed deficiencies as recommended and to notify this office, in writing, of your action.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Viet Ta".

Viet Ta  
Environmental Specialist I  
Drinking Water Section

VT/mas

cc: Hernando CHD

*Protecting Florida and Your Quality of Life*

JUN 30 1986

STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Spring Hill S/D County Hernando PWS ID G271696  
 Plant Address 9500 Eldridge Road Zip Code 33526 Plant Phone 904-683-2715  
 Address Spring Hill, FL  
 Owner Name Spring Hill Utilities Owner Phone same  
 Owner Address 9500 Eldridge Rd., Spring Hill, FL Zip Code 33526  
 Date of this inspection 4-22-86 Date of last inspection 9-20-83 Person contacted Bill Williams  
 Certified operators and cert. nos. Hugh Hawkins "C", Ricky Leach "C"

Plant Loc.: 19 N. - right turn at Spring Hill Dr., 6 miles - next to church

Population served 30,000 Service connections 14,300 Percent metered 100 Design capacity 10.4 MGD  
 Design storage capacity 1,540,000 Average output 4.27 MGD Maximum hour 6.194 MGD  
 Approval no. and date WC-27-8960 Type water Precision, Master-Flo, and copy Hersey

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Post area  Visitor Center  
 Company Town  Marina  Restaurant  Other Retail Store  
 Indian Reservation  Motel  School

Emergency Water Source None Emergency Power Source Gas powered Aux. generators and engines  
 Type of Standby Capacity of Standby

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many Wells? 10 Identify Source: Identify supply System:

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Iron Removal  pH adjustment  
 Chlorination  Filtration  Lime Softening  T & O control  
 Chlor.-pre.  Filt. hi-rate  Recarbonation  Settling  
 Chlor.-post  Fluoridation  Reverse Osmosis  Zeolite Soft.  
 Coagulation  Other--specify \_\_\_\_\_

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

## Sanitary Survey (Groundwater)

Page Two

LAT: 28°27'  
LONG: 82°36'

FWS ID: 6271696

Well Number*	2	7	10	11	12	6	13
Year Drilled	1967	1969	1971	1972	1972	1969	1975
Depth Drilled	373'	320'	418'	350'	350'	286'	484'
Length, out-side casing	209'	159'	212'	220'	125'	92'	245'
Diameter, out-side casing	10"	10"	10"	10"	10"	8"	10"
Material, out-side casing	Steel (Black)	Steel (Bl.)	Steel (Bl.)	Steel (Bl.)	Steel (Bl.)	Steel (Bl.)	Steel (Bl.)
Depth to static water level	15'	39'	19'	13'	13'	15'	33'
Normal suction lift (wkng. level)	70'	70'	70'	70'	70'	70'	70'
Normal yield, GPM	400	450	400	400	400	350	400
Test yield, GPM	500	600	600	500	500	500	500
Type of grout	Neat Cement	Neat Cement	Neat Cement	Neat Cement	Neat Cement	Neat Cement	Neat Cement
Drilling method	Cable Tool	Cable Tool	Cable Tool	Cable Tool	Cable Tool	Cable Tool	Cable Tool
Type of strainer	Unk.	Unk.	Unk.	Unk.	Unk.	Unk.	Unk.
Depth to top of strainer	68'	68'	68'	68'	68'	57'	60'
Protection from surface water?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Is inundation of well possible?	No	No	No	No	No	No	No
Salt intrusion noted in past?	No	No	No	No	No	No	No
Has the well ever been contaminated?	No	No	No	No	No	No	No
Pump manufacturer's name	Deming	Deming	Deming	Deming	Deming	Deming	Deming
Model number	Unk.	Unk.	Unk.	Unk.	Unk.	Unk.	Unk.
Capacity GPM	750	750	750	750	750	700	750
Check valve present in line?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Date of last servicing	None	None	None	None	None	None	None
Maintenance schedule (day/mo.)	Daily	Daily	Daily	Daily	Daily	Daily	Daily

COMMENTS (condition): Wells #7 and #10 have gas-powered aux. unit

\*Attach additional copies of this page as needed.

DER Form PERM 13-24 (Aug. 80)

Sanitary Survey (Groundwater)  
 Page Two LAT: 28°27'  
 continued LONG: 82°36'

PWS ID: 6271696

Well Number*	17	18	19				
Year Drilled	1981	1982	1984				
Depth Drilled	400'	291'	400'				
Length, out-side casing	134'	70'	128'				
Diameter, out-side casing	10"	10"	10"				
Material, out-side casing	Steel (Bl.)	Steel (Bl.)	Steel				
Depth to static water level	20'	18'	20'				
Normal suction lift (w/kg. level)	70'	25'	70'				
Normal yield, GPM	400	400	475				
Test yield, GPM	500	500	800				
Type of grout	Neat Cement	Neat Cement	Neat Cement				
Drilling method	Cable Tool	Cable Tool	Cable Tool				
Type of strainer	Unk.	Unk.	Unk.				
Depth to top of strainer	65'	68'	75'				
Protection from surface water?	Yes	Yes	Yes				
Is inundation of well possible?	No	No	No				
Salt intrusion noted in past?	No	No	No				
Has the well ever been contaminated?	No	No	No				
Pump manufacturer's name	Peerless	Peerless	Peerless				
Model number	Unk.	Unk.	10MA-8				
Capacity	750	700	600				
Check valve present in line?	Yes	Yes	Yes				
Date of last servicing	New	New	New				
Maintenance schedule (day/mo.)	Daily	Daily	Daily				

COMMENTS (condition):

Attach additional copies of this page as needed.



PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>Yes</u>	Backup machine Operative <u>Yes</u>	Advance Make of <u>Wallace &amp; chlorinator <u>Ticman</u></u>	Capacity, <u>10 lbs/day</u>
Evidence of leaks <u>No</u>	Reserve supply <u>Yes</u>	Gas or hypo used <u>Gas</u>	Chlorine feed rate <u>3 lbs/day</u>
Air-pack or respirator adequate <u>Yes</u>	Residual at remote tap <u>0.5</u>	Condition of equipment <u>Good</u>	Automatic switchover <u>Yes</u>
Residual at plant <u>0.8</u>		Ammonia smells fresh <u>Yes</u>	More capacity needed <u>No</u>
		Comments on chlorination _____	

<u>AERATOR</u> <u>N/A</u>	Type of aerator _____	Tray area or weir length _____	Condition of screens _____
Bloodworms present _____	Condition of aerator _____		Adequate for Fe, H <sub>2</sub> S control _____

<u>COAGULATION</u> <u>N/A</u>	Chemical used _____	Purpose _____	
Blanket visible _____	Flocculation good or poor _____	Settling good? _____	Carryover _____

<u>LIME SOFTENING</u> <u>N/A</u>	Quicklime or hydrated _____	Name of unit _____	Size and type _____
Any auxiliary chemicals used _____		Points of application (in unit) _____	
Nature and abundance of floc _____		Appearance of sludge blanket _____	
Is settling good _____	Excessive carryover _____	Turbidity in clearwell _____	Secondary precipitation _____
Any filter cementation _____	Effluent stability _____	Recarbonation type _____	Sludge recirculation used _____

<u>FLUORIDATION</u> <u>N/A</u>	Chemical used _____	Strength if acid _____	Is dilution used (acid) _____
Corrosion noted _____	Gelling or plugging _____	Feeder make and model _____	
Split sample agreement _____	Sufficient analyses _____	Feeder condition _____	

<u>STABILIZATION</u> <u>N/A</u>	Stability index of effluent _____	Is pH control practiced _____	Chemical(s) used _____
---------------------------------	-----------------------------------	-------------------------------	------------------------

<u>FILTERS &amp; FILTRATION</u>		N/A	Type of filters _____
Size and number _____			Length of filter runs _____
Can you see filter media _____	Is it clean after backwash _____		Are mudballs visible _____
What is the normal filter rate _____			Is there air-binding _____
Capacity of filters _____			What is the usual backwash rate _____
Loss in head ga. present _____	At what head loss is BW done _____		Are filters overloaded _____
Has cementation ever occurred _____	Where in relation to filtration is stabilization done _____		Cracks and Channelling _____
If high rate, what is turbidity at interface _____			Range of turbidity in effluent _____
Can you observe algae in filters _____			Distance from top of media to trough overflow _____
<u>REVERSE OSMOSIS</u>		Make and type of units _____	Pressure required _____
Auxiliary chemicals used _____	N/A		Proportion of waste to product streams _____
Quality of effluent _____			Stabilization _____
Booster pump _____	Type of pre-treatment _____		Type of membranes _____
<u>ZEOLITE SOFTENING</u>		Unit mfg. & model _____	Resin capacity _____
Disinfection of beds _____	Grade of salt for regen. _____	Stability of effluent _____	Resin prevented from escaping _____

.....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

	1	2	3				
Pump No.							
Manufacturer name	Peer-less	Peer-less	Peer-less				
Pump type & motor HP	60 Elec.	60 Ele.	LP Gas				
Model number	60P13	4AD14	4AD14				
Date Installed	1971	1981	1981				
Capacity GPM	1150	500	500				
Maintenance schedule	Daily	Daily	Daily				
Date last serviced	Monthly	Monthly	Monthly				

Comments: \_\_\_\_\_

STORAGE FACILITIES: (2) ground; (5) hydronneumatic; ( ) elevated; ( ) clearwell.

Tank No.	Ground 1	Hydro 2	Hydro 3	Hydro 4	Hydro 5	Hydro 6	Ground 7
Capacity	500,000	8,000	8,000	8,000	8,000	80,000	1 Mill
Material	Gunite	Steel	Steel	Steel	Steel	Steel	Gunite
Gravity drain capacity	No	Yes	Yes	Yes	Yes	Yes	No
Bypass capacity	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Covered/screened openings	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Date of last cleaning	3/84	Unk.	Unk.	Unk.	Unk.	New	10/84
Pressure gauge	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sight glass	Yes	Yes	Yes	Yes	Yes	Yes	Yes
On/Off pressure	50/70	50/70	50/70	50/70	50/70	50/70	50/70
Hgt. to bottom of cl. tank	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Hgt to max. water level	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Comments: Tanks 1 & 7 have float gauges

**DISTRIBUTION SYSTEM** Material of mains PVC, AC System looped Yes  
 Operation pressure 50-70 Max. pipe diam. 20" Min. pipe diam. 1" No. of dead ends Cul-de-sac  
 How often flushed Daily No. of fire hydrants 1500 Known cross-connections with private supplies No  
 Blowoff lines below grade Some Routine cross-connection control program \_\_\_\_\_

**PLANT LABORATORY CAPABILITY**  
 \_\_\_\_\_ pH \_\_\_\_\_ Chlorine: type \_\_\_\_\_ Color  
 \_\_\_\_\_ Bacteriological \_\_\_\_\_ Iron \_\_\_\_\_ Turbidity \_\_\_\_\_ Alkalinity \_\_\_\_\_ Hardness  
 \_\_\_\_\_ Chlorides \_\_\_\_\_ Stability \_\_\_\_\_ Jar tests \_\_\_\_\_ Fluorides \_\_\_\_\_ Complete  
 \_\_\_\_\_ Radiological \_\_\_\_\_ Marble tests \_\_\_\_\_ Organics \_\_\_\_\_ Inorganics

Person in charge of laboratory, and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING** System is in full compliance with which requirements? Check.

Bacteriological  Turbidity  Inorganic chemical  Organic chemical  THM  
 Radiological  Secondaries \_\_\_\_\_ Other: \_\_\_\_\_

Violations of sampling requirements: Volatile and synthetic organic compounds

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
Analysis of water for volatile and synthetic organic compounds now due	17-22.105	Submit samples to certified lab; send results to DER

Inspector's signature Vick Q. H. Date: 6/25/86

Title E.S. I Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 District Manager (signature)

**St. John's Highlands - 471**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

*Neil F. - per transmittal*

January 7, 1992

*C. Joe Roberts*

Mr. Bert Phillips  
SSU Services, Inc.  
1000 Color Place  
Apopka, FL 32703

*FRANK SANDERSON  
1/1*

Putnam County - PW  
St. Johns Highlands WTP

Dear Mr. Phillips:

On November 19, 1991, an inspection was done of the referenced drinking water system. The plant was off line in order to do permitted upgrades, and the distribution system was being fed by Hermit's Cove.

It was noted that there was an unexpected change in piping configuration. Before the upgrades began, the raw water line was manifolded with the service pump suction line and kept segregated by an isolation valve. This provided a bypass of the aerator/ground storage tank as required by Ten State Standards. During the inspection, it was noted that this bypass connection had been severed. This manifold configuration must be restored, or another means of bypass must be installed. The bypass configuration must be able to be chlorinated.

Please let me know what piping arrangement you decide on. A copy of the inspection sheet is enclosed. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

*James R. Maher*  
James R. Maher  
Engineer IV

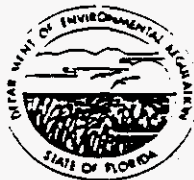
*JRM/lgb*

cc: Jerry Boyd  
Robert Regalado  
Frank Sanderson  
Rafael Terrero  
Putnam County Health Department

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320



Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366



Florida Department of Environmental Regulation

Northeast District • Suite E200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577  
 Lawton Chiles, Governor Carol M. Browner, Secretary

PUBLIC WATER PLANT INSPECTION

Type: Compliance  Follow-Up [ ] Complaint [ ] Insp Date 11/19/91  
 Name of System: ST. JOHN'S HIGHLANDS ID No. 2540089  
 System Owner: SW Services Inc. Phone No. 644-1143  
 Address: 1000 Crane Lane City: HOOPER Zip: 32703  
 Operator: Paul Thompson Cert. level & No. C2251

Community  Non-Transient Non-Community [ ] Non-Community [ ]

INSPECTION RESULTS

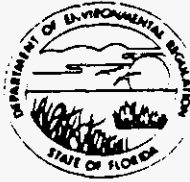
Selections marked with an "X" are unsatisfactory  
 Referenced sections are from Florida Administrative Code, Chapter 17

—	Aeration	555.350	_____
—	Auxiliary Power	555.320(6)	_____
—	Bacteriological Monitoring	550.510(6)	_____
—	Bacteriological Well Clearance	555.315(3)c	_____
—	Certified Operator	555.350(2)	_____
—	Check Valve	555.330	_____
—	Chemical Monitoring	550.510 & 520	_____
—	Chlorine Test Kit (DPD)	555.330(3)	_____
—	Cross-connection	555.360	_____
—	Disinfection	555.350(1)	_____
—	Plant: _____ mg/l; Remote _____ mg/l		_____
—	Flow Meter	555.320(8)	_____
—	Gas Chlorination	555.320(5)	_____
—	Maintenance of Facilities	555.350	_____
—	Monthly Operational Reports	550.730(1)c	_____
—	Avg. Flow _____ MGD; Max _____ MGD		_____
—	Number of Wells	555.315(1)	_____
—	On Site Logs	602.360(2)e	_____
X	Plant Design	555.330	<u>BYPASS NO LONGER PROVIDED</u>
—	Raw Sample Tap	555.315(2)c	<u>SEE 487742</u>
—	6' X 6' Concrete Well Pad	555.315(2)(b)5	_____
—	Sanitary Hazard	555.312	_____
—	System Pressure	555.320(7)	_____

PLANT IS CURRENTLY DOWN WHILE BEING UPGRADED  
DISTRIBUTION SYSTEM IS SERVED BY HSRMIT'S COVE

It is required that a written response be provided to this office within ten (10) days regarding any unsatisfactory results listed above.

Inspector: James R. Maher Date: 11/7/92  
 James R. Maher 448-4330 ext. 305  
 cc: County Health Unit



## Florida Department of Environmental Regulation

Northeast District • 3426 Bills Road • Jacksonville, Florida 32207 • 904-798-4200

Bob Martinez, Governor

Dale Teachmann, Secretary

John Shearer, Assistant Secretary  
Ernest Frey, Deputy Assistant Secretary

June 8, 1990

*C-2LS  
KOT  
Frances.*

Mr. Serr Phillips, President  
Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Dear Mr. Phillips:

Putnam County - PW  
St. Johns Highland WTP

On May 14, 1990, an inspection was done of the referenced drinking water facility. Results of the inspection are enclosed. On May 29, 1990, a full sanitary survey was done of the facility. The majority of the deficiencies found earlier had been corrected. A copy of the survey is also enclosed. The remaining items that require attention are as follows:

1. The aerator, while greatly improved and free of excessive vermin, needs to be resealed and painted.
2. During the survey the operator was still in the process of stabilizing the chlorine level, having just installed gas chlorination. There developed a satisfactory residual at the plant effluent, but the remote taps still had no chlorine. Please ensure the chlorine level remains stable above 0.2 mg/l.

Bacteriological samples were taken. The results were satisfactory and forwarded under separate correspondence.

Please contact me in writing within 10 days of receipt of this letter as to your plans to correct the above violations and within what time frame. A copy of the survey is enclosed for your files. Your cooperation with Florida's Safe Drinking Water Program is appreciated.

Sincerely,

*James R. Maher*  
James R. Maher  
Engineer III

*JRB*  
enclosure

cc: Ms. Laury Gauch, Putnam County Health Department  
Mr. Jerry Boyd, SSU Putnam County

Recycled  Paper



State of Florida  
 Department of Environmental Regulation  
 SANITARY SURVEY REPORT  
 for  
 Drinking Water Systems

Inspection date: 5/29/90

**I. GENERAL**

Plant name ST. JAMES HIGHLAND County PUTNAM  
 Plant owner SOUTHWATER UTILITIES Person contacted BERT WILLIAMS, PRESIDENT  
ALBERT BAYO, OPERATOR  
 Address 1000 COURT PLACE Operator certification no. 65726  
 City NOOPKA Zip 32703 Phone no. 904-414-4143 William Keaw  
 Population Served ~ 150 No. of service connections 62  
 Type of Service COMMUNITY Type of meter at plant & capacity in line  
 Percent or no. of meters 100% Plant designed by PC REWSON  
 Plant capacity (design) 0.86 Plant output, average (MGD) 0.22 (21M)  
 Storage capacity (design) 14,000 Maximum hour (1000's gals.) 6  
 Approval no. and date 50978 3/6/72 Emergency water source none  
 Daily maximum (MGD) 0.074 (21M) Standby equipment none  
 Emergency power source none Capacity none

- TYPE OF SERVICE  Community  Non-community
- |                                                  |                                            |                                         |
|--------------------------------------------------|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Municipal               | <input type="checkbox"/> Subdivision       | <input type="checkbox"/> Common carrier |
| <input type="checkbox"/> Recreation area         | <input type="checkbox"/> Institution       | <input type="checkbox"/> Motel or hotel |
| <input checked="" type="checkbox"/> Trailer park | <input type="checkbox"/> College or school | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Restaurant              | <input type="checkbox"/> Industrial plant  |                                         |

**II. SOURCE(S) OF RAW WATER SUPPLY**  Ground; Number of wells   
 Surface; Purchased

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1971				
Depth drilled	250'				
Length, outside casing					
Diameter, outside casing	6"				
Material, outside casing	galv				
Depth to static water level	floding				
Normal suction lift (working level)					
Normal yield in GPM	157				
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	no				
Is well protected against surface water?	yes				
Salt water infiltration problems in past?	no				
Latitude					
Longitude					
Check valve	yes				
Crouses					
Has well ever been contaminated?	no				
Pump manufacturer's name	Grundfos				
Date manufactured					
Model number					
Capacity	67M 60				
Last serviced (date)					
Comment					
Maint. schedule (day, week, month, etc.)	NO 2/2				

6. Surface Supplies: Provide sketch on separate sheet showing (a) intake of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, picnic grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is needed: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant \_\_\_\_\_ Does effluent meet EPA Turb.-Stds? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS  
 (Check where applicable)

- A. General:
- |                                                          |                                                       |
|----------------------------------------------------------|-------------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration             | <input type="checkbox"/> Line softening               |
| <input type="checkbox"/> Coagulation                     | <input type="checkbox"/> Recarbonation                |
| <input type="checkbox"/> Iron removal                    | <input type="checkbox"/> Reverse osmosis              |
| <input checked="" type="checkbox"/> Taste-odor control   | <input checked="" type="checkbox"/> Chlorination-post |
| <input checked="" type="checkbox"/> High-rate filtration | <input type="checkbox"/> Fluoridation                 |
| <input checked="" type="checkbox"/> Chlorination-pre     | <input type="checkbox"/> Settling                     |
| <input type="checkbox"/> Filtration                      | <input type="checkbox"/> pH adjustment                |
|                                                          | <input type="checkbox"/> Zeolite softening            |

- B. Aeration:
- |                                                |                                                 |
|------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Slimes or algae noted | <input type="checkbox"/> Screens in good repair |
| <input type="checkbox"/> Iron deposits         | <input type="checkbox"/> Hydrogen sulfide odor  |

C. Chemical Used (include Chlorine):

Chemical	Type feeder	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
Chlorine	Gas	25 #	Intake Generator	Pre Disinfection
Chlorine	Gas	25 #	pre H <sub>2</sub> O	Post Disinfection

- D. Chemical Feeders:
- |                                              |                                                 |
|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Oil on floor        | <input type="checkbox"/> Chemical spilled       |
| <input type="checkbox"/> Spare parts kept    | <input type="checkbox"/> Ras repair manuals     |
| <input type="checkbox"/> Noisy operation     | <input type="checkbox"/> Chemicals well stocked |
| <input type="checkbox"/> Water on floor      | <input type="checkbox"/> Feeders all work       |
| <input type="checkbox"/> Excessive vibration | <input type="checkbox"/> Bags stored dry        |

- E. Coagulation:
- |                                          |                                                       |
|------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Settling poor   | <input type="checkbox"/> Chem. dose questionable      |
| <input type="checkbox"/> No blanket seen | <input type="checkbox"/> Effluent taste & odor strong |
| <input type="checkbox"/> Pinpoint floc   | <input type="checkbox"/> Color removal good           |

- F. Softening:
- |                                               |                                                     |
|-----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Floc unstable        | <input type="checkbox"/> Blanket visible            |
| <input type="checkbox"/> Feed intermittent    | <input type="checkbox"/> Settling good              |
| <input type="checkbox"/> Water leaves clear   | <input type="checkbox"/> Act. silica used           |
| <input type="checkbox"/> Sludge not excessive | <input type="checkbox"/> Sludge return used         |
| <input type="checkbox"/> Coag. aid used       | <input type="checkbox"/> No control of sludge level |

- G. Fluoridation:
- |                                             |                                                |
|---------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Analyses OK        | <input type="checkbox"/> Feeder good condition |
| <input type="checkbox"/> Separate storage   | <input type="checkbox"/> Acid spilled          |
| <input type="checkbox"/> Dusty enclosure    | <input type="checkbox"/> Frequent shutdowns    |
| <input type="checkbox"/> Monthly samples OK | <input type="checkbox"/> Corrosion evident     |

- H. Filtration:
- |                                              |                                                   |
|----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Mudballs present    | <input type="checkbox"/> Clearwell turbidity seen |
| <input type="checkbox"/> Carryover excessive | <input type="checkbox"/> Backwash cleans media    |
| <input type="checkbox"/> Gallery kept clean  | <input type="checkbox"/> Plant appears overloaded |
| <input type="checkbox"/> Air binding present | <input type="checkbox"/> Little foreign material  |
| <input type="checkbox"/> Short filter runs   | <input type="checkbox"/> Sediment in clearwater   |
| <input type="checkbox"/> Algae in filter     |                                                   |

I. Disinfection:

- Odor of chlorine (leak)  Ample stock of chlorine
- Lead washers kept  Ammonia fresh (odor)
- Note effluent residual  Air pack pressure OK
- Respirator in date  Repair parts kept
- Corrosion noticeable  Note chlorine rate
- Machine function good  Fan works OK
- Chlorine residual records current

Chlorine residual before entering distribution line 1.4 ppb.

Chlorine residual at extremity of distribution system 0.0 ppb.

Reserve supply of chlorine (specify units)

Other observation(s) new gas chlorine facility - operator was stabilizing residual, & separate chlorine system

- IV. STORAGE FACILITIES:
- Ground storage  Elevated storage
  - Hydropneumatic tank  Clear well

Tank number	1	2	3	4
Capacity	5500	5500	5000	
Material	concrete	concrete	steel	
Gravity drain capacity	yes	yes	yes	
Evap-capacity	yes	yes	yes	
Covered/screened openings	yes	no	yes	
Date of last cleaning	1960	unk	unk	
On/off pressure, where appl.			70-80	
Hgt. to bot. of fl. tank				
Hgt. to max. tank water level				
Comments				

V. PUMP SERVICE:

Pump number	1	2	3	4
Manufacturer's name	Grundfos	Grundfos		
Date manufactured				
Model number				
Capacity	GPM 60	60		45 GPM
Maintenance Schedule				
Last serviced (date)				
Comment	5 HP	5 HP		

VI. DISTRIBUTION SYSTEM:

Material of pipe DVC Max. pipe diam. 4" Min. pipe diam. 3/4"

Operation pressure 50 No. of dead ends 12 No. clean flushed?

No. of fire hydrants 0

Are there cross connections with private or other supplies? none known

Are there any blowoff lines below grade in the system? no

Are there any sanitary hazard near sources of water supply? none known

Are there any underwater crossings which are suspected of leaking? no

If a sewer line is within 100 feet, state material and jointing method. -

When was the last water supply shortage? none

Has there been a problem of supply shortages? no

Blow off lines below grade  none  few  numerous

Observations:

VII. WATER QUALITY REVIEW:

- A. Chemical brought by operator.
1. Lab capability
- pH  Radiological
  - Chemical  Physical (color, odor, turbid...)
  - Jar Test  Special
  - Bacteriological  Chlorine residual
2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain.

3. Do existing chemical analyses of treated suggest that State or Federal maximum concentration levels are exceeded? NO If so, specify the chemical parameter(s) and concentration(s). \_\_\_\_\_
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? NO If so, specify. \_\_\_\_\_
- B. Bacteriological
1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? YES  
*but checks for December 1989 missed*
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NO If so, specify. \_\_\_\_\_

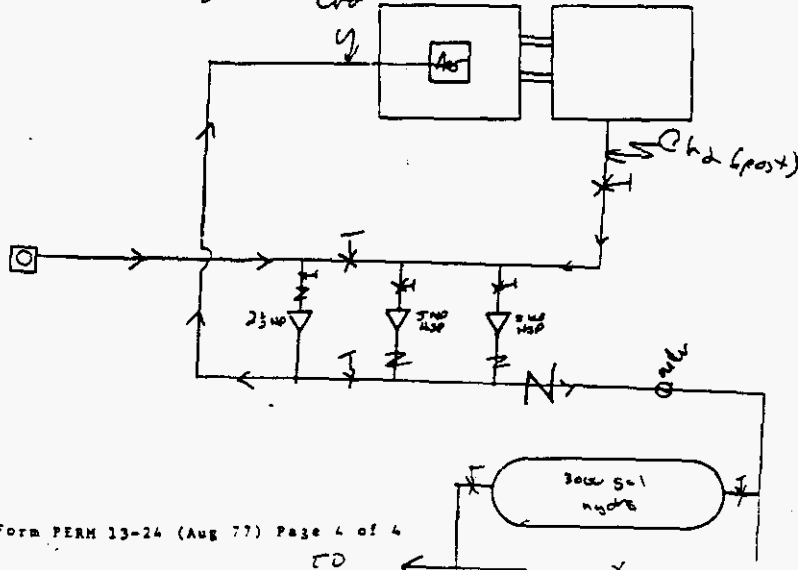
VIII. SUMMARY AND RECOMMENDED ACTION

- This facility meets or exceeds all State and Federal regulations.  
 Attached is supplemental information concerning this facility.  
 The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. <i>Complete chlorinating Chlorine</i>		
2. <i>Chlorinator should be painted/sealed</i>		
3.		
4.		
5.		

Inspector's signature: *James R. Maku* Date: *6/7/80*  
 Title: *ENGINEER III*

Approved by: *B. McKinney* Date: *6/11/80*  
 District Manager (signature)



**Stone Mountain - 565**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

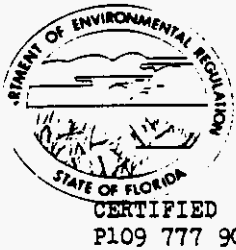


# **Sugar Mill - 1801**

**Volusia County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

August 14, 1989

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

OCD-PW-89-0551

Attention: Charles Sweat, President

Volusia County-PW  
Sugar Mill Country Club Estates  
PWS ID Number 3641296

Dear Mr. Sweat:

This will confirm a visit to the subject "community" public water system on August 9, 1989 by Mr. R. Ansag of this office in the presence of Mr. Bret Zigler for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the survey and/or determined from records on file in this office are explained below. Please see page six (6) of the survey report form which refers to each violation of Chapters 17-16, 17-550, 17-555 and 17-560 of the Florida Administrative Code for each deficiency.

1. Raw water sampling tap on the well pump discharge was not a smooth-nosed type as required.
2. A metering device that accurately indicates pumpage of finished water to the distribution system was not provided.
3. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Device to sound an alarm outside of the gas chlorine room or in the office or laboratory of the plant upon the loss of chlorination capability.

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within 60 days of the date of this letter.



Southern States Utilities  
Page Two  
OCD-PW-89-0551  
August 14, 1989

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapter 17-16, Florida Administrative Code.
2. Chapters 17-550, 17-555 and 17-560, Florida Administrative Code.
3. "How Does One Initiate a Cross Connection Control Program."
4. "Be a Cross Connection Expert."
5. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. R. Ansag at (407)894-7555.

Sincerely,



Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

JMMc:pjs:rap

cc: Volusia County Health Department

**STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report**

Plant Name Sugar Mill Country County Volusia PWS ID 3641296  
 Plant Address 100 Clarkhouse Rd. Zip Code 32169 Plant Phone (904) 427-83  
 Owner Name Southern States Utilities Owner Phone (904) 880-0100  
 Owner Address 1000 Cedar Place City Apopka State FL Zip Code 32704  
 Date of this Insp. 8/2/89 Date of last Insp. 6/27/80 Person Contacted ARON PAULOWICH

Certified Operators Southern States Utilities Certified Operators Numbers B-4406  
BRANT ZIGLER  
CAIRNEY III, JAMES C

Population served ~1872 Service Connections 535 % metered 100%  
 Design Capacity .50 MG/D Design Storage Capacity 605600 Average output \_\_\_\_\_  
 Maximum Hour \_\_\_\_\_ Maximum Day \_\_\_\_\_

Approval Number & Date WC64-2032 2/19/86 Type meter & copy Flow meter AT the Pump

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source \_\_\_\_\_ Emergency Power Source Diesel - Block  
 Type of Standby \_\_\_\_\_ Capacity of Standby 14.5-P ONLY 90 KW

Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\* \_\_\_\_\_  
 How many wells? 4 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input checked="" type="checkbox"/> Chlorination	<input checked="" type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input checked="" type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt. hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify) _____
<input checked="" type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

Well Number*	1	2	3	4					
Year Drilled	1978	1978	1978	1978					
Depth Drilled	120'	140'	120'	120'					
Length (outside casing)	102'	110'	98'	105'					
Diameter (outside casing)	4"	4"	4"	4"					
Material (outside casing)	Steel	Steel	Steel	Steel					
Depth to static Water level									
Normal suction lift (wking. level)	13'	13'	17'	16'					
Normal yield, GPM									
Test yield, GPM	100	100	100	100					
Type of grout	Max Cement	Max Cement	Max Cement	Max Cement					
Drilling method	Com	60	Rotary						
Type of strainer	-	-	-	-					
Depth to top of strainer	-	-	-	-					
Protection from surface water?	Yes	Yes	Yes	Yes					
Is inundation of well possible?	No	No	No	No					
Salt intrusion noted in past?	No	No	No	No					
Has the well ever been contaminated?	No	No	No	No					
Pump manufacturer's name	-	-	-	-					
Model number	-	-	-	-					
Capacity	$\frac{75}{4.0}$	$\frac{75}{2}$	$\frac{75}{2}$	$\frac{75}{2}$					
Check valve present in line?	Yes	Yes	Yes	Yes					
Date of last servicing	-	-	-	-					
Maintenance Schedule-(day/mo.)	-	-	-	-					

COMMENTS (conditional): Casing is 4" in diameter with a 2" discharge. (3) 6" Transfer pump with 5,600 GPM capacity, clean in return hole pump 1525 GPM.

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution courses above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_

Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Chapter 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator ADVANCE Capacity, lb./24 hr. 150  
Dual system? yes Backup machine operative yes Gas or hypo used GAS Chlorin  
feed rate 2.0 Evidence of leaks NO Reserve supply yes  
Condition of equipment Good Automatic switchover yes Air-pack or respirator  
adequate yes Ammonia smells fresh - More capacity needed - Residual  
at plant 1.6 ppm Residual at remote tap 0.8 ppm Comments on chlorination  
ALL ALARM

AERATOR:

Type of aerator OPM Tray area or weir length UNK.  
Condition of screens - Bloodworms present - Condition of  
aerator - Adequate for Fe, H<sub>2</sub>S control -

COAGULATION:

Chemical used - Purpose -  
Blanket visible - Flocculation good or poor - Settling good? -  
Carryover -

LIME SOFTENING:

Quicklime or hydrated Hydrated lime Name of unit -  
Size and type 360 Gals. / 18 drums Any chemicals used -  
Points of application (in unit) accl. Nature and abundance of  
floc - Appearance of sludge -  
blanket - Is settling good -  
Excessive carryover - Turbidity in clearwell 0.8 Secondary  
precipitation - Any filter cementation NO Effluent stability -  
Recarbonation type - Sludge recirculation used -

FLUORIDATION:

Chemical used - Strength if acid - Is dilution used (acid) - Corrosion  
noted - Gelling or plugging - Feeder make and model -  
Split sample agreement - Sufficient analyses - Feeder condition -

STABILIZATION:

Stability index of effluent - Is pH control practiced -  
Chemical(s) used -

FILTRATION AND FILTRATION:

Type of filters Sand  
Size and number 172 ft x 10 ft x 7 ft Length of filter runs UNK.  
Can you see filter media yes Is it clean after backwash UNK. Are mudballs visible NO  
Is there air-binding - What is the normal filter rate UNK. What is the usual  
backwash rate UNK. Capacity of filters UNK. Are filters overloaded  
Loss in head ga. present     At what head loss is BW done     Cracks and Channel-  
ing     Has cementation ever occurred     Where in relation to filtration is sta-  
bilization done     If high rate, what is turbidity at interface      
Range of turbidity in effluent     Can you observe algae in filters NO  
Distance from top of media to trough overflow UNK.

REVERSE OSMOSIS:

Make and type of units     Pressure required      
Auxiliary chemicals used     Proportion of waste to product      
streams     Quality of effluent      
Stabilization     Booster pump     Type of pre-treatment      
Type of membranes    

ZEOLITE SOFTENING:

Unit manufacturer and model     Resin copy      
Disinfection of beds     Grade of salt for regen.      
Stability of effluent     Resin prevented from escaping    

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

HIGH SERVICE			* Transfer Pump	
Pump Number	1	2	1	2
Manufacturer name	Wilmington		-	-
Pump type and motor HP	Centrifugal 60	Centrifugal 60	75	5 5
Model number	-	-	-	-
Date installed	1976	1976	-	-
Capacity	GPM 650	650	1050	350 350
Maintenance Schedule	-	-	-	-
Date Last Serviced	-	-	-	-

Comments: 4 H.S.P. for fire flow Buckman Pump 1976 GPM. H.P. 25

\*\*\*\*\*  
STORAGE FACILITIES:  ground;  hydropneumatic;  elevated;  clearwell.

Tank Number	GST	#	P/T	3
Capacity	92,400		15,000	5,600
Material	Comp. and concrete		Steel	concrete
Gravity drain capacity	yes		yes	
Bypass capacity	yes		yes	
Covered/screened openings	yes		-	
Date of last cleaning	6/5/80		recently	
Pressure Gauge	-		yes	
Site Class	-		yes	
On/Off pressure	-		52 5/62	
Height to bottom of el. tank				
Height to Maximum water level				

COMMENTS:

DISTRIBUTION SYSTEM:

Material of mains PVC/AC  
System Looped yes Operation pressure 57.6 Maximum pipe diameter 10  
Minimum pipe diameter 2" Number of dead ends 5 How often flushed once  
Number of fire hydrants 41 Known cross-connections with private supplies none  
Blowoff lines below grade 5 Routine cross-connection control program none

PLANT LABORATORY CAPABILITY:

Bacteriological  Marble tests  Fluorides  
 Chlorides  Chlorine: type  Inorganics  
 Radiological  Turbidity  Color  
 pH  Jar tests  Hardness  
 Iron  Organics  Complete  
 Stability  Alkalinity

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

Bacteriological  Secondaries  THM  
 Radiological  Inorganic chemical  Other: \_\_\_\_\_  
 Turbidity  Organic chemical

Violations of sampling requirements: \_\_\_\_\_

Violations of maximum contaminant levels: \_\_\_\_\_

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
(1) <u>Rem water sampling</u>	<u>17-555.315(2)(f)</u>	<u>See cover letter</u>
(2) <u>metering device</u>	<u>17-555.315(2)</u>	<u>See cover letter</u>
(3) <u>Gas calculation error</u>	<u>17-555.320(5)(a)</u>	<u>See cover letter</u>

Inspector's Signature: Roberto C. Arias Date: 8/8/89  
Title: ES-II Approved by: Paul J. Mann Date: 8/14/89  
for Manager, Drinking Water Program



**Sugar Mill Woods - 989**

**Citrus County (SSU)**

**Water**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

PUBLIC WATER SUPPLY SYSTEM INSPECTION REPORT

Authority  
Chapter 381, 403, FS  
Chapter 17-22, 100-4 FAC

Name of Water Plant: (Southern States) Seagrass Woods  
 Area or Subdivision Served: \_\_\_\_\_  
 Owner of System: \_\_\_\_\_ Operator: \_\_\_\_\_  
 Address: 7177 W. International Homebased Springs FL 328  
 Classification: Community 6071735 Non Community \_\_\_\_\_  
 Average Number of Persons Regularly Served: \_\_\_\_\_  
 Plant Capacity: \_\_\_\_\_ Gallons Per Day: \_\_\_\_\_ Average Use: \_\_\_\_\_  
 Source: Ground  Surface \_\_\_\_\_ Infiltration Gallery \_\_\_\_\_ Other \_\_\_\_\_  
 Note: Items marked "X" are unsatisfactory and require correction within 72 hours unless specified otherwise under Comments and Instructions.

GENERAL	WATER QUALITY	SAMPLING AND TESTING
1. Approved System	16. Bacteriological	31. Frequency
2. Supervision	17. Turbidity	32. Sampling Points
3. Personnel	18. Color	33. Follow-Up Sampling
4. Operation	19. Odor	34. Well Clearance
5. Equipment Upkeep	20. Taste	35. System & Main Clearance
6. Adequate Pressure	21. Chemical	36. Sampling Taps
7. Adequate Capacity	22. Radiological	37. Chemical Testing
8. Best Available Source		38. Radioactivity Testing
9. Adequate Records	PROTECTION & TREATMENT	39. Physical Testing
10. Malfunctions Reported	23. Pollution Survey	40. Laboratory Availability
11. Complaints	24. Well Site Survey	
	25. Construction	PHYSICAL PLANT
EMERGENCY EQUIPMENT	26. Cross Connection	41. Housekeeping
12. Warning System	27. Approved Coating	42. General Appearance
13. Auxiliary	28. Abandoned Wells	43. Grounds
14. Safety Equipment	29. Disinfection	44. Toilet and
15. Gas Chlorine Room	30. Fluoridation	Handwashing Facilities

COMMENTS AND INSTRUCTIONS

No Violations

Copy of Inspection Report Received by [Signature]  
 Date of Inspection 7-26-79 Time 3:30  
 Sanitarian [Signature] Citrus County Health Department  
 HRS-H FORM 4020, Aug 78

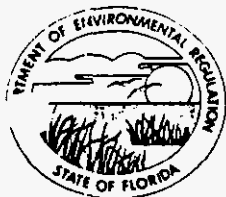
**Sunny Hills Utilities - 28001**

**Washington County (UFU)**

**Water**

**- 1992 FPSC Filing -**

*Copy - Mel Fisher  
Frank Anderson*



**Florida Department of Environmental Regulation**

Northwest District, • 160 Governmental Center • Pensacola, Florida 32501-5794

Lawton Chiles, Governor

Carol M. Browner, Secretary

January 28, 1992

Mr. Harold Register  
Utilities Manager  
Sunny Hills Utilities  
712 Sunny Hills Blvd.  
Chipley, Florida 32428



RE: Sunny Hills Utilities  
Compliance Inspection  
Washington County - ID# 1670647

Dear Mr. Register:

An inspection of the water system was made on January 16, 1992 by Mary Lou Parker and Elizabeth Willard. Your assistance during the inspection was most helpful.

The purpose of this survey was to determine the system's capability to provide an adequate potable water supply that complies with the Florida Safe Drinking Water Act. General supervision of the operation and maintenance of public supply systems is a function of this Department.

Three deficiencies were identified during the survey and noted on the attached survey report. These deficiencies must be corrected by the dates listed on the attached report. We would appreciate a response within fifteen (15) days advising us of your schedule to correct the deficiencies found during the inspection. Please address the response to me.

If we can be of further assistance, please call Mrs. Parker at (904) 436-8380.

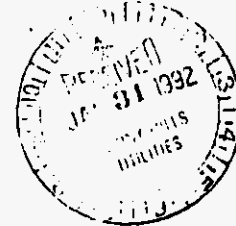
Sincerely,

  
J. A. Kintz, P.E.  
Potable Water Section Supervisor

JAK/mlp

Recycled Paper

DEPARTMENT OF ENVIRONMENTAL REGULATION  
 NORTHWEST DISTRICT  
 PUBLIC WATER SYSTEM COMPLIANCE INSPECTION



SYSTEM NAME Sunny Hills Utilities COUNTY Wash. Co. Fla.  
 SYSTEM OWNER Southern State Utilities TEL. # (904) 773-2902  
 ADDRESS 712 Sunny Hills Blvd, Chipley, FL 32423  
 OPERATOR Arnold Register PWS ID # 1670647 CERT. # \_\_\_\_\_  
 INSP. DATE 1/16/92 WELL # 1, 4, 5 COMMUNITY  NON-COMMUNITY \_\_\_\_\_  
 SPECIAL NON-COMMUNITY \_\_\_\_\_ NON-TRANSIENT NON-COMMUNITY \_\_\_\_\_ CXONSECUTIVE \_\_\_\_\_

Deficiencies and Recommendations

Reference Florida Administrative Code Rule 17-550, 17-555, 17-560, & 17-602  
 Check ( ) - Satisfactory (X) - Deficient

FAC 17-550

ITEM	RULE SECTION	COMMENT
1. (✓)	Inorganics .310(1) & .510(1)	_____
2. (✓)	Organics .310(2) & .510(2), (3)&(4)	_____
3. (✓)	Turbidity .310(3) & .510(5)	_____
4. (✓)	Microbiological .310(4) & .510(6)	_____
5. (✓)	Repeat Samples .510(6)(h)	_____
6. (✓)	Radionuclides .310(5)(a) & .510(7)	_____
7. (✓)	Secondaries .320 & .520	_____
8. (✓)	Unregulated Contamination .410 & .510(8)	_____

FAC 17-555

9. (✓)	Sanitary Hazard .312	_____
10. (✓)	Number of Wells .315(1)	_____
11. (✓)	6x6 Apron .315(2)(b)5.	_____
12. (✓)	Well Seal .315(2)(b)5.	_____
13. (✓)	Fence/Building (Security) .315(2)(d)	_____
14. (✓)	Raw Water Tap .315(2)(f)	_____
15. (✓)	Auxiliary Power .320(6)	_____
16. (✓)	High Service Pumps .320(7)	_____
17. (✓)	Flow Meter .320(8)	_____
18. (✓)	Fluoridation .325(2)	_____
19. (✓)	pH .350(1) <u>Well # 1 down</u>	_____
	Plant <u>Well # 4 7.4 Well # 5 7.4 Remote 7.4</u>	_____
20. (X)	Disinfection .320(1) <u>Well # 1 - 4 mg/l</u>	_____
	Plant <u>Well # 4 - 8 mg/l Well # 5 Remote 0.8 mg/l</u>	_____
21. (✓)	Chlorine Test Kit .350(1)	_____
22. (✓)	Chlorine Scales .330	_____
23. (X)	Loss of CL Alarm .320(5)	_____
24. (✓)	Spare Parts .320(5)	_____
25. (X)	Ventilation .320(5) & .325(3)(a)	_____
26. (✓)	Automatic Switchover .320(5)	_____
27. (✓)	Safety Devices .330	_____
28. (✓)	Hypochlorination System .320(5)	_____

ITEM	RULE SECTION	COMMENT
29. (✓)	Safety Hazards .350(1)	_____
30. (✓)	Reserve Chemicals .350(1)	_____
31. (✓)	Flushing Program .350(1)	_____
32. (✓)	Minimum Pressure Maintained .350(1)	_____
33. (✓)	Certified Operator .350(2)	_____
34. (✓)	Maintenance Log .350(4)	_____
35. (✓)	Cross Connection Control Program .360	_____
36. (✓)	Storage Facilities .330	_____
37. (✓)	Sufficient Water Storage .330	_____

FAC 17-602

38. (✓) Daily Operation Summ. (MOR's) submitted FAC 17-602.360(1)(b) \_\_\_\_\_

Corrections Needed:

#23) No loss of chlorine alarms at all three wells - Install such a device at all 3 wells within 180 days.

#25) All of the chlorine rooms are without louvers near the ceiling for air inlets - Install louvers near the ceiling within 90 days in all of the chlorine rooms.


#26) No means to disinfect at well #1 when power is off - Obtain standby equipment (e.g. generator) to be able to chlorinate during such an occurrence within 60 days.

Inspector: [Signature]  
 Report Received by: \_\_\_\_\_

Date: 1/16/12  
 Date: \_\_\_\_\_

NOTE: Original remains with the Department


## 5.3.4 Protective equipment

- 
- a. At least one pair of rubber gloves, a dust respirator of a type certified by NIOSH for toxic dusts, an apron or other protective clothing and goggles or face mask shall be provided for each operator as required by the reviewing authority. A deluge shower and/or eyewashing device should be installed where strong acids and alkalis are used or stored.
  - b. A water holding tank that will allow water to come to room temperature must be installed in the water line feeding the deluge shower and eyewashing device. Other methods of water tempering will be considered on an individual basis.
  - c. Other protective equipment should be provided as necessary.

## 5.4 SPECIFIC CHEMICALS

## 5.4.1 Chlorine gas

- a. Chlorine gas feed and storage shall be enclosed and separated from other operating areas. The chlorine room shall be
  - 1. provided with a shatter resistant inspection window installed in an interior wall,
  - 2. constructed in such a manner that all openings between the chlorine room and the remainder of the plant are sealed, and
  - 3. provided with doors equipped with panic hardware, assuring ready means of exit and opening outward only to the building exterior.
- b. Full and empty cylinders of chlorine gas should be
  - 1. isolated from operating areas,
  - 2. restrained in position to prevent upset,
  - 3. stored in rooms separate from ammonia storage, and
  - 4. stored in areas not in direct sunlight or exposed to excessive heat.
- c. Where chlorine gas is used, the room shall be constructed to provide the following:
  - 1. each room shall have a ventilating fan with a capacity which provides one complete air change per minute when the room is occupied,

- 
2. the ventilating fan shall take suction near the floor as far as practical from the door and air inlet, with the point of discharge so located as not to contaminate air inlets to any rooms or structures.
  3. air inlets should be through louvers near the ceiling.
  4. louvers for chlorine room air intake and exhaust shall facilitate airtight closure.
  5. separate switches for the fan and lights shall be located outside of the chlorine room and at the inspection window. Outside switches shall be protected from vandalism. A signal light indicating fan operation shall be provided at each entrance when the fan can be controlled from more than one point.
  6. vents from feeders and storage shall discharge to the outside atmosphere, above grade.
  7. the room location should be on the prevailing downwind side of the building away from entrances, windows, louvers, walkways, etc.,
  8. floor drains are discouraged. Where provided, the floor drains shall discharge to the outside of the building and shall not be connected to other internal or external drainage systems.
- d. Chlorinator rooms should be heated to 60°F, and be protected from excessive heat. Cylinders and gas lines should be protected from temperatures above that of the feed equipment.
  - e. Pressurized chlorine feed lines shall not carry chlorine gas beyond the chlorinator room.

#### 5.4.2 Acids and caustics

- a. Acids and caustics shall be kept in closed corrosion-resistant shipping containers or storage units.
- b. Acids and caustics shall not be handled in open vessels, but should be pumped in undiluted form from original containers through suitable hose, to the point of treatment or to a covered day tank.

#### 5.4.3 Sodium chlorite for chlorine dioxide generation

Proposals for the storage and use of sodium chlorite must be approved by the reviewing authority prior to the preparation of final plans and specifications. Provisions shall be made for proper storage and handling of sodium chlorite to eliminate any danger of explosion.





Sunny Hills Utilities  
Compliance Inspection  
ID# 1670647

Chemical Tracking Chart

<u>PARAMETER</u>	<u>CURRENT ANALYSIS</u>	<u>DATE DUE AGAIN</u>
Primary Organics (Chlorinated Hydrocarbons & Chlorophenoxys) FAC 17-550.510(2)	3/90	3/93
Primary Inorganics FAC 17-550.510(1)	3/90	3/93
Turbidity FAC 17-550-510(5)	3/90	3/93
Secondary Contaminants FAC 17-550.520	3/90	3/93
Radionuclides FAC 17-550.510(7)	3/90	3/94
Unregulated Contaminants FAC 17-550.510(8)	2/91	2/94
Volatile Organics (VOC's) FAC 17-550.510(4)	10/91 (4th Qtr)	2/94

NOTE: Samples for chlorinated hydrocarbons & chlorophenoxys, primary inorganics, turbidity, and secondary contaminants must be collected from the distribution system representative of each plant. The sample for radionuclides (gross alpha) is still just one grab sample from the distribution system. The samples for VOC's are to be collected from each well for four consecutive quarters. The samples for unregulated contaminants must also be collected from each well but for only the first quarter of the year they are due. You may composite samples for unregulated contaminants and VOC's to save on the expense of analyses. The other samples can not be composites.

**Sunshine Parkway - 560**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

State of Florida  
 Department of Environmental Regulation  
 Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name Sunshine Parkway County Lake PWS ID 355-0691  
 Plant Address Hwy 19 & 27 Phone \_\_\_\_\_  
 Owner Name SS4 Contact Person \_\_\_\_\_  
 Owner Address 1000 Cedar Place - Apopka FL 32703 Phone 407 880-0058  
 Date of this Inspection 11/19/91 Date of last Compliance Inspection \_\_\_\_\_ Date of last Sani. Survey 11/27/90  
 PWS Type:  Community  Non-Transient Non-Community  Non-Community  
 Service area characteristics: PHC Motels No. Service Connections 2

OPERATION & MAINTENANCE

Operators & cert. class/number  
Brian Heath C 5825  
 O&M log book:  Yes  No  N.A.  
 Comments \_\_\_\_\_

WELL

Number of Wells 2  
 Standby well.....  Yes  No  N.A.  
 Aux. Power.....  Yes  No  N.A.  
 6"x6"x4" pad.....  Yes  No  
 Sanitary Seal.....  OK  
 Raw water tap.....  Yes  No  
 Not smooth nosed  
 Check valve.....  Yes  No  
 Fence/housing.....  Yes  No  
 Sanitary Hazards: None  
 Comments \_\_\_\_\_

CHLORINATION

Chlorinator type:  Gas  Hypo  
 Plant chlorine residual 1.2  
 DPD-type test kit.....  Yes  No  
 Gas cylinder scale.....  Yes  No  
 Gas cylinder chained.....  Yes  No  
 Air-pak.....  Yes  No  
 Ammonia solution.....  Yes  No  
 Ventilation.....  Yes  No  
 Dual.....  Yes  No  
 Switchover.....  Yes  No  
 Alarm.....  Yes  No  
 Comments \_\_\_\_\_

OTHER TREATMENT PROCESSES

see also for H2S

STORAGE TANKS

	(G) Ground	(H) Hydropneumatic	(E) Elevated
(B) Bladder			
(C) Clearwell			
Tank Type	<u>G</u>		
Pressure gauge	<u>-</u>		
By-pass piping	<u>-</u>		
Sight Glass	<u>-</u>		
Gravity Drain	<u>-</u>		
On/Off Pressure	<u>2/2/2</u>		
Comments	_____		

OTHER

Flow measurement:  Meter  Elapsed time clock  
 No  
 Cross-connections NONE NOTED  
 Back-flow prevention \_\_\_\_\_  
 Comments \_\_\_\_\_

DEFICIENCIES

No 6x6 ft pad around wellhead  
(Corrected) - 1st of November 1991

YOU ARE REQUIRED TO CORRECT THE DEFICIENCIES FOR THE SUBJECT SYSTEM AND TO PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT BY 2/1/91 THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT.

Send your response to: Department of Environmental Regulation, 3319 Maguire Blvd., Suite 232, Orlando, FL 32803. Phone: (407) 894-7555.

Inspector MB [Signature] Title Env Sup II Date 11/17/91

Received by Brian Heath Title Lead Operator II Date 11/19/91

Form left.....  on site.....  with plant operator.....  with water purveyor



## Florida Department of Environmental Regulation

Central District • 4519 Maguire Boulevard, Suite 282 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Swachmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

CERTIFIED  
P 248 042 775

December 3, 1990

Southern States Utilities Services, Incorporated  
1000 Color Place  
Apopka, Florida 32703

OCD-PW-SS-90-0526

Attention: Charles L. Sweat, Vice President of Operations

Lake County-PW  
Sunshine Parkway Systems  
PWS ID Number 3350691

Dear Mr. Sweat:

This will confirm a visit to the subject "non-transient non-community" public water system on November 27, 1990 by Mr. Gary P. Miller of this office in the presence of Mr. Brian Heath for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records.

Deficiencies noted during the survey and/or determined from records on file in this office are explained below. Please see page two (2) of the survey report form which refers to each violation of Chapters 17-550, 17-555, 17-560 and 17-602 of the Florida Administrative Code (F.A.C.) for each deficiency.

1. Records indicate that the monthly operational reports for January, February, March, April, June, July, August, September and October of 1989 were not submitted as required. [Rule 17-550.730(1)(d), F.A.C.]
2. Records indicate that the bacteriological test results for well #1 (coliform of 6) and the distribution sample (coliform of 8) which were collected on September 10, 1990 were unsatisfactory and the required satisfactory recheck samples were not submitted. When the coliform bacteria exceeded four per 100 milliliters, then at least two (2) consecutive daily samples shall be collected from the same sampling point until the bacteriological results obtained from at least two (2) consecutive check samples are satisfactory. [Rule 17-550.510(6), F.A.C.]

It will be necessary for you to correct the above-referenced deficiencies for the subject system; failure to do so will result in the taking of appropriate enforcement action by the department. A written response will be expected within fourteen (14) days after your receipt of this certified letter regarding actions taken, or to be taken, to correct the above deficiencies along with an acceptable and reasonable time frame for accomplishing the tasks. In addition, we will anticipate a written statement that all deficiencies have been corrected within sixty (60) days of the date of this letter.

Mr. Charles L. Sweat  
Page Two  
OCD-PW-SS-90-0526  
December 3, 1990

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

The following reference materials are available upon telephone request to Mrs. Patty Pittman at (407)894-7555, extension 204.

1. Chapters 17-550, 17-555, 17-560 and 17-602, Florida Administrative Code.
2. "How Does One Initiate a Cross Connection Control Program."
3. "Be a Cross Connection Expert."
4. "What are Cross Connections?"

If you have any questions concerning this letter, please contact Mr. Gary P. Miller at (407)894-7555.

Sincerely,



Joseph M. McNamara, P.E.  
Manager, Drinking Water Program

JMMc:gm/mg

cc: Lake County Health Department

State of Florida  
DEPARTMENT OF ENVIRONMENTAL REGULATION

*NIT* SANITARY SURVEY REPORT  
Non-community Water Systems

System name Sunshine Parkway Systems County Lake PWS Id. 3350691

Address US 27 & M, Cleared Area Zip \_\_\_\_\_ Phone (407) 880-0100

Owner name Charles L. Sweet, Vice President of operations  
Southern Lake Utilities Services, Inc. Phone (407) 880-0100

Owner address 1000 Clair Place, Apopka Zip 32703

Date of this inspection 11/27/90 Date of last inspection 11/15/90 Person contacted Brian Heath

Certified operators and cert. nos. Brian Heath C-5825

Category 4, Class C plant

Service area characteristics Motels & Restaurants

Population served ± 900 Service connections 8 If seasonal, begin date \_\_\_\_\_ End date \_\_\_\_\_

Number of wells 2 Depths each 500'

Casing lengths and sizes unk, 10"

Drilling method \_\_\_\_\_ Wells grouted? \_\_\_\_\_ Surface protection? 2x2x2 plank Well yield \_\_\_\_\_

Pump type and name V.T. Feeder 10HX13 30V Pump capacity 1200 gpm each  
7000 ± 2400

Possible san. hazards & dist. to well(s) None - exact location of effluent  
disposed to unknown (vegetation overgrown) but  
Chlorination  $\geq 100'$

Chlorinator type 603 24-hr capacity 25 gpd Chlorinator condition Good

Cl<sub>2</sub> test kit present? YEP Residual at plant 0.8 Residual at remote tap 0.7 Repair parts kept? \_\_\_\_\_

Comments on chlor. \_\_\_\_\_

Storage capacity PIT = 10,000  
OS, K28 16x3 Operating pressure 55-68 Minimum pressure 55 Blowoffs present? Yes

Material of dist. mains PT & PVC Types of other treatment operation - 3 service  
pumps at 700 gpm each

Cross-connections observed None

Are MOR's submitted as required? NO Filled out properly? YES Bact's submitted as required? partial - columns  
no MOR's for Jan, Feb, March, Apr: 14/1989  
no MOR's for June, July, August, September, October: 4/1989  
no MOR's for Nov, Dec: 1989

Who submits? June, July, August, September, October: 4/1989

Nitrate analysis sub. as required? Yes 8/90 Analytical result nit = 2.1, Turbidity = .43

Remarks Owner generator with automatic shut-up device on site.  
Backflow - 10 checks  
MOR's - for 1989.

DER PERM 12-25 (7/81) 1/2

Summary and recommended action:

Deficiency	Regulation Referenced	Action Recommended
<i>substantive</i> Backlog of records MOR 5 - 1989	<i>SEE</i> ↓	<i>COVER LETTER</i> ↓

Inspector's signature *Greg L. Miller* Date *11/28/90*  
Title *ENV. SUPERVISOR - II*  
Approved by *Paul J. Martin* Date *12/3/90*

DER PERM 11-25 (7/83) 2/2

**Tropical Park - 781**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

**TROPICAL PARK**  
Plant Name WATER SYSTEM County OSCEOLA PWS ID 3491498  
Plant Address 3109 LIBERTY BLVD. Zip 32741 Plant Phone (904) 880-0100  
Location Description: \_\_\_\_\_  
Owner CHARLES L. SWEAT, PRESIDENT Owner Phone (904) 880-0100  
SOUTHERN STATES UTILITIES  
Address 1000 COLOR PLACE City APOPKA State FL Zip 32763  
Date of this inspection: 4/24/91 Date of last survey: 4/12/89 Date of last compliance inspection: \_\_\_\_\_ Person contacted: WILLIAM TREUDEL  
Service area characteristics: C  NC \_\_\_\_\_ NTNC \_\_\_\_\_

- Certified Operators & Certification No.: O. RICHARD ECK, JR. / C-3607
  - Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_
  - Meter/Time Lapse Clock: Yes  No \_\_\_\_\_
  - Well(s): Number: #2 - MAIN PLANT 6' X 6' X 4' Concrete Pad: YES
- In Line Check Valve Present: YES Raw Water Tap: \_\_\_\_\_

Comments: \_\_\_\_\_  
5. CHLORINATION 10 GPD #2 ✓ #1 #2.8  
Manufacturer's Name of Chlorinator: Stannar Gas: \_\_\_\_\_ (Hypo:  Plant \_\_\_\_\_ Remote 1.0  
Comments: \_\_\_\_\_

6. Other Treatment(s): \_\_\_\_\_  
Comments: \_\_\_\_\_  
7. Storage Facilities: (G) ground; (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	#1								
Pressure Gauge	YCL								
Sight Glass	YES								
On/Off pressure	40/60								

Comments: \_\_\_\_\_  
DEFICIENCIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Water system deficiencies listed above must be corrected within \_\_\_\_\_ days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3319 Maguire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Ronald V. Enye ENGINEER-I Date: 4/24/91  
Received By: William Treudel Date: 4/24/91  
WILLIAM TREUDEL C-6411  
Form Left on Site/Left with Operator or Water Purveyor

CC. Char: Suit  
F. K. Sanitation  
A. H. 2/10  
S. P. 3/10  
M. D. 3/10

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Tropical Park Waste System County Alachua PWS ID 3491498  
 Plant Address 1600 S. Blvd Kissel Zip Code 32741 Plant Phone ( )  
 Owner Name Charles A. Southern States Utilities, Inc. Owner Phone (407) 880-0100  
 Owner Address 1000 Color Place City Apopka State FL Zip Code 32703  
 Date of this Insp. 4/12/89 Date of last Insp. 3/11/82 Person Contacted William Kerlin

Certified Operators William Kerlin Certified Operators Numbers C-5926  
 Category 5, class C plant requires 5 visits/week 1 on  
would visit operator is not making the weekend visit  
Flow of chlorine residuals not being recorded daily on m.o.

Population served 1365 Service Connections 546 % metered 99  
 Design Capacity .648 Design Storage Capacity \_\_\_\_\_ Average output .090  
 Maximum Hour \_\_\_\_\_ Maximum Day 210 (4/2/88)

Approval Number & Date # 5240 10/18/61 Type meter & copy 2" x 1/2" 3"  
 Service area characteristics: (check all that apply) Plant #1 - No flow meter  
 \_\_\_\_\_ COMMUNITY / \_\_\_\_\_ NON-COMMUNITY has this not

- |                                             |                                             |                                                 |                                                  |
|---------------------------------------------|---------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Airport            | <input type="checkbox"/> Institution        | <input type="checkbox"/> Recreation area        | <input checked="" type="checkbox"/> Subdivision  |
| <input type="checkbox"/> Bathing area       | <input type="checkbox"/> Interstate Carrier | <input checked="" type="checkbox"/> Residential | <input checked="" type="checkbox"/> Trailer Park |
| <input type="checkbox"/> Campground         | <input type="checkbox"/> Lodge              | <input type="checkbox"/> Rest area              | <input type="checkbox"/> Visitor Center          |
| <input type="checkbox"/> Company Town       | <input type="checkbox"/> Marina             | <input type="checkbox"/> Restaurant             | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Indian Reservation | <input type="checkbox"/> Motel              | <input type="checkbox"/> School                 |                                                  |

Emergency Water Source well #1 Emergency Power Source None

Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_  
Plant #1 only from used as auxiliary  
 Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*

How many wells? 2 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

- Treatment in use at this plant: (check all that apply)
- |                                                  |                                        |                                          |                                                |
|--------------------------------------------------|----------------------------------------|------------------------------------------|------------------------------------------------|
| <input checked="" type="checkbox"/> Aeration     | <input type="checkbox"/> E.D.          | <input type="checkbox"/> Lime Softening  | <input type="checkbox"/> Settling              |
| <input checked="" type="checkbox"/> Chlorination | <input type="checkbox"/> Filtration    | <input type="checkbox"/> Recarbonation   | <input type="checkbox"/> Zeolite Soft.         |
| <input type="checkbox"/> Chlor.-pre.             | <input type="checkbox"/> Filt. hi-rate | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Chlor.-post             | <input type="checkbox"/> Fluoridation  | <input type="checkbox"/> pH adjustment   |                                                |
| <input type="checkbox"/> Coagulation             | <input type="checkbox"/> Iron Removal  | <input type="checkbox"/> T & O control   |                                                |

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

Well No.	Plant #1	Plant #2							
Year Drilled									
Depth Drilled	475	465							
Length (outside casing)	unk	unk							
Diameter (outside casing)	6"	6"							
Material (outside casing)									
Depth to static water level									
Normal suction lift (wking. level)									
Normal yield, GPM									
Test yield, GPM	140	230							
Type of grout									
Drilling method	cable tool	cable tool							
Type of strainer									
Depth to top of strainer									
Protection from surface water?	Yes	Yes							
Is inundation of well possible?	No	No							
Salt intrusion noted in past?	No	No							
Has the well ever been contaminated?	No	No							
Pump manufacturer's name	Subm.	Hitachi							
Model number	unk	2306196010 35 AP							
Capacity	100	350							
Check valve present in line?	Yes	Yes							
Date of last servicing	—	3/68							
Maintenance Schedule (day/no.)	—	—							

COMMENTS (conditional): Well #1 - 83' from wastewater  
plumbing at 2642 Liberty Blvd (Lambert Ave).  
Well #2 - opening in casing for introduction of  
drinking water.

Attach additional copies of this page as needed.

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution courses above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_

Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Chapter 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

Space for sketch:

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator Plant #1 - Precision Capacity, lb./24 hr. 20 gpd  
Dual system? No Backup machine operative OK Gas or hypo used Chlorine  
feed rate 100 gpd Evidence of leaks No Reserve supply OK  
Condition of equipment OK Automatic switchover No Air-pack or respirator  
adequate No Ammonia smells fresh - More capacity needed - Residual  
at plant 1.3 Residual at remote tap 0.5 Comments on chlorination 1  
No air-pack or respirator

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Set \_\_\_\_\_  
Carryover \_\_\_\_\_ Is good? \_\_\_\_\_

LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
Blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
 Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
 Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
 Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
 backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
 Loss in head gain present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
 ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
 bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
 Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
 Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
 Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
 streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
 Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
 Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
 Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
 Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

~~HIGH SERVICE~~

<del>Pump Number</del>									
<del>Manufacturer Name</del>									
<del>Pump type and motor hp</del>									
<del>Model number</del>									
<del>Date installed</del>									
<del>Capacity</del>									
<del>Maintenance Schedule</del>									
<del>Date Last Serviced</del>									

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	<i>Plant #1</i>	<i>Plant #2</i>							
Capacity	<i>2500</i>	<i>5,000</i>							
Material	<i>steel</i>	<i>steel</i>							
Gravity drain capacity	<i>Yes</i>	<i>Yes</i>							
Bypass capacity	<i>No</i>	<i>No</i>							
Covered/screened openings	<i>N/A</i>	<i>N/A</i>							
Date of last cleaning	<i>—</i>	<i>—</i>							
Pressure Gauge	<i>Yes</i>	<i>Yes</i>							
Site Glass	<i>Yes</i>	<i>Yes</i>							
On/Off pressure	<i>40/60</i>	<i>48/72</i>							
Height to bottom of el. tank	<i>—</i>	<i>—</i>							
Height to Maximum water level	<i>—</i>	<i>—</i>							

COMMENTS: *No pressure tank by-pass*

DISTRIBUTION SYSTEM:

Material of mains DVC  
 System Looped Yes Operation pressure 48-70 Maximum pipe diameter 4"  
 Minimum pipe diameter 2" Number of dead ends FW How often flushed Twice per week  
 Number of fire hydrants None Known cross-connections with private supplies None  
 Blowoff lines below grade At End Routine cross-connection control program Yes

PLANT LABORATORY CAPABILITY:

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input checked="" type="checkbox"/> Chlorine: type <u>OIP</u>	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

DL Bacteriological 7/88 Secondaries N/A THM  
3/88 Radiological 5/88 Inorganic chemical 3/88 Other: see 150C  
3/88 Turbidity 7/88 Organic chemical

Violations of sampling requirements: None

Violations of maximum contaminant levels: None

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
woodland visit by certified operator	17-16.370 (6)(e)	see cover letter
Ch. 2 Flow not being recorded daily	17-16.375 (1) & 360(1)(b)	" " "
Red-paint	17-555.320(5)(a)	" " "
Plant #1 in-flow meter	17-555.320 (8)	" " "
Auxiliary Power	17-555.320 (6)	" " "
Sanitary records	17-555.312 (4)	" " "
Warning in cabins	17-555.315(2)(b) (c)	" " "
Pressure tank by-pass	17-555.320	" " "

Inspector's Signature: Ray P. Miller Date: 4/13/89  
 Title: E.S. II Approved by: Paul J. Murrain Date: 5/12/89  
 for Manager, Drinking Water Program



**University Shores - 106**

**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

CERTIFIED  
P 833 418 857

August 23, 1991

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

OCD-PW-SS-91-0625

Attention: Sam Sparks

Orange County - PW  
University Shores Water Treatment Plant  
PWS ID: 3481413

Dear Mr. Sparks:

This will confirm a visit to the subject "community" public water system on August 6, 1991 by Cindy Haynie and Bob Ansag of this office in the presence of Greg Kent for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records. Deficiencies noted during the survey and/or determined from records on file in this office are listed below, including the cited rules of the Florida Administrative Code (F.A.C.).

1. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. Device to sound an alarm outside of the gas chlorine room or in the office or laboratory of the plant upon the loss of chlorination capability. [Rule 17-555.320(5), F.A.C.]
  - b. Provide Ammonia for detection of leaks.
2. Aerator and ground storage tank were not being maintained in good operating condition or being protected from contamination as required. The aerator contained excessive amounts of sand and was overdue for cleaning. The ground storage tank had large areas that were rusted. [Rule 17-555.350(1), F.A.C.]
3. A 6' X 6' X 4" thick concrete pad, centered around the well casing, was not provided for protection against direct surface water infiltration adjacent to the well. [Rule 17-555.315(2)(b)5., F.A.C.]
4. A waste water treatment plant located within 200 feet



Southern States Utilities  
Page 2  
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August 23, 1991

from the water supply well. [Rule 17-555.312(1), F.A.C.  
and Rule 17-555.312(4), F.A.C.]


It will be necessary for you to correct the above referenced deficiencies for the subject system. Failure to do so will result in the taking of appropriate enforcement action by the Department. **WE ANTICIPATE RECEIPT OF A WRITTEN STATEMENT BY OCTOBER 6, 1991 THAT ALL THE LISTED DEFICIENCIES HAVE BEEN CORRECTED.**

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

Reference materials on applicable drinking water regulations and cross-connections are available upon telephone request to Ms. Mary Glover at (407) 894-7555, extension 251.

If you have any questions concerning this letter, please contact Ms. Cindy Haynie at the address listed on page one or by phone at (407) 894-7555.

Sincerely,

  
Paul J. Morrison, Section Supervisor  
Drinking Water Compliance/Enforcement

PJM:ch  
cc: Orange County Health Department  
Marie Carrasquillo (letter only)  
Cindy Haynie

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name UNIVERSITY SHORES County ORANGE PWS ID 3481913  
 Plant Address HARRELL ROAD Zip Code \_\_\_\_\_ Plant Phone (407)880-0100  
 Owner Name SOUTHERN STATES UTILITIES Owner Phone (907)880-0058  
 Owner Address 1000 COLOR PLACE City AROPKA State FL Zip Code 32703  
 Date of this Insp. 8/16/91 Date of last Insp. 1/30/85 Person Contacted GREG KENT

Certified Operators	Certified Operators Numbers
<u>GREG KENT</u>	<u>C-5643</u>
<u>SAM SPARKS</u>	<u>A-235</u>
<u>JOAN H TRAN</u>	<u>C-7106</u>

Population served 8050 Service Connections 2923 % metered 100  
 Design Capacity 1824 Design Storage Capacity 210 Average output 367.9  
 Maximum Hour \_\_\_\_\_ Maximum Day 458.9

Approval Number & Date B-3181-A 2/4/91 Type meter & capy \_\_\_\_\_

Service area characteristics: (check all that apply)  COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source AUT WELL Emergency Power Source CUMMINS DIESEL GENERATOR

Type of Standby \_\_\_\_\_ Capacity of Standby 150 KW

Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\*  
 How many wells? 2 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input checked="" type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt.hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify) _____
<input checked="" type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed? NONE

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator \_\_\_\_\_ Capacity, lb./24 hr. 100 lb  
Dual system? YES Backup machine operative YES Gas or hypo used GAS Chlorine  
feed rate \_\_\_\_\_ Evidence of leaks NO Reserve supply YES  
Condition of equipment GOOD Automatic switchover YES Air-pack or respirator  
adequate YES Ammonia smells fresh NO More capacity needed NO Residual  
at plant 0.7 Residual at remote tap 0.3 Comments on chlorination \_\_\_\_\_

NO AMMONIA  
NO LOSS OF CHLORINE ALARM

AERATOR:

Type of aerator CASCADE Tray area or weir length UNK  
Condition of screens GOOD Bloodworms present NO Condition of  
aerator NEEDS CLEANING - SAND SLIME Adequate for Fe, H<sub>2</sub>S control YES

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

Well Number*	1	2							
Year Drilled	1959	1973							
Depth Drilled	370	602							
Length (outside casing)		126'							
Diameter (outside casing)	8"	12"							
Material (outside casing)	STEEL	STEEL							
Depth to static Water level									
Normal suction lift (wkng. level)									
Normal yield, GPM	921,600	1,497,600							
Test yield, GPM	-	-							
Type of grout									
Drilling method									
Type of strainer									
Depth to top of strainer									
Protection from surface water?	YES	IN CASE OF GULCH							
Is inundation of well possible?	NO	NO							
Salt intrusion noted in past?	NO	NO							
Has the well ever been contaminated?									
Pump manufacturer's name	LAYNE PUMPS	WORTHINGTON							
Model number									
Capacity	800 GPM 30 HP	1,800 GPM 40 HP							
Check valve present in line?	YES	YES							
Date of last servicing									
Maintenance Schedule (day/mo.)									

COMMENTS (conditional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional copies of this page as needed.  
 DER Form Perm 13-24 (August, 80)

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Size and number \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

HIGH SERVICE

Pump No.	1	2	3					
Manufacturer name	U.S.	U.S.	U.S.					
Pump type & motor HP	20 HP	30 HP	40 HP					
Model number	UNK	UNK	UNK					
Date Installed	UNK	UNK	UNK					
Capacity	330	600	800					
Maintenance schedule	UNK	UNK	UNK					
Date last serviced	UNK	UNK	UNK					

Comments: \_\_\_\_\_

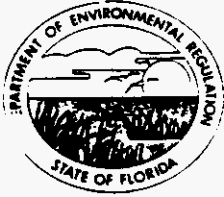
STORAGE FACILITIES: (X)ground; (A)hydropneumatic; ( )elevated; ( )clearwell.

Tank No.	1	2						
Capacity	100,000	10,000						
Material	STEEL	GALVANIZED						
Gravity drain capacity	YES	YES						
Bypass capacity	YES	YES						
Covered, screened openings	YES	NA						
Date of last cleaning	JULY	NONE						
Pressure gauge	-	YES						
Sight glass	YES	YES						
On/OFF pressure	-	58/10						
Hgt. to bottom of el. tank	UNK	UNK						
Hgt to max. water level	UNK	UNK						

Comments: \_\_\_\_\_







## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

CERTIFIED  
P 833 418 856

August 23, 1991

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

OCD-PW-SS-91-0624

Attention: Sam Sparks

Orange County - PW  
Suncrest Water Treatment Plant  
PWS ID: 3481413

Dear Mr. Sparks:

This will confirm a visit to the subject "community" public water system on August 6, 1991 by Cindy Haynie and Bob Ansay of this office in the presence of Greg Kent for the purpose of conducting a sanitary survey. A copy of the results is enclosed for your reference and records. Deficiencies noted during the survey and/or determined from records on file in this office are listed below, including the cited rules of the Florida Administrative Code (F.A.C.).

1. There was a lack of safety and control equipment for gas chlorine use. The following items are required:
  - a. An air-pack or respirator approved by your local fire department stored on-site at a convenient location, but not inside any room where chlorine is used or stored.
  - b. Device to sound an alarm outside of the gas chlorine room or in the office or laboratory of the plant upon the loss of chlorination capability. [Rule 17-555.320(5), F.A.C.]
3. A 6' X 6' X 4" thick concrete pad, centered around the well casing, was not provided for protection against direct surface water infiltration adjacent to the well. [Rule 17-555.315(2)(b)5., F.A.C.]
4. Ground storage tank was not being maintained in good operating condition. The concrete is cracked and leaking in several places. [Rule 17-555.350(1), F.A.C.]

It will be necessary for you to correct the above referenced

Southern States Utilities

Page 2

OCD-PW-SS-91-0624

August 23, 1991


deficiencies for the subject system. Failure to do so will result in the taking of appropriate enforcement action by the Department. **WE ANTICIPATE RECEIPT OF A WRITTEN STATEMENT BY OCTOBER 6, 1991 THAT ALL THE LISTED DEFICIENCIES HAVE BEEN CORRECTED.**

Please provide the information, where available, for items marked unknown ("unk") on the sanitary survey report. When such unknown information is not readily available, please note this as "N.A."

Reference materials on applicable drinking water regulations and cross-connections are available upon telephone request to Ms. Mary Glover at (407) 894-7555, extension 251.

If you have any questions concerning this letter, please contact Ms. Cindy Haynie at the address listed on page one or by phone at (407) 894-7555.

Sincerely,

  
for Paul J. Morrison, Section Supervisor  
Drinking Water Compliance/Enforcement

PJM:ch

cc: Orange County Health Department  
Cindy Haynie

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name SUNCREST County ORANGE PWS ID 3481413  
 Plant Address EAST OF DEAN RD - UNIVERSITY Zip Code \_\_\_\_\_ Plant Phone ( ) \_\_\_\_\_  
 Owner Name SOUTHERN STATES UTILITIES Owner Phone (407) 880-0058  
 Owner Address 1000 COLOR PLACE City APOPKA State FL Zip Code 32703  
 Date of this Insp. 8/16/91 Date of last Insp. 4/10/85 Person Contacted GREG KENT

Certified Operators	Certified Operators Numbers
<u>GREG KENT</u>	<u>C-5643</u>
<u>GAM SPARKS</u>	<u>A-235</u>
<u>TOAN H TRAN</u>	<u>C-7106</u>

Population served 8050 Service Connections 2923 % metered 100  
 Design Capacity 1.05 Design Storage Capacity 433 Average output \_\_\_\_\_  
 Maximum Hour \_\_\_\_\_ Maximum Day \_\_\_\_\_

Approval Number & Date WD48-3181 AC 11/14/90 Type meter & capy SIGNET TOTALIZER

Service area characteristics: (check all that apply)  COMMUNITY/ \_\_\_\_\_ NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input checked="" type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	

Emergency Water Source ALT WELL Emergency Power Source DIESEL GENERATOR

Type of Standby \_\_\_\_\_ Capacity of Standby 215 KW

Sources of Raw Water:  Ground\* \_\_\_\_\_ Surface\*\* \_\_\_\_\_ Purchased\*\*\* \_\_\_\_\_  
 How many wells? 2 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt. hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify) _____
<input checked="" type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed? NONE

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin copy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator FISCHER PORTER Capacity, lb./24 hr. 200 lb  
Dual system? YES Backup machine operative YES Gas or hypo used GAS Chlorine  
feed rate 170 lb Evidence of leaks NO Reserve supply YES  
Condition of equipment GOOD Automatic switchover YES Air-pack or respirator  
adequate \_\_\_\_\_ Ammonia smells fresh YES More capacity needed NO Residual  
at plant 1.2 Residual at remote tap 0.8 Comments on chlorination \_\_\_\_\_

AERATOR:

Type of aerator CASCADE Tray area or weir length UNK  
Condition of screens GOOD Bloodworms present NO Condition of  
aerator SIDES CRACKING (ground storage) Adequate for Fe, H<sub>2</sub>S control YES

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LINE SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

Well Number*	1	2						
Year Drilled	1983	1983						
Depth Drilled	445	444						
Length (outside casing)	136'	141'4"						
Diameter (outside casing)	19	19						
Material (outside casing)	STEEL	STEEL						
Depth to static water level	UNK	UNK						
Normal suction lift (wkng. level)	UNK	UNK						
Normal yield, GPM	36840	138,000						
Test yield, GPM	750	750						
Type of grout	CEMENT	CEMENT						
Drilling method	CABLE	CABLE						
Type of strainer	UNK	UNK						
Depth to top of strainer	UNK	UNK						
Protection from surface water?	A YES	YES	NOT 6'x6'4"					
Is inundation of well possible?	NO	NO						
Salt intrusion noted in past?	NO	NO						
Has the well ever been contaminated?	NO	NO						
Pump manufacturer's name	WORTHINGTON	WORTHINGTON						
Model number	UNK	UNK						
Capacity	1,200 GPM 40 HP	1,200 GPM 40 HP						
Check valve present in line?	YES	YES						
Date of last servicing	UNK	UNK						
Maintenance Schedule (day/mo.)	UNK	UNK						

COMMENTS (conditional): \* PROVIDE 6'x6'x4" CONCRETE SLAB.

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Attach additional copies of this page as needed.  
DER Form Perm 13-24 (August, 80)

HIGH SERVICE

Pump No.	1	2	3	4				
Manufacturer name	PEERLESS	PEERLESS	PEERLESS	PEERLESS				
Pump type & motor HP	Cent. 100 HP	Cent. 100 HP	Cent. 100 HP	Cent. 100 HP				
Model number	UNK	UNK	UNK	UNK				
Date Installed	MAY 1989	MAY 1989	MAY 1989	MAY 1989				
Capacity	1500 GPM	1500 GPM	500 GPM	500 GPM				
Maintenance schedule	UNK	UNK	UNK	UNK				
Date last serviced	UNK	UNK	UNK	UNK				

Comments:

STORAGE FACILITIES: (X) ground; (y) hydropneumatic; ( ) elevated; ( ) clearwell.

Tank No.	G 1	H 2						
Capacity	41000	10000						
Material	CONCRETE							
Gravity drain capacity	YES	YES						
Bypass capacity	YES	YES						
Covered/screened openings	YES	NA						
Date of last cleaning	NONE	NONE						
Pressure gauge	-	YES						
Sight glass	YES	YES						
On/off pressure	UNK	58/70						
Hgt. to bottom of el. tank	UNK	UNK						
Hgt to max. water level	UNK	UNK						

Comments: SIGHT GLASS ON PNEUMATIC TANK CORRODED





**Venetian Village - 567**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**

State of Florida  
Department of Environmental Regulation  
Central District

**WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT**

Plant Name VENETIAN VILLAGE County LALF PWS ID 3351426  
 Plant Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Owner Name SSU Contact Person \_\_\_\_\_  
 Owner Address 1000 COLOR PLACE AMPEA FL 32704 Phone (407) 880-0658  
 Date of this Inspection 11/19/91 Date of last Compliance Inspection 4/29/90 Date of last Sani. Survey 4/24/90  
 PWS Type:  Community  Non-Transient Non-Community  Non-Community  
 Service area characteristics: C-50 SUBDIVISION No. Service Connections 100

**OPERATION & MAINTENANCE**

Operators & cert. class/number  
BRIAN HEATH C-5725

O&M log book:  Yes  No  N.A.  
 Comments \_\_\_\_\_

**WELL**

Number of Wells 2  
 Standby well.....  Yes  No  N.A.  
 Aux. Power.....  Yes  No  N.A.  
 6'x6'x4" pad.....  Yes  No  
 Sanitary Seal.....  Ok  
 Raw water tap.....  Yes  No  
 Not smooth nosed  
 Check valve.....  Yes  No  
 Fence/housing.....  Yes  No  
 Sanitary Hazards: None noted  
 Comments \_\_\_\_\_

**CHLORINATION**

Chlorinator type:  Gas  Hypo  
 Plant chlorine residual \_\_\_\_\_  
 DPD-type test kit.....  Yes  No  
 Gas cylinder scale.....  Yes  No  
 Gas cylinder chained.....  Yes  No  
 Air-pak.....  Yes  No  
 Ammonia solution.....  Yes  No  
 Ventilation.....  Yes  No  
 Dual.....  Yes  No  
 Switchover.....  Yes  No  
 Alarm.....  Yes  No  
 Comments \_\_\_\_\_

**OTHER TREATMENT PROCESSES**

**STORAGE TANKS**

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

Tank Type	G					
Pressure gauge	X					
By-pass piping	X					
Sight Glass	X					
Gravity Drain	X					
On/Off Pressure	10/60					
Comments	_____					

**OTHER**

Flow measurement:  Meter  Elapsed time clock  
 No  
 Cross-connections: NONE NOTED  
 Back-flow prevention: YES  
 Comments \_\_\_\_\_

**DEFICIENCIES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**YOU ARE REQUIRED TO CORRECT THE DEFICIENCIES FOR THE SUBJECT SYSTEM AND TO PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT BY \_\_\_\_\_ THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT.**  
 Send your response to: Department of Environmental Regulation, 3319 Maguire Blvd., Suite 232, Orlando, FL 32803. Phone: (407) 894-7555.

Inspector ME [Signature] Title \_\_\_\_\_ Date 11/19/91

Received by [Signature] Title \_\_\_\_\_ Date 11/19/91

Form left.....  on site.....  with plant operator.....  with water purveyor

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Venetian Village County Lake PWS ID 351426  
 Plant Address S.R. 448 Zip Code - Plant Phone ( ) -  
 Owner Name Charles Swout, V.P. - Operations Division  
Southern States Utility Service, Inc. Owner Phone (407) 880-010  
 Owner Address 1000 Color Place City Apopka State FL Zip Code 32703  
 Date of this Insp. 4/24/90 Date of last Insp. None person Contacted Don Corde

Certified Operators \_\_\_\_\_ Certified Operators Numbers \_\_\_\_\_  
Brian Heath C-5825  
Ross W. Moore C-6497  
Category 3, Class D plant

Population served 400 Service Connections 120 I metered 100  
 Design Capacity 1,232 mgd Design Storage Capacity \_\_\_\_\_ Average output 1,037 mgd  
 Maximum Hour \_\_\_\_\_ Maximum Day 1,053 mgd (8/7/89)

Approval Number & Date 14513 (4/9/72) Type meter & copy Precision 4"  
we 35-2015 (audit/inspections)

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Residential	<input type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Hotel	<input type="checkbox"/> School	

Emergency Water Source well Emergency Power Source Gasoline

Type of Standby 2nd well Capacity of Standby unk - 4000  
fund

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many wells? 2 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)

<input checked="" type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> Settling
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt. hi-rate	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> pH adjustment	
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> T & O control	

What, if any, additional treatment is needed? \_\_\_\_\_

For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required  
 DER Form Perm 13-24 (August, 80)

Sanitary Survey (Groundwater)  
Page Two

PWS ID: 335/426

Well Number*	1	2							
Year Drilled		1977							
Depth Drilled	200'	230'							
Length (outside casing)		123'							
Diameter (outside casing)	8"	6"							
Material (outside casing)	steel	steel							
Depth to static Water level									
Normal suction lift (wkg. level)									
Normal yield, GPM									
Test yield, GPM									
Type of grout		cement							
Drilling method		cutting tool							
Type of strainer									
Depth to top of strainer									
Protection from surface water?	Yes	Yes							
Is inundation of well possible?	No	No							
Salt intrusion noted in past?	No	No							
Has the well ever been contaminated?	No	No							
Pump manufacturer's name	Averkes	Berkley							
Model number	VT 918-6	Subm.							
Capacity	15 GPM 340	5 GPM 80							
Check valve present in line?	Yes	Yes							
Date of last servicing	-	-							
Maintenance Schedule (day/mo.)	-	-							

COMMENTS (conditional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator 603 Capacity, lb./24 hr. 55 gpd  
Dual system? NO Backup machine operative OK Gas or hypo used 603 Chlorine  
feed rate 10.5 Evidence of leaks None Reserve supply OK  
Condition of equipment OK Automatic switchover NO Air-pack or respirator  
adequate NO Ammonia smells fresh None More capacity needed NO Residual  
at plant 0.3 Residual at remote tap 0.2 Comments on chlorination  
No air-pack or respirator on site (left in trucks)  
only gas cylinders should also be checked.

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good? \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ Is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin copy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*  
In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

<del>HIGH SERVICE</del>									
<del>Pump Number</del>									
<del>Manufacturer name</del>									
<del>Pump type and motor HP</del>									
<del>Model number</del>									
<del>Date installed</del>									
<del>Capacity</del>									
<del>Maintenance Schedule</del>									
<del>Date Last Serviced</del>									

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1								
Capacity	5,000								
Material	Steel								
Gravity drain capacity	Yes								
Bypass capacity	Yes								
Covered/screened openings	—								
Date of last cleaning	—								
Pressure Gauge	Yes								
Sight Glass	Yes								
On/Off pressure	42/60								
Height to bottom of el. tank	—								
Height to Maximum water level	—								

COMMENTS: *Pressure tank is rusted (fitted).  
 Anellor pressure needed on hose bib.  
 The valve on the inlet end of pressure  
 tank is leaking.  
 Air is needed on gravity drain (located in  
 DER Form Perm 13-24 (August, 80)*



DISTRIBUTION SYSTEM:

Material of mains PVC & Galv.  
 System Looped NO Operation pressure 70-60 Maximum pipe diameter 4 in  
 Minimum pipe diameter 2" Number of dead ends 2 How often flushed daily  
 Number of fire hydrants None Known cross-connections with private supplies X  
 Blowoff lines below grade None Routine cross-connection control program X  
 \*Note: 6.26 & 6.27 grossly ruin in PIT

PLANT LABORATORY CAPABILITY:

- |                                          |                                                    |                                     |
|------------------------------------------|----------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bacteriological | <input type="checkbox"/> Marble tests              | <input type="checkbox"/> Fluorides  |
| <input type="checkbox"/> Chlorides       | <input type="checkbox"/> Chlorine: type <u>OLD</u> | <input type="checkbox"/> Inorganics |
| <input type="checkbox"/> Radiological    | <input type="checkbox"/> Turbidity                 | <input type="checkbox"/> Color      |
| <input type="checkbox"/> pH              | <input type="checkbox"/> Jar tests                 | <input type="checkbox"/> Hardness   |
| <input type="checkbox"/> Iron            | <input type="checkbox"/> Organics                  | <input type="checkbox"/> Complete   |
| <input type="checkbox"/> Stability       | <input type="checkbox"/> Alkalinity                |                                     |

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

OK Bacteriological 1/18 Secondaries TIM  
9/88 Radiological 9/88 Inorganic chemical 9/88 Other: 100 & 50 C  
9/88 Turbidity 9/88 Organic chemical

Violations of sampling requirements: None

Violations of maximum contaminant levels: None

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>Auxiliary power not functioning</u>	<u>SEE COVER</u>	<u>LETTER</u>
<u>Chlorine cabinet rapidly empty</u>		
<u>Pressure tank installed</u>		
<u>100 gal. tank vacuum breaker needed at PIT</u>		
<u>Gate valve badly on PIT</u>		
<u>Air gap on yard drain on PIT</u>		

Inspector's Signature: [Signature] Date: 4/25/90  
 Title: E.S. II Approved by: [Signature] Date: 5-4-90  
 for Manager, Drinking Water Program

**Welaka - 447**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

*MEL F*

January 6, 1992

*C: Joe R  
FRANKS*

Mr. Bert Phillips  
SSU Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Dear Mr. Phillips:

Putnam County - PW  
Welaka MHP WTP

On November 19, 1991 a sanitary survey was done on the referenced community water system. Mr. Jerry Boyd was present. The only deficiency was that of a leaky tap at the hydrotank.

As a reminder, Primary Inorganics, Primary Organics, Secondary Standards and Turbidity are all due for this system in January 1992. Please insure that analysis results are submitted on time. Also, the fourth quarter VOC results are still awaited.

Enclosed is a copy of the survey. Your past and continued cooperation with Florida's Safe Water Program is appreciated.

Sincerely,

James R. Maher  
Engineer IV

JRM/lgb

Enclosure

*JRM*  
cc: Jerry Boyd  
Robert Regalado  
Putnam County Health Department

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320



Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366

IS. No. 2541242

State of Florida  
Department of Environmental Regulation  
SAMPLING SURVEY REPORT  
for  
Drinking Water System

Inspection date: 11/6/79

I. GENERAL

Plant name WELAKA MHP County POTOMAC  
Plant owner SOUTHWEST STATES UTILITIES INC Person contacted ALBERT PHILLIPS, CHARLES SWIFT, ALBY ALTO  
Plant address 1000 Cedar Place Operator certification no. C-7251  
City APOPKA Zip 32703 Phone no. 478-4764 Basin code 107-840-0100 PAUL THOMPSON  
Population Served 372 No. of service connections 139  
Type of Service Community Type of water at plant & capacity in line  
Percent of no. of meters 100% Plant designed by AS BJILT  
Plant capacity (design) 1184 Plant output, average (MGD) 0-5754  
Storage capacity (design) 1250 Maximum hour (1000's gals.) 0-5754  
Approval no. and date AS BJILT Emergency water source SARAZOLA HARAWATE  
Daily maximum (MGD) 1043 Standby equipment SARAZOLA HARAWATE  
Emergency power source none Capacity 100%

TYPE OF SERVICE  Community  Non-community

- Municipal
- Recreation area
- Trailer park
- Restaurant
- Subdivision
- Institution
- College or school
- Industrial plant
- Common carrier
- Hotel or motel
- Other

II. SOURCES OF RAW WATER SUPPLY  Ground: Number of wells 1  
 Surface: Purchased

A. Ground supplies: (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1965				
Depth drilled	113'				
Length, outside casing	55'				
Diameter, outside casing	4"				
Material, outside casing	steel				
Depth to static water level					
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	no				
Is well protected against surface water?	yes				
Salt water infiltration problems in past?	no				
Latitude	29 31 50				
Longitude	81 40 20				
Check valve	yes				
Grouted					
Has well ever been contaminated?	no				
Pump manufacturer's name	WOLFE				
Date manufactured					
Model number					
Capacity	600	105	ext		
Last serviced (date)					
Comment	NP	5			
Maint. schedule (day, week, month, etc.)					

2. Surface Supplies: Provide section on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, public grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in cfm weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is needed: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring protected? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant: \_\_\_\_\_ Does effluent meet EPA Turb. Stat? \_\_\_\_\_  
 Other observations \_\_\_\_\_

III. TREATMENT PROCESSES UTILIZED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                          |                      |                                     |                   |
|--------------------------|----------------------|-------------------------------------|-------------------|
| <input type="checkbox"/> | Aeration             | <input type="checkbox"/>            | Line softening    |
| <input type="checkbox"/> | Coagulation          | <input type="checkbox"/>            | Recarbonation     |
| <input type="checkbox"/> | Iron removal         | <input type="checkbox"/>            | Reverse osmosis   |
| <input type="checkbox"/> | Taste-odor control   | <input checked="" type="checkbox"/> | Chlorination-post |
| <input type="checkbox"/> | High-rate filtration | <input type="checkbox"/>            | Fluoridation      |
| <input type="checkbox"/> | Chlorination-pre     | <input type="checkbox"/>            | Settling          |
| <input type="checkbox"/> | Filtration           | <input type="checkbox"/>            | pH adjustment     |
|                          |                      | <input type="checkbox"/>            | Zeolite softening |

- B. Aeration:
- |                          |                       |                          |                        |
|--------------------------|-----------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Slimes or algae noted | <input type="checkbox"/> | Screens in good repair |
| <input type="checkbox"/> | Iron deposits         | <input type="checkbox"/> | Hydrogen sulfide odor  |

C. Chemicals Used (include Chlorine):

Chemical	Dose (ppm)	24 hr. capacity	Point of appl.	Purpose (Coagulation, etc.)
Chlorine (Cantech)	15 WPD	1000 lbs	100% hydro	disinfection

D. Chemical Feeders:

- |            |                          |                     |                          |                        |
|------------|--------------------------|---------------------|--------------------------|------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Oil on floor        | <input type="checkbox"/> | Chemical spilled       |
|            | <input type="checkbox"/> | Spare parts kept    | <input type="checkbox"/> | Has repair manuals     |
|            | <input type="checkbox"/> | Noisy operation     | <input type="checkbox"/> | Chemicals well stocked |
|            | <input type="checkbox"/> | Water on floor      | <input type="checkbox"/> | Feeders all work       |
|            | <input type="checkbox"/> | Excessive vibration | <input type="checkbox"/> | Bags stored dry        |

- E. Coagulation:
- |            |                          |                 |                          |                              |
|------------|--------------------------|-----------------|--------------------------|------------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Settling poor   | <input type="checkbox"/> | Chem. dose questionable      |
|            | <input type="checkbox"/> | No blanket seen | <input type="checkbox"/> | Effluent taste & odor strong |
|            | <input type="checkbox"/> | Pimpant float   | <input type="checkbox"/> | Color removal good           |

- F. Softening:
- |            |                          |                      |                          |                            |
|------------|--------------------------|----------------------|--------------------------|----------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Floor unstable       | <input type="checkbox"/> | Blanket visible            |
|            | <input type="checkbox"/> | Feed intermittent    | <input type="checkbox"/> | Settling poor              |
|            | <input type="checkbox"/> | Water leaves clear   | <input type="checkbox"/> | Anti-siphon used           |
|            | <input type="checkbox"/> | Sludge not excessive | <input type="checkbox"/> | Sludge return used         |
|            | <input type="checkbox"/> | Coag. aid used       | <input type="checkbox"/> | No control of sludge level |

- G. Fluoridation:
- |            |                          |                    |                          |                       |
|------------|--------------------------|--------------------|--------------------------|-----------------------|
| <u>N/A</u> | <input type="checkbox"/> | Analyses OK        | <input type="checkbox"/> | Feeder good condition |
|            | <input type="checkbox"/> | Separate storage   | <input type="checkbox"/> | Acid spilled          |
|            | <input type="checkbox"/> | Dusty enclosure    | <input type="checkbox"/> | Frequent shutdowns    |
|            | <input type="checkbox"/> | Monthly samples OK | <input type="checkbox"/> | Corrosion evident     |

- H. Filtration:
- |            |                          |                     |                          |                          |
|------------|--------------------------|---------------------|--------------------------|--------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Mudballs present    | <input type="checkbox"/> | Charwell subsidiary seen |
|            | <input type="checkbox"/> | Carryover excessive | <input type="checkbox"/> | Backwash cleans media    |
|            | <input type="checkbox"/> | Gallery kept clean  | <input type="checkbox"/> | Plant appears overloaded |
|            | <input type="checkbox"/> | Air binding present | <input type="checkbox"/> | Little foreign material  |
|            | <input type="checkbox"/> | Spent filter runs   | <input type="checkbox"/> | Sediment in clear-water  |
|            | <input type="checkbox"/> | Algae in filter     |                          |                          |

*Normally in standby, this plant acts as a backup to Macatoga Harbor WTP and is normally interconnected*

III. Disinfection:

- |                                     |                                   |                          |                         |
|-------------------------------------|-----------------------------------|--------------------------|-------------------------|
| <input type="checkbox"/>            | Door of chlorine (leak)           | <input type="checkbox"/> | Ample stock of chlorine |
| <input type="checkbox"/>            | Lead washers kept                 | <input type="checkbox"/> | Ammonia (fresh) (odor)  |
| <input checked="" type="checkbox"/> | Note effluent residual            | <input type="checkbox"/> | Air pack pressure OK    |
| <input type="checkbox"/>            | Respirator in date                | <input type="checkbox"/> | Repair parts avail.     |
| <input type="checkbox"/>            | Corrosion noticeable              | <input type="checkbox"/> | Note chlorine rate      |
| <input checked="" type="checkbox"/> | Machine function good             | <input type="checkbox"/> | For works OK            |
| <input checked="" type="checkbox"/> | Chlorine residual records current |                          |                         |

Chlorine residual before entering distribution line 1.8 ppm.  
 Chlorine residual at extremity of distribution system 1.5 ppm.  
 Reserve supply of chlorine (specify units) None in Cl<sub>2</sub> Dept - Normal's Cove  
 Other observation(s) in standby

IV. STORAGE FACILITIES:

- |                                     |                     |                          |                  |
|-------------------------------------|---------------------|--------------------------|------------------|
| <input type="checkbox"/>            | Ground storage      | <input type="checkbox"/> | Elevated storage |
| <input checked="" type="checkbox"/> | Hydropneumatic tank | <input type="checkbox"/> | Clear well       |

Tank number	1	2	3	4
Capacity	1250 gal			
Material	Steel			
Capacity crane capacity	400			
Bypass capacity	no			
Covered/screened container	no			
Date of last cleaning				
On/off pressure, where appl.	40-60			
Hgt. to bot. of tank				
Hgt. to max. tank water level				
Comments	small tank			

V. PIPE SERVICE:

N/A

Pipe number	1	2	3	4
Manufacturer's name				
Date manufactured				
Model number				
Capacity				
Maintenance Schedule				
Last service date				
Comment				

VI. DISTRIBUTION SYSTEM:

Material of main 6.5 PVC Max. pipe diam. 4" Min. pipe diam. 3/4"  
 Operating pressure 56 No. of dead ends 3 How often flushed monthly  
 No. of fire hydrants 6  
 Are there cross connections with private or other supplies? yes Serrano Narra  
 Are there any blowoff lines below grade in the system? 3  
 Are there any sanitary drains near sources of water supply? no  
 Are there any underwater crossings, which are suspected of leaking? no  
 If a sewer line is within 100 feet, state material and jointing method. n/a  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? no  
 Blow off lines below grade  none  few  numerous  
 Observations:

VII. WATER QUALITY TRENDS:

A. Chemical

1. Lab responsibility

- |                                     |                 |                                     |                                   |
|-------------------------------------|-----------------|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | pH              | <input type="checkbox"/>            | Radiochemical                     |
| <input type="checkbox"/>            | Chemical        | <input type="checkbox"/>            | Physical (color, odor, turbidity) |
| <input type="checkbox"/>            | Jar Test        | <input type="checkbox"/>            | Special                           |
| <input type="checkbox"/>            | Bacteriological | <input checked="" type="checkbox"/> | Chlorine residual                 |

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain.

PI, PC, SS, & T DUE THIS MONTH. (1/92)  
 awaiting RESULTS OF 4th qtr VOC

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? PC If so, specify the chemical parameter(s) and concentration(s): \_\_\_\_\_
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? PC If so, specify: \_\_\_\_\_
5. Bacteriological
6. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? YES
7. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? NO If so, specify: \_\_\_\_\_

VIII. SUMMARY AND RECOMMENDED ACTION

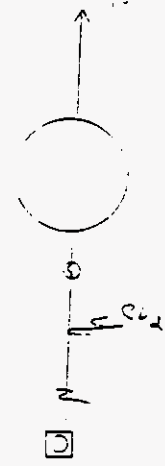
- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. <u>Leaking Tap near Hydrostat</u>	<u>12.255.351(1)</u>	<u>fix leak</u>
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Inspector's signature: James R. Parker Date: 1/16/91

Title: PLANT SUPERVISOR

Approved by: Blaine R. Anderson Date: 1/11/91  
District Manager (Signature)



**Western Shores - 566**

**Lake County (SSU)**

**Water**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name Western Shores SD County 109R2 PWS ID 333464  
 Plant Address \_\_\_\_\_ Zip \_\_\_\_\_ Plant Phone (\_\_\_\_) \_\_\_\_\_  
 Location Description: WESTERN SHORES  
 Owner \_\_\_\_\_ Owner Phone (\_\_\_\_) \_\_\_\_\_  
 Address Southern States Utility Serv. State FL Zip 32703  
1020 Colof DATE OF last survey: 8/1/88  
 Date of this inspection: \_\_\_\_\_ Date of last con- \_\_\_\_\_  
 Inspection: \_\_\_\_\_ Distance \_\_\_\_\_ Person contacted: \_\_\_\_\_  
 Service area characteristics: C UCSD NC \_\_\_\_\_ NTNC \_\_\_\_\_

1. Certified Operators 5 days and 1 week - V  
 & Certification No. \_\_\_\_\_
  2. Maintenance and Operation Log Book: Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_
  3. Meter/Time Lapse Clock: Yes \_\_\_\_\_ No \_\_\_\_\_
  4. Walkway: Number: 2 5' X 6' X 4" Concrete Pad: NO
- In Line Check Valve Present?: yes Raw Water Tap?: yes
- Comments: \_\_\_\_\_

5. CHLORINATION  
 Manufacturer's Name \_\_\_\_\_ Gas:  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: \_\_\_\_\_  
 Of Chlorinator: Posit Plant 0.7 Remote 0.5

Comments: \_\_\_\_\_

6. Other Treatment(s):  
 Comments: SUBMERSIBLE PUMP AIR RELEASE VALVE PRESSURE RELIEF

7. Storage Facilities: (H) hydrophobic; (E) elevated; (C) clearwell

Tank Number	E	H	C						
Pressure Gauge	<input checked="" type="checkbox"/>								
Sight Glass	<input checked="" type="checkbox"/>								
On/Off pressure	<input checked="" type="checkbox"/>								

Comments: Back up wall is less than 100' from electric tank. The way the

DEFICIENCIES: No 6' x 6' concrete pad for back up  
No washer in chlorinator room  
No resistor in gas chlorine room - DE Per M&H  
Please notify us if there is a bypass and gravity drain

For back up also let us know if repair of back valve between raw water  
 work. See page 14 and 15 for details on repair for back up wall.  
 Water system deficiencies listed above must be corrected within 30 days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 318 McGuire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Nick K... 8/14/91  
 Received By: Donald B. ... 8-14-91

Form Left on Site/Left with Operator or Water Purveyor: \_\_\_\_\_

6 MS Back up Pump 14P

**Westmont - 122**

**Orange County (SSU)**

**Water**

**- 1992 FPSC Filing -**

**WESTMONT**

This is a consecutive water system for which water is purchased from Orange County. The Florida Department of Environmental Regulation normally does not perform a sanitary survey on consecutive water systems.

**Windsong - 783**

**Osceola County (SSU)**

**Water**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
WATER TREATMENT PLANT COMPLIANCE INSPECTION

Plant Name WINDSONG County OSCEOLA PWS ID 3494291  
Plant Address MICHIGAN / BONEGAN AVE, KISSIMMEE Plant Phone ( ) -  
Location Description: \_\_\_\_\_

Owner SOUTHERN STATES UTILITIES INC Owner Phone (407) 850-0058  
Address 1000 GLOB PLAZA City APOLK State FL Zip 32703

Date of this Inspection: 10-4-91 Date of last survey: 4-12-89 Date of last compliance inspection: \_\_\_\_\_  
Person Contacted: MR. SANCATARKS  
Service area characteristics: C  HC \_\_\_\_\_ NTNC JOHN COFFEE, JR

- Certified Operators & Certification No.: JOHN COFFEE JR A-C-6614
- Maintenance and Operation Log Book: Yes  No \_\_\_\_\_ Not Applicable \_\_\_\_\_
- Meter/Time Lapse Clock: Yes  No \_\_\_\_\_
- Well(s): Number: 1 \_\_\_\_\_ 6' X 6' X 4" Concrete Pad:

In Line Check Valve Present?: Yes, OK Raw Water Tap?: Yes, OK

Comments: \_\_\_\_\_

5. CHLORINATION  
Manufacturer's Name of Chlorinator: REGAL Gas:  Hypo: \_\_\_\_\_ Cl<sub>2</sub> Residual: Plant 1-0 Remote \_\_\_\_\_

Comments: NO AMMONIA

6. Other Treatment(s): \_\_\_\_\_  
Comments: \_\_\_\_\_

7. Storage Facilities: (G) ground:  (H) hydropneumatic; (E) elevated; (C) clearwell

Tank Number	<u>1</u>	<u>5000g</u>							
Pressure Gauge	<u>Yes</u>								
Sight Glass	<u>Yes</u>	<u>DIRTY</u>							
On/Off pressure	<u>No</u>								

Comments: THIS SYSTEM IS INTERCONNECTED WITH CITY OF KISSIMMEE.

DEFICIENCIES:  
1. NO AMMONIA IN CL<sub>2</sub> RM.  
2. AIR VENT NEED SCREEN

Water system deficiencies listed above must be corrected NOV, 03 91 days. A written statement indicating correction of deficiencies must be sent to: Department of Environmental Regulation, 3399 McGuire Boulevard, Suite 232, Orlando, Florida 32803, within this same time frame.

Inspector's Sig. & Title: Bhann Engineer III Date: 10-4-91

Received By: Sam [Signature] Date: 10-4-91

Form left on Site/Left with Operator or Water Purveyor

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Wind Song County Osceola PWC ID 3494291  
 Plant Address Pincham Ave / Doregan Ave Zip Code \_\_\_\_\_ Plant Phone ( ) \_\_\_\_\_  
 Owner Name Southern States Utilities Inc Owner Phone (407) 880-0106  
 Owner Address 1000 Color Place City Apopka State FL Zip Code 32703  
 Date of this Insp. 4/12/89 Date of last Insp. None Person Contacted William Kerlin

Certified Operators William Kerlin Certified Operators Numbers 6-5926  
Category 5, class C plant routine c visits/week & 1 visit/week  
Flow & chlorine residuals not being recorded daily (5 days week)  
 Population served 305 Service Connections 100 % metered 100  
 Design Capacity 554 Design Storage Capacity \_\_\_\_\_ Average output .020  
 Maximum Hour \_\_\_\_\_ Maximum Day .049 (4/29/89)

Approval Number & Date PWC 49-220 6/18/85 Type meter & capy water specific 5 6"

Service area characteristics: (check all that apply)  COMMUNITY /  NON-COMMUNITY  
 Airport  Institution  Recreation area  Subdivision  
 Bathing area  Interstate Carrier  Residential  Trailer Park  
 Campground  Lodge  Rest area  Visitor Center  
 Company Town  Marina  Restaurant  Other \_\_\_\_\_  
 Indian Reservation  Motel  School

Emergency Water Source None Emergency Power Source None

Type of Standby \_\_\_\_\_ Capacity of Standby \_\_\_\_\_

Sources of Raw Water:  Ground\*  Surface\*\*  Purchased\*\*\*  
 How many wells? 1 Identify Source: \_\_\_\_\_ Identify supply system: \_\_\_\_\_

Treatment in use at this plant: (check all that apply)  
 Aeration  E.D.  Lime Softening  Settling  
 Chlorination  Filtration  Recarbonation  Zeolite Soft.  
 Chlor.-pre.  Filt. hi-rate  Reverse Osmosis  Other (specify) \_\_\_\_\_  
 Chlor.-post  Fluoridation  pH adjustment \_\_\_\_\_  
 Coagulation  Iron Removal  T & O control \_\_\_\_\_

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use Page 2 (Ground)  
 \*\*Use Page 2 (Surface)  
 \*\*\*Page 2 not required  
 DER Form Perm 13-24 (August, 80)

Well Number	1						
Year Drilled	1985						
Depth Drilled	415'						
Length (outside casing)	206'						
Diameter (outside casing)	8"						
Material (outside casing)	Steel						
Depth to static water level	20'						
Normal suction lift (w/kg. level)							
Normal yield, GPM							
Test yield, GPM							
Type of grout							
Drilling method	Cable Tool						
Type of strainer							
Depth to top of strainer							
Protection from surface water?	Yes						
Is inundation of well possible?	No						
Salt intrusion noted in past?	No						
Has the well ever been contaminated?	No						
Pump manufacturer's name	Gould						
Model number	JL0-2						
Capacity	30 HP 385						
Check valve present in line?	Yes						
Date of last servicing	-						
Maintenance Schedule (day/mo.)	-						

COMMENTS (conditional): well pump packing leaking water  
~~well pump in sand - will be interconnected with~~  
~~well with at Kissimmee until well problem has~~  
~~been corrected (permit # WD49-162347).~~

Attach additional copies of this page as needed.  
 DER Form Perm 13-24 (August, 80)

Provide a sketch on a separate sheet, or below, showing (a) the extent of the watershed; (b) the location of the intake; (c) sources of possible pollution above the intake or near it; (d) farm houses, picnic grounds and the like, and their distance from the lake or impoundment.

Name of river, stream lake, spring or impoundment \_\_\_\_\_

If a stream, estimate dry weather flow at intake \_\_\_\_\_

Identify pollution courses above intake \_\_\_\_\_

Recurrent algae blooms give trouble? \_\_\_\_\_ Interval of algae problems \_\_\_\_\_

Treatment for algae blooms \_\_\_\_\_

Complaints (algae) \_\_\_\_\_

Does the plant have a turbidimeter? \_\_\_\_\_ Are daily determinations made? \_\_\_\_\_ Reported as required? \_\_\_\_\_

Does effluent meet Chapter 17-22 Standards? \_\_\_\_\_

Is intake protected from physical damage? \_\_\_\_\_ How? \_\_\_\_\_

SPRINGS: Character of the formation: \_\_\_\_\_

Yield in gpm: \_\_\_\_\_ Protection of spring \_\_\_\_\_

Is flow related to water level in nearby body of water? \_\_\_\_\_ Evidence of pollution \_\_\_\_\_

LAKES: Has low water ever caused a shortage? \_\_\_\_\_ When? \_\_\_\_\_

Does the plant have repeated color problems? \_\_\_\_\_ Action to correct: \_\_\_\_\_

Other notes and observations: \_\_\_\_\_

Space for sketch:



PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator W&T Capacity, lb./24 hr. 100 gpd  
Dual system? NO Backup machine operative YES Gas or hypo used Gas Chlorine  
feed rate 300ppm Evidence of leaks None Reserve supply OK  
Condition of equipment OK Automatic switchover NO Air-pack or respirator  
adequate NO Ammonia smells fresh OK More capacity needed --- Residual  
at plant 1.0 Residual at remote tap 0.8 Comments on chlorination  
2 1/2 hp booster pump.  
No air-pick or respirator.

AERATOR:

Type of aerator \_\_\_\_\_ Tray area or weir length \_\_\_\_\_  
Condition of screens \_\_\_\_\_ Bloodworms present \_\_\_\_\_ Condition of  
aerator \_\_\_\_\_ Adequate for Fe, H<sub>2</sub>S control \_\_\_\_\_

COAGULATION:

Chemical used \_\_\_\_\_ Purpose \_\_\_\_\_  
Blanket visible \_\_\_\_\_ Flocculation good or poor \_\_\_\_\_ Settling good. \_\_\_\_\_  
Carryover \_\_\_\_\_

LIME SOFTENING:

Quicklime or hydrated \_\_\_\_\_ Name of unit \_\_\_\_\_  
Size and type \_\_\_\_\_ Any chemicals used \_\_\_\_\_  
Points of application (in unit) \_\_\_\_\_ Nature and abundance of  
floc \_\_\_\_\_ Appearance of sludge  
blanket \_\_\_\_\_ is settling good \_\_\_\_\_  
Excessive carryover \_\_\_\_\_ Turbidity in clearwell \_\_\_\_\_ Secondary  
precipitation \_\_\_\_\_ Any filter cementation \_\_\_\_\_ Effluent stability \_\_\_\_\_  
Recarbonation type \_\_\_\_\_ Sludge recirculation used \_\_\_\_\_

FLUORIDATION:

Chemical used \_\_\_\_\_ Strength if acid \_\_\_\_\_ Is dilution used (acid) \_\_\_\_\_ Corrosion  
noted \_\_\_\_\_ Gelling or plugging \_\_\_\_\_ Feeder make and model \_\_\_\_\_  
Split sample agreement \_\_\_\_\_ Sufficient analyses \_\_\_\_\_ Feeder condition \_\_\_\_\_

STABILIZATION:

Stability index of effluent \_\_\_\_\_ Is pH control practiced \_\_\_\_\_  
Chemical(s) used \_\_\_\_\_

FILTRATION AND FILTRATION:

Type of filters \_\_\_\_\_  
Size and number \_\_\_\_\_ Length of filter runs \_\_\_\_\_  
Can you see filter media \_\_\_\_\_ Is it clean after backwash \_\_\_\_\_ Are mudballs visible \_\_\_\_\_  
Is there air-binding \_\_\_\_\_ What is the normal filter rate \_\_\_\_\_ What is the usual  
backwash rate \_\_\_\_\_ Capacity of filters \_\_\_\_\_ Are filters overloaded \_\_\_\_\_  
Loss in head ga. present \_\_\_\_\_ At what head loss is BW done \_\_\_\_\_ Cracks and Channel-  
ing \_\_\_\_\_ Has cementation ever occurred \_\_\_\_\_ Where in relation to filtration is sta-  
bilization done \_\_\_\_\_ If high rate, what is turbidity at interface \_\_\_\_\_  
Range of turbidity in effluent \_\_\_\_\_ Can you observe algae in filters \_\_\_\_\_  
Distance from top of media to trough overflow \_\_\_\_\_

REVERSE OSMOSIS:

Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_  
Auxiliary chemicals used \_\_\_\_\_ Proportion of waste to product  
streams \_\_\_\_\_ Quality of effluent \_\_\_\_\_  
Stabilization \_\_\_\_\_ Booster pump \_\_\_\_\_ Type of pre-treatment \_\_\_\_\_  
Type of membranes \_\_\_\_\_

ZEOLITE SOFTENING:

Unit manufacturer and model \_\_\_\_\_ Resin capy \_\_\_\_\_  
Disinfection of beds \_\_\_\_\_ Grade of salt for regen. \_\_\_\_\_  
Stability of effluent \_\_\_\_\_ Resin prevented from escaping \_\_\_\_\_

\*\*\*\*\*

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

HIGH SERVICE

Jump Number									
Manufacturer name									
Pump type and motor HP									
Model number									
Date installed									
Capacity									
Maintenance Schedule									
Date Last Serviced									

Comments: \_\_\_\_\_

\*\*\*\*\*  
STORAGE FACILITIES: ( ) ground; () hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1								
Capacity	5000								
Material	Steel								
Gravity drain capacity	Yes								
Bypass capacity	Yes								
Covered/screened openings	—								
Date of last cleaning	—								
Pressure Gauge	Yes								
Sign Glass	Yes								
On/Off pressure	45-65								
Height to bottom of el. tank	N/A								
Height to Maximum water level	N/A								

COMMENTS: light glass cloudy.

DISTRIBUTION SYSTEM:

Material of mains PVC  
 System Looped Y Operation pressure 48-68 Maximum pipe diameter 6"  
 Minimum pipe diameter 4" Number of dead ends 3 How often flushed 2 times  
 Number of fire hydrants None Known cross-connections with private supplies None  
 Blowoff lines below grade 17 grade Routine cross-connection control program None

PLANT LABORATORY CAPABILITY:

<input type="checkbox"/> Bacteriological	<input type="checkbox"/> Marble tests	<input type="checkbox"/> Fluorides
<input type="checkbox"/> Chlorides	<input type="checkbox"/> Chlorine type <u>PP</u>	<input type="checkbox"/> Inorganics
<input type="checkbox"/> Radiological	<input type="checkbox"/> Turbidity	<input type="checkbox"/> Color
<input type="checkbox"/> pH	<input type="checkbox"/> Jar tests	<input type="checkbox"/> Hardness
<input type="checkbox"/> Iron	<input type="checkbox"/> Organics	<input type="checkbox"/> Complete
<input type="checkbox"/> Stability	<input type="checkbox"/> Alkalinity	

Person in charge of laboratory and credentials: \_\_\_\_\_

COMPLIANCE MONITORING: (System is in full compliance with which requirements? Check.)

6 Bacteriological 3/68 Secondaries N/A TDM  
2/68 Radiological 2/68 Inorganic chemical 2/68 Other: see issue  
2/68 Turbidity 2/68 Organic chemical

Violations of sampling requirements: No records for 1st unsatisfactory sample "c" on 9/20/88.

Violations of maximum contaminant levels: None

The following deficiencies are noted with recommended corrective action: (if none, write "none" in this space)

DEFICIENCY	FLORIDA ADMINISTRATIVE CODE REGULATION PERTAINING	RECOMMENDED ACTION
<u>weekend visit by central monitor</u>	<u>17-16.370(2)(c)</u>	<u>see cover letter</u>
<u>Daily checks (5 days week) of flow</u>	<u>17-16.375(1) &amp; 236.01(b)</u>	<u>" "</u>
<u>well pump bucket leakage</u>	<u>17-555.350</u>	<u>" "</u>
<u>no record of</u>	<u>17-555.320(5)(a)</u>	<u>" "</u>
<u>slight 1st test cloudy</u>	<u>17-555.350</u>	<u>" "</u>
<u>No records for unsatisfactory sample "c" on 9/20/88</u>	<u>17-550.1510(6)(i)</u>	<u>" "</u>
<u>well pumping subd</u>	<u>17-550.310(2)(b)</u>	<u>" "</u>

Inspector's Signature: Ray P. Miller Date: 4/13/89  
 Title: E.S. II Approved by: Paul A. Morris Date: 5/12/89  
 for: Manager, Drinking Water Program

**Woodmere - 888**

**Duval County (SSU)**

**Water**

**- 1992 FPSC Filing -**



**Duval County Public Health Unit**  
WATER SUPPLY SYSTEM INSPECTION REPORT



WATER PLANT NAME WOODMERE  
 LOCATION 5710 Edensfield Rd DATE Oct 11, 90  
 OWNER SSU % F. SANDERSON I.D. 216 1278  
 ADDRESS 1100 CLAR PLACE, APOPKA, FL. 32703 SURVEYED 2/90

1 GENERAL APPEARANCE	S	OPERATORS NAME	CHUCK FENDER
2 AERATOR	S	CERTIFICATION #	C 2119
3 VERMIN PROOF	X	P.O. BOX 8931 JAX FL 32239	
4 FLOW METER	S	HAS/HAS NOT SUBMITTED FOR MONITORING REQUIREMENTS ON:	
5 RAW SAMPLING TAP		BACTERIOLOGICALS	S
6 WELL PROTECTION		NITRATE	
7 CROSS CONNECTION		PRIMARY INORGANICS	
8 SANITARY HAZARDS		PRIMARY ORGANICS	
9 WATER APPEARANCE		SECONDARY CONTAMINANTS	
10 WATER PRESSURE		VOLATILE ORGANICS	
11 CHLORINE ROOM		UNREGULATED ORGANICS	
12 SCALES		RADIONUCLIDES	
13 VENTILATION			
14 CHLORINE RESIDUAL	20		
15 OPERATION RECORDS			
16 OTHER REQUIREMENTS			
17			

SYMBOLS      X-VIOLATION      S-SATISFACTORY      O-NOT APPLICABLE

ITEM	COMMENTS AND INSTRUCTIONS
3	Failed to keep aerator free of vermin

Authority  
 Chapter 381, 403 FS  
 Chapter 17-550 10D-4 FAC  
 17-555  
 17-001 17-560

White - Owner's Copy  
 Blue - Office File Copy  
 Pink - Operator's Copy  
 Green - Inspector's Copy

*Don Roy*  
 ENVIRONMENTAL SPECIALIST

**Wootens - 446**

**Putnam County (SSU)**

**Water**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

*Miss Giddis - per Korman*

January 16, 1992

*Carol M. Browner*  
*Yank Sanders*  
*ETP-17*

Mr. Bert Phillips  
SSU Services, Inc.  
1000 Color Place  
Apopka, FL 32703

Dear Mr. Phillips:

Putnam County - PW  
Wooten's MHP

On December 23, 1991, a sanitary survey was done of the drinking water system serving Wootens MHP. There was no chlorine on the water, and appeared to be a problem with the feed solution bucket. Paul Thompson immediately emptied the bucket and proceeded to take steps to correct the problem.

We are still awaiting receipt of chemical rechecks for iron, color, odor and turbidity as well as the omitted corrosivity field parameters of dissolved oxygen, conductivity, temperature and pH.

A copy of the survey is enclosed. Please confirm that the chlorine problem is corrected and stabilized and the needed chemical results are on their way. If you have any questions, I can be reached at (904) 448-4330, extension 305. Your continued cooperation is appreciated as always.

Sincerely,

*James R. Maher*  
James R. Maher  
Engineer IV

JRM/lgb

*157116*  
cc: Jerry Boyd  
Robert Regalado  
Putnam County Health Department

Administration 448-4300  
Air 448-4310  
Waste Management 448-4320



Water Facilities 448-4330  
Water Management 448-4340  
FAX 448-4366



307 TO G20027114  
RIGHT ON PAGE ZERO TO HESS 20  
RIGHT ON HESS 20  
FLOW AT COVER.

2541280

State of Florida  
Department of Environmental Regulation  
SANITARY SURVEY REPORT  
FOR  
Drinking Water Systems

Inspection date: 12/23/91

I. GENERAL

Plant name Wootens MWP County Putnam  
Plant owner Dr U de vitoria Person contacted James Brand  
Plant address 1000 Cedar Pine Operator certification no. 67057  
City Apopka Zip 32703 Phone no. 644-1143 Basin code \_\_\_\_\_  
Population served est 53 No. of service connections 21  
Type of service community Type of meter at plant & capacity in line  
Percent of no. of meters 100% Plant designed by AS BUILT  
Plant capacity (design) .11 Plant output, average (MGD) .003 (64)  
Storage capacity (design) 500 gal Maximum hour (1000's gals.) 0.5  
Approval no. and date AS BUILT Emergency water source none  
Daily maximum (MGD) .006 (64) Standby equipment 2nd well pump  
Emergency power source none Capacity none

TYPE OF SERVICE  Community  Non-community

- Municipal
- Recreation area
- Trailer park
- Restaurant
- Subdivision
- Institution
- College or school
- Industrial plant
- Common carrier
- Hotel or hotel
- Other

II. SOURCE(S) OF RAW WATER SUPPLY  Ground; Number of wells 1  
 Surface; Purchased 0

A. Ground supplier; (Attach sketch of well(s) in relation to plant location on separate sheet.)

Well no. (if more than 5, attach extra sheets)	1	2	3	4	5
Year drilled	1986				
Depth drilled					
Length, outside casing					
Diameter, outside casing	24				
Material, outside casing	Steel				
Depth to static water level					
Normal suction lift (working level)					
Normal yield in GPM					
Test yield in GPM					
Type of strainer used					
Depth to top of strainer					
Is well subject to inundation?	no				
Is well protected against surface water?	yes				
Salt water infiltration problems in past?	no				
Latitude					
Longitude					
Check valve	yes				
Grouted					
Has well ever been contaminated?	no				
Pump manufacturer's name	Grundfos				
Date manufactured	3/8/86				
Model number					
Capacity	1.7				
Last serviced (date)					
Comments					
Maint. schedule (day, week, month, etc.)					

2. Surface Supplies: Provide sketch on separate sheet showing (a) extent of watershed; (b) location of intake; (c) sources of waste above intake, or near it; (d) farm houses, public grounds, etc. and their distance from lake or impoundment.

Map is attached (check) N/A  
 Name of River, Stream, Lake or Spring \_\_\_\_\_  
 If a stream, indicate estimated low flow in dry weather at intake. \_\_\_\_\_  
 Name any pollution sources above intake \_\_\_\_\_  
 If a spring, character of formation is noted: \_\_\_\_\_  
 What is yield in gpm, if spring? \_\_\_\_\_ How is spring produced? \_\_\_\_\_  
 Does the height of nearby surface water affect height of water in spring? \_\_\_\_\_  
 Turbidimeter at plant \_\_\_\_\_ Does effluent meet EPA Turb. Spec? \_\_\_\_\_  
 Other observations \_\_\_\_\_

3. TREATMENT PROCESSES DESCRIBED AND PLANT OBSERVATIONS.  
 (Check where applicable)

- A. General:
- |                          |                      |                          |                   |
|--------------------------|----------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Aeration             | <input type="checkbox"/> | Line softening    |
| <input type="checkbox"/> | Coagulation          | <input type="checkbox"/> | Reaeration        |
| <input type="checkbox"/> | Iron removal         | <input type="checkbox"/> | Reverse osmosis   |
| <input type="checkbox"/> | Taste-odor control   | <input type="checkbox"/> | Chlorination-post |
| <input type="checkbox"/> | High-rate filtration | <input type="checkbox"/> | Fluoridation      |
| <input type="checkbox"/> | Chlorination-pre     | <input type="checkbox"/> | Softening         |
| <input type="checkbox"/> | Filtration           | <input type="checkbox"/> | pH adjustment     |
|                          |                      | <input type="checkbox"/> | Zeolite softening |
- B. Aeration:
- |                          |                       |                          |                        |
|--------------------------|-----------------------|--------------------------|------------------------|
| <input type="checkbox"/> | Slimes or algae noted | <input type="checkbox"/> | Screens in good repair |
| <input type="checkbox"/> | Iron deposits         | <input type="checkbox"/> | Hydrogen sulfide odor  |

C. Chemical Used (include Chlorine):

Chemical	Type	Feeder	Capacity	Form	of. appl.	Purpose (Coagulation, etc.)
Chlorine	liq	24	gpd	liq	post	Disinfection

D. Chemical Feeders:

- |            |                          |                     |                          |                        |
|------------|--------------------------|---------------------|--------------------------|------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Oil on floor        | <input type="checkbox"/> | Chemical spilled       |
|            | <input type="checkbox"/> | Spare parts kept    | <input type="checkbox"/> | Bas repair manuals     |
|            | <input type="checkbox"/> | Noisy operation     | <input type="checkbox"/> | Chemicals well stocked |
|            | <input type="checkbox"/> | Water on floor      | <input type="checkbox"/> | Feeders all work       |
|            | <input type="checkbox"/> | Excessive vibration | <input type="checkbox"/> | Bags stored dry        |
- E. Coagulation:
- |            |                          |                 |                          |                              |
|------------|--------------------------|-----------------|--------------------------|------------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Settling poor   | <input type="checkbox"/> | Chem. dose questionable      |
|            | <input type="checkbox"/> | No blanket seen | <input type="checkbox"/> | Effluent taste & odor strong |
|            | <input type="checkbox"/> | Pinpoint floc   | <input type="checkbox"/> | Color removal good           |
- F. Softening:
- |            |                          |                      |                          |                            |
|------------|--------------------------|----------------------|--------------------------|----------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Flocc unstable       | <input type="checkbox"/> | Blanket visible            |
|            | <input type="checkbox"/> | Feed intermittent    | <input type="checkbox"/> | Settling good              |
|            | <input type="checkbox"/> | Water leaves clear   | <input type="checkbox"/> | Act. silica used           |
|            | <input type="checkbox"/> | Sludge not excessive | <input type="checkbox"/> | Sludge return used         |
|            | <input type="checkbox"/> | Coag. aid used       | <input type="checkbox"/> | No control of sludge level |
- G. Fluoridation:
- |            |                          |                    |                          |                       |
|------------|--------------------------|--------------------|--------------------------|-----------------------|
| <u>N/A</u> | <input type="checkbox"/> | Analyses OK        | <input type="checkbox"/> | Feeder good condition |
|            | <input type="checkbox"/> | Separate storage   | <input type="checkbox"/> | Acid spilled          |
|            | <input type="checkbox"/> | Dusty enclosure    | <input type="checkbox"/> | Frequent shutdowns    |
|            | <input type="checkbox"/> | Monthly samples OK | <input type="checkbox"/> | Corrosion evident     |
- H. Filtration:
- |            |                          |                     |                          |                          |
|------------|--------------------------|---------------------|--------------------------|--------------------------|
| <u>N/A</u> | <input type="checkbox"/> | Mudballs present    | <input type="checkbox"/> | Clearwell turbidity seen |
|            | <input type="checkbox"/> | Carryover excessive | <input type="checkbox"/> | Backwash cleans media    |
|            | <input type="checkbox"/> | Galley kept clean   | <input type="checkbox"/> | Plant appears overloaded |
|            | <input type="checkbox"/> | Air binding present | <input type="checkbox"/> | Little foreign material  |
|            | <input type="checkbox"/> | Short filter runs   | <input type="checkbox"/> | Sediment in clearwater   |
|            | <input type="checkbox"/> | Algae in filter     |                          |                          |

Hydrochlorination Only

- I. Disinfection:
- Dose of chlorine (leak)  Ample stock of chlorine no
  - Lead washers kept  Ammonia fresh (odor)
  - Note effluent residual  Air pack pressure OK
  - Respirometer in date  Repair parts kept
  - Corrosion noticeable  Note chlorine rate 1000.07000
  - Machine function good  Fan works OK
  - Chlorine residual records current

Chlorine residual before entering distribution line 0.0 ppm.  
 Chlorine residual at extremity of distribution system 0.0 ppm.  
 Reserve supply of chlorine (quantity, units) Chlorine solution tank 1000  
 Other observation(s) Chlorine solution tank 1000

- IV. STORAGE FACILITIES:
- Ground storage  Elevated storage
  - Hydro-pneumatic tank  Clear well

Tank number	1	2	3	4
Capacity	500			
Material	Steel			
Service tank capacity	2"			
Bypass capacity	no			
Covered/screened openings				
Date of last cleaning				
On/off pressure, where appl.	40-60			
Hgt. in pct. of H.L. tank				
Hgt. to max. tank water level				
Comments				

V. HIGH SERVICE: N/A

Tank number	1	2	3	4
Manufacturer's name				
Date manufactured				
Model number				
Capacity				
Maintenance schedule				
Last service (date)				
Comments				

VI. DISTRIBUTION SYSTEM:

Material of main N/C Max. pipe diam. 2" Min. pipe diam. 3/4"  
 Operation pressure 50 No. of lead ends 2 How often flushed? no  
 No. of flow hydrants 0  
 Are there cross connections with private or other supplies? none known  
 Are there any blowoff lines below grade in the system? 4  
 Are there any sanitary bypass near sources of water supply? no  
 Are there any underwater crossings which are suspected of leaking? no  
 If a sewer line is within 100 feet, state material and jointing method. n/a  
 When was the last water supply shortage? none  
 Has there been a problem of supply shortages? no  
 Blow off lines below grade.  none  few  numerous  
 Observations: no

- VII. WATER QUALITY TESTS:
- A. Chemical
1. Lab capability
- pH
  - Chemical
  - Jar Test
  - Bacteriological
  - Radiological
  - Physical (color, odor, turbidity)
  - Special
  - Chlorine residual

2. Have chemical analyses of the finished water been conducted as required by State and Federal Regulations? yes If not, explain.

	1951	1952
Pa. law	7141	7141
Pa. reg.	7141	7141
no. law	7141	7141
no. reg.	7141	7141
no. law	7141	7141
no. reg.	7141	7141
no. law	7141	7141
no. reg.	7141	7141

*existing records; community field found*  
*existing records*

3. Do existing chemical analyses of treated suggest that State or Federal maximum contaminant levels are exceeded? yes If so, specify the chemical parameter(s) and concentration(s) 1.7 mg/L (170 µg/L) (2.3 mg/L (230 µg/L))
4. Do recent chemical analyses of raw and finished water, when compared to regulations, suggest the need for additional treatment? no If so, specify. no checks are received.
5. Bacteriological
1. During the past six (6) months, have bacteriological analyses of the finished water been conducted as required by State and Federal regulations? yes
2. Do existing bacteriological analyses of the past six (6) months suggest an inadequate disinfection program? no If so, specify. \_\_\_\_\_

VIII. SUMMARY AND RECOMMENDED ACTION

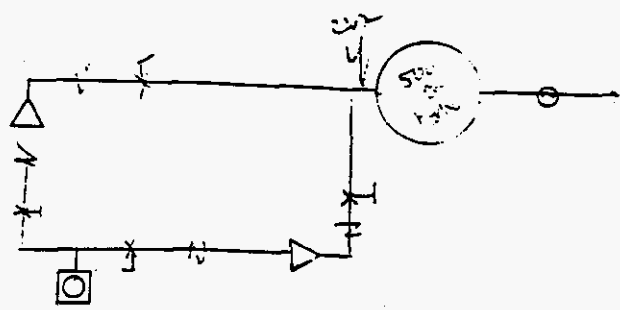
- This facility meets or exceeds all State and Federal regulations.
- Attached is supplemental information concerning this facility.
- The following deficiencies are noted with recommended corrective action.

Deficiency	Referenced Regulations	Recommended Action
1. Failure to maintain min. Cl <sub>2</sub> residual 1.7-2.5 mg/L residual		
2. Monitoring records for chlorine and residual chlorine		promote
3.		
4.		
5.		

Inspector's signature: Donald K. Mather Date: 1/15/92

Title: II ASST. S.E.

Approved by: Blair R. Rodwin Date: 1/17/92  
 District Manager (signature)

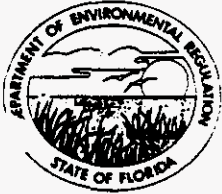


**Zephyr Shores - 1427**

**Pasco County (SSU)**

**Water**

**- 1992 FPSC Filing -**



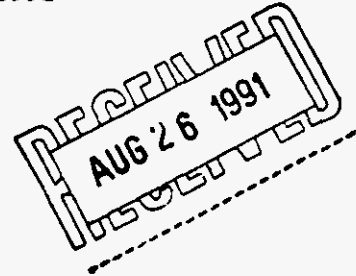
## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347  
Lawton Chiles, Governor Carol M. Browner, Secretary

August 16, 1991

Southern State Utilities  
35112 ADA Avenue  
Zephyrhills, Florida 33541

RE: Sanitary Survey Report  
Zephyr Shores Mobile Home Estates  
PWS-ID # 6512018 (C)  
Pasco County



Dear Mr. McCarthy:

Enclosed, please find a copy of the sanitary survey report for the above referenced public water system. On page six of this report, you will find a list of deficiencies that were noted during a recent inspection, along with recommended corrective action. These deficiencies require corrective action to help prevent continued violations of Department rules.

You are hereby requested to respond to this letter, in writing, with your plans and an anticipated time table for completion of the deficiencies. This response should be received by our office no later than September 13, 1991. Failure to respond in a timely manner will indicate an unwillingness on your part to resolve these issues amicably, in which case the Department may consider pursuit of other enforcement options in order to resolve this matter. You should address your response or any further questions or comments to Ms. Sandra Sequeira, (813) 623-5561; extension 395, of our Drinking Water Section.

Your prompt response and cooperation with this matter is appreciated.

Sincerely,

*Sandra A. Sequeira*  
Sandra A. Sequeira  
Environmental Specialist II  
Drinking Water Section

*CC: Charles Sweet  
Frank Sandersen  
Joe Mack  
Bill Williams  
Dave Barnett*

SAS/sem

Enclosure:

cc: Pasco CPHU



STATE OF FLORIDA  
DEPARTMENT of ENVIRONMENTAL REGULATION  
Sanitary Survey Report

Plant Name Zephyr Shire, M.H. Estate County Pasco PWS ID 6512018 (C)  
 Plant Address 2730 Hwy 54 W. Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
 Owner Name Southern State Utilities Owner Phone (913) 738-5505  
 Owner Address 35112 ADA Ave Zephyrhills, Fla Zip code 33541  
 Date of this inspection 7/31/91 Date of last inspection 3/30/88 Person contacted Dave Barrett  
 Certified operators and cert. nos. S.S.Utl. Inc (1-800-432-4501 Dave Fuller)

Directions: Hwy 54 3 miles west of Hwy 301 / 1/4 mile east of C.R. 579

Population served <u>≈ 200</u>	Service connections <u>594</u>	Percent metered _____	Design capacity _____
Design storage capacity _____	Average output _____	Maximum hour _____	Maximum day _____
Approval no. and date <u>WC-51-1146</u>	<u>11/3/71</u>	Type meter and capy <u>Precision 1x10"</u>	

Service area characteristics: (check all that apply)  COMMUNITY/  NON-COMMUNITY

<input type="checkbox"/> Airport	<input type="checkbox"/> Institution	<input type="checkbox"/> Recreation area	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Bathing area	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Residential	<input checked="" type="checkbox"/> Trailer Park
<input type="checkbox"/> Campground	<input type="checkbox"/> Lodge	<input type="checkbox"/> Rest area	<input type="checkbox"/> Visitor Center
<input type="checkbox"/> Company Town	<input type="checkbox"/> Marina	<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Motel	<input type="checkbox"/> School	
<input type="checkbox"/> Emergency Water Source _____		<input type="checkbox"/> Emergency Power Source _____	
Type of Standby _____		Capacity of Standby _____	
Sources of Raw Water:	<input type="checkbox"/> Ground* How many Wells? <u>3</u>	<input type="checkbox"/> Surface** Identify Source: _____	<input type="checkbox"/> Purchased*** Identify supply System: _____

Treatment in use at this plant: (check all that apply)

<input type="checkbox"/> Aeration	<input type="checkbox"/> E.D.	<input type="checkbox"/> Iron Removal	<input type="checkbox"/> pH adjustment
<input checked="" type="checkbox"/> Chlorination	<input type="checkbox"/> Filtration	<input type="checkbox"/> Lime Softening	<input type="checkbox"/> T & O control
<input type="checkbox"/> Chlor.-pre.	<input type="checkbox"/> Filt. hi-rate	<input type="checkbox"/> Recarbonation	<input type="checkbox"/> Settling
<input type="checkbox"/> Chlor.-post	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> Reverse Osmosis	<input type="checkbox"/> Zeolite Soft.
<input type="checkbox"/> Coagulation	<input type="checkbox"/> Other--specify _____		

What, if any, additional treatment is needed? \_\_\_\_\_  
 For the control of what deficiencies? \_\_\_\_\_

\*Use page 2 (Ground).  
 \*\*Use page 2 (Surface).  
 \*\*\*Page 2 not required.

not connected  
3rd Well  
2nd Well

Well Number*	1	2	3				
Year Drilled	1963	1978	1977				
Depth Drilled	85'	640'	85'				
Length, out-side casing	40'	615'	40'				
Diameter, out-side casing	4"	8"	4"				
Material, out-side casing	steel	steel →					
Depth to static water level	20'	20'	18'				
Normal suction lift (wkng. level)	20'	20'	18'				
Normal yield, GPM	60	300 →					
Test yield, GPM	60	300 →					
Type of grout	none	yes	none				
Drilling method	perc.	perc →					
Type of strainer	none	None →					
Depth to top of strainer	N/A	N/A →					
Protection from surface water?	yes	yes →					
Is inundation of well possible?	unk	No	No				
Salt intrusion noted in past?	No	unk	unk				
Has the well ever been contaminated?	unk	unk	unk				
Pump manufacturer's name	F&W	F&W	Gen. Elec.				
Model number	unk.	unk	unk				
Capacity	5 HP	10 HP →					
Check valve present in line?	No	yes →					
Date of last servicing	—	daily					
Maintenance schedule (day/mo.)	—	↓	daily ↑				

COMMENTS (condition): Well # 2 needs maintenance work and removal of rust + mold build up.

\*attach additional copies of this page as needed.



System has scales; changed cylinders  
cross ventilation

PLANT EQUIPMENT - CHLORINATOR

Dual system? <u>yes</u>	Backup machine Operative <u>yes</u>	Make of Wallace chlorinator <u>Ticman</u>	Capacity, lb./24 hr <u>50</u>
Evidence of leaks <u>no</u>	Reserve supply <u>yes</u>	Gas or hypo used <u>gas</u>	Chlorine feed rate <u>unk</u>
Air-pack or respirator adequate <u>at man office</u>	Residual at <u>1.0</u>	Condition of equipment	Automatic switchover <u>N/A</u>
Residual at plant	remote tap <u>1.0</u>	Ammonia smells fresh <u>N/A</u>	More capacity needed
		Comments on chlorination	<u>Adequate residual.</u>

Safety equipment should be readily accessible during daily visits and any service to chlorinator - keep on track

<u>AERATOR</u> <u>N/A</u>	Type of aerator	Tray area or weir length	Condition of screens
Bloodworms present	Condition of aerator		Adequate for Fe, H <sub>2</sub> S control.

<u>COAGULATION</u> <u>N/A</u>	Chemical used	Purpose	
Blanket visible	Flocculation good or poor	Settling good?	Carryover

<u>LIME SOFTENING</u> <u>N/A</u>	Quicklime or hydrated	Name of unit	Size and type
Any auxiliary chemicals used		Points of application (in unit)	
Nature and abundance of floc		Appearance of sludge blanket	
Is settling good	Excessive carryover	Turbidity in clearwell	Secondary precipitation
Any filter cementation	Effluent stability	Recarbonation type	Sludge recirculation used

<u>FLUORIDATION</u> <u>N/A</u>	Chemical used	Strength if acid	Is dilution used (acid)
Corrosion noted	Gelling or plugging	Feeder make and model	
Split sample agreement	Sufficient analyses	Feeder condition	

<u>STABILIZATION</u> <u>N/A</u>	Stability index of effluent	Is pH control practiced	Chemical(s) used
---------------------------------	-----------------------------	-------------------------	------------------

FILTERS & FILTRATION N/A

Size and number		Type of filters	
Can you see filter media	Is it clean after backwash	Length of filter runs	Are mudballs visible
What is the normal filter rate		What is the usual backwash rate	Is there air-binding
Capacity of filters		Are filters overloaded	
Loss in head ga. present	At what head loss is BW done	Cracks and Channelling	
Has cementation ever occurred	Where in relation to filtration is stabilization done		
If high rate, what is turbidity at interface		Range of turbidity in effluent	
Can you observe algae in filters		Distance from top of media to trough overflow	

REVERSE OSMOSIS N/A Make and type of units \_\_\_\_\_ Pressure required \_\_\_\_\_

Auxiliary chemicals used		Proportion of waste to product streams	
Quality of effluent		Stabilization	
Booster pump	Type of pre-treatment	Type of membranes	

ZEOLITE SOFTENING N/A Unit mfg. & model \_\_\_\_\_ Resin copy \_\_\_\_\_

Disinfection of beds	Grade of salt for regen.	Stability of effluent	Resin prevented from escaping
----------------------	--------------------------	-----------------------	-------------------------------

.....

In the space below, give a rough sketch of the flow diagram of the plant, showing all important parts of the plant (not to scale):

HIGH SERVICE

N/A

Pump No.									
Manufacturer name									
Pump type & motor HP									
Model number									
Date Installed									
Capacity									
Maintenance schedule									
Date last serviced									

Comments:

STORAGE FACILITIES: ( ) ground:  hydro-pneumatic: ( ) elevated: ( ) clearwell.

Tank No.	1	2							
Capacity	2250	3000							
Material	galv steel	→							
Gravity drain capacity	yes	→							
Bypass capacity	yes	→							
Covered/screened openings	N/A	→							
Date of last cleaning	unk	→							
Pressure gauge	yes	→							
Sight glass	yes	→							
On/Off pressure	unk	→							
Hgt. to bottom of el. tank	N/A	→							
Hgt to max. water level	N/A	→							

Comments: Leak observed and very moldy manhole at east storage tank.

**DISTRIBUTION SYSTEM**

Material of mains PVC System looped YES

Operation pressure 38 Max. pipe diam. \_\_\_\_\_ Min. pipe diam. 3/4" No. of dead ends 6

How often flushed unk No. of fire hydrants none Known cross-connections with private supplies none

Blowoff lines below grade n/a Routine cross-connection control program unk

**PLANT LABORATORY CAPABILITY** N/A

_____ pH	_____ Chlorine: type	_____ Color
_____ Bacteriological	_____ Iron	_____ Turbidity
_____ Chlorides	_____ Stability	_____ Alkalinity
_____ Radiological	_____ Marble tests	_____ Jar tests
		_____ Fluorides
		_____ Organics
		_____ Inorganics
		_____ Hardness
		_____ Complete

Person in charge of laboratory, and credentials: \_\_\_\_\_

**COMPLIANCE MONITORING** System is in full compliance with which requirements?  
Check.

Bacteriological  Turbidity  Inorganic chemical  Organic chemical  THM

Radiological  Secondaries  Other: VOC's & UVC's

Violations of sampling requirements: N/A

Violations of maximum contaminant levels: N/A

The following deficiencies are noted, with recommended corrective action: (if none, write "none" in this space).

DEFICIENCY	REGULATION PERTAINING	RECOMMENDED ACTION
1) No safety equipment available onsite during servicing	17-555.32c(5)(a)	* Provide respirator and ammonia for chlorine room
2) No chlorine alarm.	17-555.32c(5)(a)	* Provide a device which sounds an alarm to detect loss of chlorination capability.

Inspector's signature Andrea Keweenaw Date: 8/13/91

Title Env Specialist II Approved by: David B. [Signature] Date: 8/15/91  
District Manager (signature)

DOCKET NO. 920199-WS  
VOLUME IV  
BOOK 8 OF 9

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## INDEX OF DOCUMENTS

### SEWER SYSTEMS SANITARY SURVEYS & INSPECTIONS

<u>SYSTEM NAME</u>	<u>DOCUMENT</u>	<u>REGULATORY AGENCY</u>	<u>DATE</u>
Amelia Island	Inspection	FDER	3-13-91
Apache Shores	Inspection	Citrus County Health Department (HRS)	11-16-89
Apple Valley			
Beacon Hills	Inspection	FDER	10-7-91
Beecher's Point	Inspection	FDER	1-11-91
Burnt Store	Inspection	FDER	6-13-91
Burnt Store	Inspection	FDER	3-14-91
Chuluota			
Citrus Park	Inspection	FDER	11-14-88
Citrus Springs Utilities	Inspection	Citrus County Health Department (HRS)	7-10-89
Deltona Utilities	Inspection	FDER	2-26-90
Fisherman's Haven	Inspection	FDER	6-11-91
Florida Central Commerce Park	Inspection	FDER	11-22-89
Fox Run	Inspection	FDER	11-14-90
Holiday Haven	Inspection	FDER	10-26-90
Jungle Den	Inspection	FDER	5-9-90
Leilani Heights	Inspection	FDER	12-18-90
Leisure Lakes	Inspection	FDER	5-15-85
Marco Shores Utilities	Inspection	Collier County P.C.D.	9-19-91
Marion Oaks Utilities	Inspection	FDER	4-13-89
Meredith Manor			
Morningview	Inspection	FDER	8-25-88
Palm Port	Inspection	FDER	8-29-90
Palm Terrace	Inspection	FDER	11-27-90
Park Manor	Inspection	FDER	8-29-89
Point O' Woods	Inspection	Citrus County Health Department (HRS)	11-16-89

<u>SYSTEM NAME</u>	<u>DOCUMENT</u>	<u>REGULATORY AGENCY</u>	<u>DATE</u>
<b>Salt Springs</b>	Inspection	Marion County Health Department (HRS)	4-8-91
<b>Salt Springs</b>	Reinspection	Marion County Health Department (HRS)	4-16-91
<b>Silver Lake Oaks</b>	Inspection	FDER	3-19-91
<b>South Forty</b>	Inspection	FDER	11-14-88
<b>Spring Hill Utilities</b>	Inspection	FDER	10-12-89
<b>Sugar Mill</b>	Inspection	FDER	5-23-89
<b>Sugar Mill Woods</b>	Inspection	FDER	12-4-89
<b>Sunny Hills Utilities</b>	Inspection	FDER	10-24-91
<b>Sunshine Parkway</b>	Inspection	FDER	10-25-88
<b>University Shores #1</b>	Inspection	Orange County EPD	10-25-91
<b>University Shores #2</b>	Inspection	FDER	8-12-91
<b>Venetian Village</b>	Inspection	FDER	8-25-88
<b>Woodmere</b>	Inspection	FDER-BES	1-16-92
<b>Zephyr Shores</b>	Inspection	FDER	4-1-91

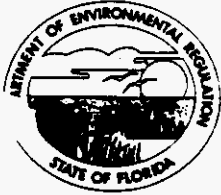
**Amelia Island - 1518**

**Nassau County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**





**Florida Department of Environmental Regulation**

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

March 27, 1991

Charles Sweat  
Vice President of Operations  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

Dear Mr. Sweat

Nassau County - Domestic Waste  
Amelia Island WWTP  
Inspection of STP on March 13, 1991

On March 13, 1991, a routine inspection was conducted at the referenced facility.

During the course of the inspection, the sewage treatment plant was observed to be operating in compliance with the Department's regulations.

The only question concerns the monthly operating reports. The operation and construction permit require daily fecal coliform sampling. The submitted reports do not indicate that daily analysis is taking place. Please review and respond within 14 days of receipt of this letter.

If you have any questions, please contact this office.

Sincerely,

Jeff Martin, P.E.  
Environmental Engineer

JM:jf



FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

WASTEWATER COMPLIANCE INSPECTION REPORT  
FACILITY AND INSPECTION INFORMATION

Name and Physical Location of Facility AMELIA ISLAND WWTP HIGHWAY A1A SOUTH AMELIA CITY		County NASSAU	Entry Date 3/13/91	am <input checked="" type="checkbox"/> pm <input type="checkbox"/>
Name(s) of On-Site Representative(s) DAVNY WHITE		Title OPERATOR	Phone 904-261-0821	
Name and Address of Responsible Official CHARLES SWEAT SOUTHERN STATES UTILITIES, INC 1000 COLOR PLACE APOPKA, FL 32703		Title V.P. OPERATION	Phone 800-432-4501	
State Permit Number: DO 45-18086		issued: 6-21-90	Expires: 6-21-95	
NPDES Permit Number:		issued:	Expires:	
Other Permit or Order: DC 45-18490		issued: 11-8-90	Expires: 6-21-95	
GMS ID Number: 3145P04522		X10809		
Name(s) and Signature(s) of Inspector(s) <i>Jeff Martin</i>		District Office/Phone Number NE 904-448-4330	Date 3/25/91	
Signature of Reviewer <i>T.H. Haurick</i>		District Office/Phone Number NED 904-448-4330 x316	Date 3-27-91	
Inspection Type: <input checked="" type="checkbox"/> LRI		Lead Inspector Initials (A): <input checked="" type="checkbox"/> JS <input checked="" type="checkbox"/> M	Samples Taken (Y/N):	
<input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Industrial	Were Photos Taken (Y/N):	
		Log Book Page:		

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory; M=Marginal; U=Unsatisfactory; N=Not Evaluated

S	Permit	S	Sampling	S	Effluent
	Compliance Schedules	M	Self Monitoring Program	S	Groundwater
	Pretreatment		Facility Site Review	S	Disposal Method
S	Records and Reports		Flow Measurement		Residuals Management
	Laboratory		Operations and Maintenance		Other

Actions Taken: Letter about fecal sampling	<input checked="" type="checkbox"/> Compliance
Followup Actions:	<input type="checkbox"/> Non-Compliance

NATIONAL DATA SYSTEM CODING FOR NPDES OR EQUIVALENT INSPECTIONS

1	2	5	3	11	12	17	18	19	20
Remarks									
67	69	70	71	72	73	74	75	76	80

FACILITY FLOW DIAGRAM

0.85 MGD  
extended aeration  
Daily Fecal Coliform  
sampling

On-line chlorine monitoring  
and turbidity monitoring  
Class I reliability  
Chemical feed available in event  
TSS limitation is not met.

INSPECTION COMMENTS

Groundwater Monitoring Plan	Sp conditions in permit
1) Summer Beach Reuse Site	2) Amelia Plantation Reuse Site
3) Long Point Reuse Site	
Has new 0.17 MG flow equalization basin	
New clarifier	
New 0.15MG digester, Dual automatic filters.	
2.56 MG Holding Pond. 1 MG reject pond.	
Are currently testing new chlorine monitoring and feed system. Testing turbidity monitoring equipment.	
* MORS satisfactory. * Fecal Coliform must be daily now with 75% non-detectable. Must be 7 days/week	

**Apache Shores - 990**

**Citrus County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

PUBLIC WASTEWATER SYSTEM INSPECTION REPORT

Authority:  
Chapter 381, 403 FS  
Chapter 17-6, 17-16 FA

Name of Plant Apache Shores Permit Number D009093467  
 Area or Subdivision Served \_\_\_\_\_  
 Owner of System Southern State Utilities Operator Rob Bogasta  
 Address 1000 Color Place Apopka Fl 32703  
 Plant Capacity 0.007 M Gallons Per Day Average Flow 6-9,000 gpd  
 Effluent Disposal \_\_\_\_\_ Percolation/Evaporation  Spray Irrigation \_\_\_\_\_ Drainfield \_\_\_\_\_  
 Other \_\_\_\_\_

Note: Items marked "X" are unsatisfactory and require correction within 72 hours unless specified otherwise under Comments and Instructions.

GENERAL	TREATMENT	PROTECTION & EFFLUENT DISPOSAL
1. Approved System	16. Construction	31. Access Control
2. Supervision	17. Irrigation	32. Cross Connection Control
3. Personnel	18. Aeration Chambers	33. Disposal Site Construction
4. Operation	19. Diffusers	34. Disposal Site Upkeep
5. On Site Log	20. Digestors	35. Effluent Appearance
6. Equipment Upkeep	21. Stilling Wells	36. Disinfection <u>2.0 TC</u>
7. Adequate Capacity	22. Clarifiers	SAMPLING & TESTING
8. Adequate Records	23. Slimmers	37. Frequency
9. Malfunctions Reported	24. RAS Lines	38. Sampling Point
10. Complaints	25. Weirs	39. Chemical Testing
EMERGENCY EQUIPMENT	26. Chlorine Contact Chambers	40. Laboratory Availability
11. Warning System	27. Chlorinator	PHYSICAL PLANT
12. Auxiliary	28. Blower	41. Housekeeping
13. Safety Equipment	29. Timer	42. General Appearance
14. Gas Chlorine Room	30. Other	43. Odors
15. Chemical Storage		44. Grounds

ITEM COMMENTS AND INSTRUCTIONS

7. Plant has shown a consistent history of hydraulic overload  
 Sept 89 - 8 days (Max 0.023MGD) Avg 89 17 days (Max 0.022MGD)  
 July 89 9 days (Max 0.009MGD) etc. Failure to address hydraulic overloads +  
 peaking in either modification or infiltration reduction may result in denial of building  
 permit within service area as per County Ord. 88-01.

Plant operation and condition good in view of hydraulic overloading

Copy of Inspection Report Received by X Robert Bogasta Time \_\_\_\_\_  
 Date of Inspection 11-14-89  
 Inspector Greg W. Mallett County Public Health Unit CPHS 746-SFE

**Apple Valley - 332**

**Seminole County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

**APPLE VALLEY**

The wastewater collection system is connected to the City of Altamonte Springs wastewater system. Apple Valley does not have its own sewage treatment plant. Inspections are therefore not performed by FDER.

**Beacon Hills - 886**

**Duval County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**





**Florida Department of Environmental Regulation**

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32250-7577

Lawton Chiles, Governor

John M. Browner, Secretary

*Handwritten:* 11/16/91  
Charles Smith  
Mr. Robert

October 21, 1991

Mr. Frank L. Novak, P.E.  
Vice President  
Southern States Utilities Services  
1000 Color Place  
Apopka, Florida 32703

**RECEIVED**

OCT 24 1991

ENGINEERING DEPT.

Dear Mr. Novak:

Duval County - Domestic Waste  
Beacon Hills Wastewater Treatment Plant  
Compliance Sampling Inspection

Enclosed are the results of the Compliance Sampling Inspection of the Beacon Hills Wastewater Treatment Plant that was performed by Department personnel on October 7, 1991.

Please note the following deficiencies:

1. The plant appears to be tilted. The clarifier weirs, stilling well, and skum collector appear to be depressed approximately two inches on one side. This causes flow to short circuit the stilling well and causes an unequal flow distribution into the clarifier. The flow from the clarifier is also short circuited and leaves the chamber only over the weirs on one side of the clarifier due to the two inch differential head. The skum box is partially submerged which causes skum and floating solids to float out of the chamber and back into the clarifier.
2. There is an air leak in the piping of the sludge return line at return box.
3. There is no bar screen on the plant.
4. Massive air was bubbling out around several diffusers. This air was causing some of the contents of the aeration basin to blow over into the clarifier. The operator stated that some of the valves on the diffuser piping were uncontrollable.
5. A operation and maintenance manual specific to this facility was not available.
6. "As-built" plans and specifications were not available.



7. Plant staffing is inadequate. Although Department regulations state that the lead operator must be in attendance at least 6 hour per day for five days per week, this refers only to the minimum time that the lead operator is to be on site. More than one operator should be on staff at this 1.78 MGD facility. Recommended staffing requirements can be found in Estimating Staffing for Municipal Wastewater Treatment Facilities, U.S. EPA, March 1973.
8. The chlorine alarm can barely be heard outside of the operator's office. It can not be heard inside the operator's office or by people in the surrounding neighborhood. It is recommended that the alarm be tied in to the police or fire department and/or a louder bell/horn be installed and neighbors asked to call in when it is heard. This is especially essential when operators are not at the plant.
9. Chlorine and ph monitors were out of service. When these are put back into service, the operator should perform daily calibrations by comparing readings using EPA approved methods for chlorine and pH analyses.
10. An 8-hour composite for BOD5 and TSS is being analysed and recorded. The State permit DO16-132425 requires a 16-hour flow proportioned composite.
11. The contract laboratory is sporadically exceeding the holding times for samples collected. Please refer to the attachment on holding times for various parameters and discuss this with your contract laboratory. *Give in attachment*
12. A daily temperature should be recorded for the refrigerator when samples are temporarily stored in it.
13. The emergency air pack was out of air.
14. Dried sludge should not be stockpiled at the facility any longer than necessary, and it should not be piled within 200 feet of a drainage ditch. The recent rains have already washed some of the stockpiled sludge onto the surrounding ground.
15. Besides being calibrated at least once per year by the manufacture's representative, the flow measuring device should be calibrated in-house several times per month by the operator. Unfortunately, since access is not provided around the area where the V-notch weir is located, it is impossible for operator to calibrate it. It is recommended that a staff gauge be place on the wall of the baffle that is located upstream of the weir. This will allow the operator to easily take a visual reading of the inches of head on the effluent, and with a conversion chart, calculate the flow.

16. A dissolved oxygen meter should be available for use at the facility. State rules and regulations require that effluent maintain 5.0 mg/l of dissolved oxygen. Also, the DO meter should be used for in-house process control.

Please review the attached inspection report and respond in writing with fifteen (15) days of receipt of this letter, stating what action have or will be taken regarding the comments made on the enclosed inspection report. Please send an copy of the response to:

Mr. Peter McGarry  
WMD-Compliance  
U.S. EPA, Region IV  
345 Courtland Street, N.E.  
Atlanta, Georgia 30365

Samples for bioassay and toxicity were also taken on this date. Results of these samples will not be available for several months. We will forward you a copy when the tests are completed.

If you have any questions or comments concerning the report, please contact me at (904) 448-4330 EXT 338.

The deficiencies noted in this report were beyond the control of the operator. Your company is very fortunate to have such a knowledgable, dedicated and hard working employee.

Please convey my gratitude to Mr. Bill Green for his cooperation and assistance during the inspection.

Sincerely,



Kathleen H. Gerard  
Engineer

cc: ~~BK~~ Richard Drew, DER Tallahassee  
Peter McGarry, EPA Atlanta  
BES

FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

**WASTEWATER COMPLIANCE INSPECTION REPORT**  
**FACILITY AND INSPECTION INFORMATION**      \* - OPTIONAL

Name and Physical Location of Facility Beacon Hills Wastewater Facility Beacon Drive, Jacksonville, FL	GMS ID: 3116P01328	County Duval	Entry Date/Time 10/07/91
		Phone 904/642-9408	* Exit Time/Date 10/07/91

Name(s) of Field Representative(s) William Green	Title Operator	Phone 904/642-9408
-----------------------------------------------------	-------------------	-----------------------

Name and Address of Permittee or Designated Representative Mr. Frank L Novak, P.E., Vice President SSU Services, 1000 Color Place Apopka, Florida 32703	Title	Phone	* Operator Certification #
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	-------	----------------------------

Inspection Type: <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> I	Samples Taken (Y/N):	* Sample ID#:	Samples Size (Y/N)
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Waste Photo Taken (Y/N):	* Log Book Volume:	* Page:

In Compliance with Permit Conditions (Y/N): N

Recommended Action: Noncompliance letter to permittee

Name (s) and Signature(s) of Inspector(s) <i>Kathleen St. Gerard</i>	District Office/Phone Number N.E. District - DER - 448-4330	Date 10-19-91
<i>Tim Wojcik</i>		10-18-91
* Signature of Reviewer: <i>W. H. Stewart</i>	District Office/Phone Number NED 904-448-4330	Date 10-21-91

**FACILITY COMPLIANCE AREAS EVALUATED**

S=Satisfactory; M=Marginal; U=Unsatisfactory; Blank=Not Evaluated \*See Comments

C	1. Permit #	D016-132425	S	6. Sampling		11. Effluent
	2. Compliance Schedule			7. Self-Monitoring Program		12. Groundwater
M	3. Pretreatment		U	8. Facility Site Review	S	13. Disposal Method
S	4. Records & Reports		U	9. Flow Measurement	U	14. Residuals Management
	5. Laboratory			10. Operation & Maintenance	U	15. Other Safety

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI - RI Optional)

Inspection Code	INFOES NUMBER	YR/MO/DA	Fac Type	Inspector	Fac Type
1   N   2   5   3   F   0   0   2   6   7   7   8   11   12   9   1   1   0   7   17   18     19   5   20   2					
Remarks					

21

66

Inspection Type (Field 18): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI  
 Inspector Code (Field 19): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic,  
 3=Agricultural, 4=Federal  
 Every other field is self explanatory.

**Beecher's Point - 472**

**Putnam County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • Suite B200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577

Lawton Chiles, Governor

Carol M. Browner, Secretary

February 15, 1991

CERTIFIED - RETURN RECEIPT

Mr. Charles L. Sweat, President  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

Dear Mr. Sweat:

Putnam County - DW Compliance  
Beechers Point WWTP

On January 11, a routine inspection was conducted at the above referenced wastewater treatment plant. Enclosed is a copy of the inspection report for the facility. The inspection was conducted in order to determine the state of compliance of your facility with the rules and regulations of the department.

During the course of the inspection no deficiencies were noted with the operation of the facility. However, review of the files revealed that the parameter fecal coliform has not been reported on the monthly operation reports (MORs) since December 1989. Fecal coliform must be reported quarterly on the MOR's.

Within fourteen (14) days from receipt of this letter, please provide a written response addressing why the deficiency occurred and the action that will be taken to correct the deficiency in order to comply with the department's regulations. Please note that until the above deficiency is corrected, you are in violation of Florida law and subject to enforcement action by the Department.

If you have any questions, please contact this office.

Sincerely,

Ken Kahn  
Environmental Engineer

KK:ddb <sup>ew</sup>  
Enclosure

cc: Putnam County Public Health Unit



FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

WASTEWATER COMPLIANCE INSPECTION REPORT  
FACILITY AND INSPECTION INFORMATION

Name and Physical Location of Facility Beechers Point WWRP Wa wa yonda Rd South of Welaka		County Putnam	Entry Date am <input type="checkbox"/> pm <input type="checkbox"/>
Name(s) of On-Site Representative(s)		Title	Phone
Name and Address of Responsible Official Charles L. Swant SSU 1000 Colton Place Apopka, FL 32703		Title President	Phone
State Permit Number: 0054-147243	issued: 6-22-88	Expires: 6-22-93	
NPDES Permit Number:	issued:	Expires:	
Other Permit or Order:	issued:	Expires:	
GMS ID Number:	315-1P07657		
Name (s) and Signature(s) of Inspector(s) Ken Kuhn / Ken Kuhn	District Office/Phone Number NED 1448-4330	Date 2-6-91	
Signature of Reviewer C.Y. Stewart	District Office/Phone Number NED 964-448-4330	Date 2-13-91	
Inspection Type: <input checked="" type="checkbox"/> RI <input type="checkbox"/> I	Lead Inspector Initials (L): 114/114	Samples Taken (Y/N):	Wet Samples Sent With Facility Lab (Y/N):
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Were Photos Taken (Y/N):	Log Book Page:	

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory; M=Marginal; U=Unsatisfactory; N=Not Evaluated

S	Permit		Sampling	S	Effluent
	Compliance Schedules		Self-Monitoring Program		Groundwater
	Pretreatment	S	Facility Site Review	S	Disposal Method
U	Records and Reports	S	Flow Measurement	S	Residuals Management
	Laboratory	S	Operations and Maintenance		Other

Actions Taken:	Compliance
Followup Actions:	Non-Compliance

NATIONAL DATA SYSTEM CODING FOR NPDES OR EQUIVALENT INSPECTIONS

Transaction Code	NPDES NUMBER	TRAMODA	Inspection Type	INSDR
1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	11 <input type="checkbox"/> 12 <input type="checkbox"/>	17 <input type="checkbox"/> 18 <input type="checkbox"/>	19 <input type="checkbox"/> 20 <input type="checkbox"/>	
Remarks				
67 <input type="checkbox"/> 68 <input type="checkbox"/> 70 <input type="checkbox"/>	71 <input type="checkbox"/> 72 <input type="checkbox"/>	73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/>	80 <input type="checkbox"/>	

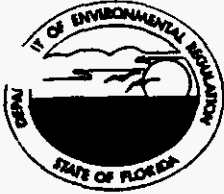
**Burnt Store - 2202**

**Charlotte/Lee County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**





## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347  
Lawton Chiles, Governor 413-423-5561 Carol M. Browner, Secretary

June 21, 1991  
Charlotte County-DW

Mr. Charles L. Sweat  
Vice President-Operations  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

Re: Burnt Store WWTP  
Permit No. DO08-168047

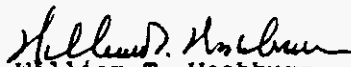
Dear Mr. Sweat:

The sewage treatment plant at the above referenced location was inspected on June 13, 1991 and the following areas were found to require corrective action:

1. The weir was fouled with excessive algae accumulations and should be hosed down. There were solids accumulated between the weir and scum baffle.
2. Lights were inoperative in Chlorine storage room.
3. Where is the calibration record for the flow meter kept? It should be re-calibrated on at least an annual basis.
4. Both ponds need to have the vegetation removed from the berms. Pond in use has significant large vegetation (trees) in the berm which must be removed. The pond being rested must have the vegetation removed from the bottom.

You are hereby requested to respond to this letter with the plans you have made to correct this situation. This response should be in writing and within twenty (20) days from receipt of this letter. Please indicate a time frame for compliance as the Department plans a follow-up verification inspection.

Sincerely,

  
William T. Washburn  
Permitting Engineer

WTW/db  
cc: Wayne Vowell, Operator of Record  
Port Charlotte Operations

Recycled  Paper



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347  
Lawton Chiles, Governor 813-623-5561 Carol M. Browner, Secretary

June 6, 1991

Mr. Charles L. Sweat  
SOUTHERN STATES UTILITIES  
1000 Color Place  
Apopka, Florida 32703

*advised to ...  
6/1/91*

Re: Department Inspection, Permit IO08-110090A  
Burnt Store Facility

Dear Mr. Sweat:

The Department inspection, conducted on March 14, 1991, revealed several problem areas. Please read the attached inspection report and respond to this office within thirty (30) days. Describe actions taken, or to be taken, to eliminate these problems.

Also note that the dissolved oxygen in the sample taken was found to be low (see attached data form). Be sure to describe how reliable data will be supplied to this office for the referenced facility.

If you have any questions please call me at (813) 623-5561, extension 394. Your cooperation is appreciated.

Sincerely,

*Gary A. Millington*

Gary A. Millington  
Compliance/Enforcement  
Industrial Waste Program

GAM/js  
enclosures



FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

**WASTEWATER COMPLIANCE INSPECTION REPORT**  
**FACILITY AND INSPECTION INFORMATION**

Name and Physical Location of Facility: **Southern States Utilities**  
**Burnt Store Road, Punch Gorda**

County: **Charlotte** Entry Date: **5/14/91** am  pm   
 Phone: \_\_\_\_\_ Ext. Time/Date: **10:30**

Name(s) of On-Site Representative(s): **Don Ayers - operator, class B**  
**Albert Quednam - trainee**

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Address of Responsible Official: **Charles L. Sweat**  
**1000 Color Place**  
**Apopka, FL 32703**

Title: **V.P. Operations** Phone: **(407) 880-0058**

State Permit Number: **1008-110090A** issued: **86/01/16** Expires: **91/01/16**  
 NPDES Permit Number: **FL0034967** issued: **88/01/01** Expires: **93/10/31**  
 Other Permit or Order: **none** issued: \_\_\_\_\_ Expires: \_\_\_\_\_  
 GMS ID Number: **4008PO2012**

Name (s) and Signature(s) of Inspector(s): **Camryn King**  
 District Office/Phone Number: **Tampa (813) 625-5561, ext 394** Date: **5/15/91**

Signature of Reviewer: \_\_\_\_\_ District Office/Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Type:  C  S  I Lead Inspector Initials (s): **GAM** Samples Taken (Y/N): **Y** Were Samples Split With Facility Lab (Y/N): **N**  
 Domestic  Industrial Were Photos Taken (Y/N): **N** Log Book Page: \_\_\_\_\_

**FACILITY COMPLIANCE AREAS EVALUATED**

S=Satisfactory; M=Marginal; U=Unsatisfactory; N=Not Evaluated

<input type="checkbox"/> U	Permit	<input type="checkbox"/> N	Sampling	<input type="checkbox"/> U	Effluent
<input type="checkbox"/> N	Compliance Schedules	<input type="checkbox"/> U	Self Monitoring Program	<input type="checkbox"/> N	Groundwater
<input type="checkbox"/> N	Pretreatment	<input type="checkbox"/> S	Facility Site Review	<input type="checkbox"/> N	Disposal Method
<input checked="" type="checkbox"/> U	Records and Reports	<input type="checkbox"/> M	Flow Measurement	<input type="checkbox"/> N	Residue Management
<input type="checkbox"/> U	Laboratory	<input type="checkbox"/> S	Operations and Maintenance	<input type="checkbox"/> N	Other

Actions Taken: **Non Comp. letter** Compliance:   Non-Compliance

Followup Actions: \_\_\_\_\_

**NATIONAL DATA SYSTEM CODING FOR NPDES OR EQUIVALENT INSPECTIONS**

Transaction Code	NPDES NUMBER	YR/MO/DA	Inspection Type	Inspector
1 <b>U</b>	2 <b>S</b> 3 <b>F</b> 4 <b>U</b> 5 <b>0</b> 6 <b>3</b> 7 <b>4</b> 8 <b>9</b> 9 <b>6</b> 10 <b>7</b>	11 <b>12</b> 13 <b>9</b> 14 <b>1</b> 15 <b>0</b> 16 <b>3</b> 17 <b>1</b> 18 <b>4</b> 19 <b>7</b>	18 <b>S</b> 19 <b>S</b> 20 <b>2</b>	
Remarks				
67	68	69	70 <b>1</b>	71 <b>M</b>
72 <b>N</b>	73	74	75	80

No permit.

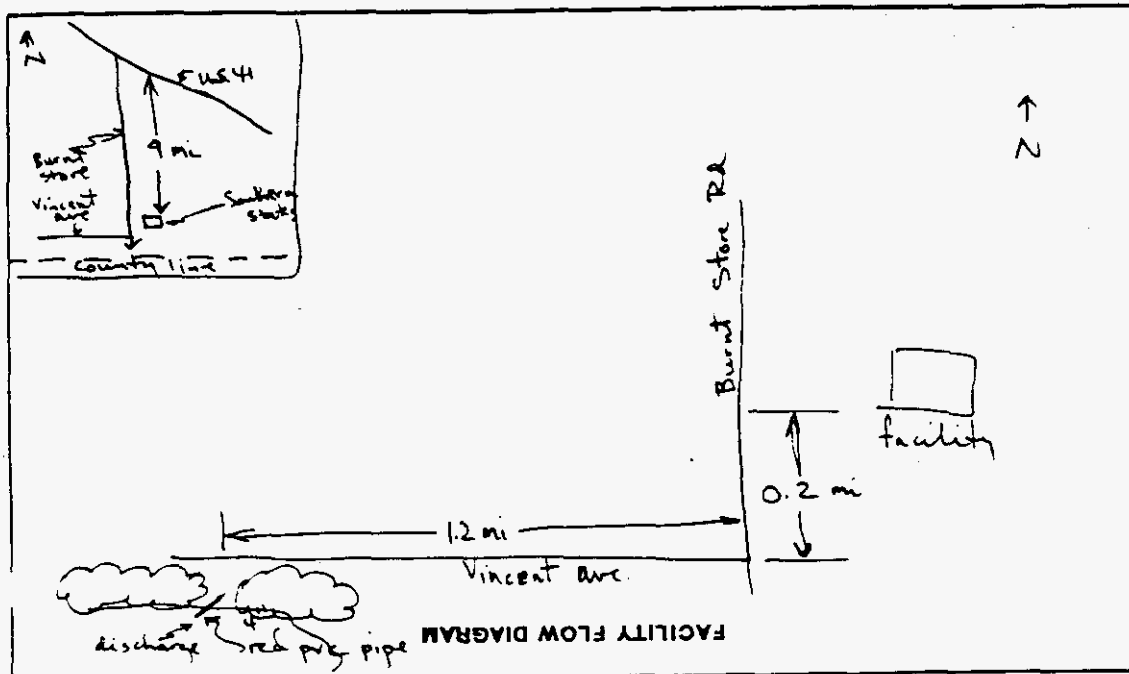
① This facility has a class B operator who has been on the job about 1 month. The other operator is a trainee. Apparently no information was given to them about records, etc. No records for calibrations, chain of custody, analyses, etc are at the facility.

② No standard is available for TDS calibration. The instrument used for TDS is not an approved method. No standard available for pH calibration at pH=4. Standard for 10 is old. No NBS traceable thermometer. No class "A" glassware for volumetric measurements. Flow measurement calibration not documented and the validity of the calibration is questionable.

All analyses are done in house except Total P which is done by Environmental Quality Lab - Port Charlotte.

Sample results will be attached when available.

INSPECTION COMMENTS



**Chuluota - 335**

**Seminole County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

**CHULUOTA**

Southern States Utilities has not received a formal inspection report from the FDER since the construction of the new wastewater plant in 1990.

**Citrus Park - 1117**

**Marion County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32833 3767 • 407 891-7555

Hub Martinez, Governor

Dale Trachmann, Secretary

John Shearer, Assistant Secretary  
Alec Alexander, Deputy Assistant Secretary

RECONNAISSANCE INSPECTION REPORT

- 1. Source Name Citrus Park Sub Division
- 2. Source Location Ocala Marion County
- 3. Permits: State No. DO 92-143250 Expires: 5/1/89
- 4. Source Description (circle one) DW IW 5. Discharge Yes      No X
- 6. Permitted Flow: 0.1 MGD 7. Basin No:      Rank:
- 8. Person Contacted T. Gustafson Title DW Trainee
- 9. Purpose of Inspection P.S.C. Hearing

10. Comments: Mild soap odor  
 Gas chlorinator automatic switchover  
 Mixed liquor tan  
 clarifier 2 foot visibility  
 Chlorine contact chamber clear  
 Effluent clear  
 Very low flow  
 Holding ponds 3 foot free board berms clear  
 Sprayfield clear no odors or ponding  
 Sanderson A-1071 visit 3 times per week, plant  
 requires 5 times per week plus a week end visit

11. Indicate Corrective Action(s) to be Undertaken by DER District Office:     

Non-compliance letter

12. Inspector Completing Report: [Signature] Title: Env Sp. II Date: 11/14/88



**Citrus Springs Utilities - 9001**

**Citrus County (UFU)**

**Sewer**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

PUBLIC WASTEWATER SYSTEM INSPECTION REPORT

Authority:  
Chapter 381, 403 FS  
Chapter 17-6, 17-16 FAC

Name of Plant Citrus Springs Utilities Permit Number D009147228  
 Area or Subdivision Served \_\_\_\_\_  
 Owner of System Citrus Springs Utilities Operator Bill Yocum / Larry Greenburg  
 Address 3250 SW Third Ave Miami FL 33129  
 Plant Capacity 0.200 M Gallons Per Day Average Flow 40-50,000 gpd  
 Effluent Disposal \_\_\_\_\_ Percolation/Evaporation  Spray Irrigation \_\_\_\_\_ Drainfield \_\_\_\_\_  
 Other \_\_\_\_\_

Note: Items marked "X" are unsatisfactory and require correction within 72 hours unless specified otherwise under Comments and Instructions.

GENERAL	TREATMENT	PROTECTION & EFFLUENT DISPOSAL
1. Improved System	16. Construction	31. Access Control
2. Supervision	17. Pretreatment	32. Cross Connection Control
3. Personnel	18. Aeration Chambers	33. Disposal Site Construction
4. Operation	19. Diffusers	34. Disposal Site Upkeep
5. On Site Log	20. Digesters	35. Effluent Appearance
6. Equipment Weir	21. Stilling Wells	36. Disinfection D.T. TC1
7. Adequate Capacity	22. Clarifiers	SAMPLING & TESTING
8. Adequate Records	23. Skimmers	37. Frequency
9. Malfunctions Reported	24. RAS Lines	38. Sampling Point
10. Complaints	25. Weirs	39. Chemical Testing
EMERGENCY EQUIPMENT	26. Chlorine Contact Chambers	40. Laboratory Availability
11. Warning System	27. Chlorinator	PHYSICAL PLANT
12. Auxiliary	28. Blower	41. Housekeeping
13. Safety Equipment	29. Timer	42. General Appearance
14. Gas Chlorine Room	30. Other	43. Odors
15. Chemical Storage		44. Grounds

6. Repair/Replace flow meter as discussed  
 41. Repair/replace door on electrical room

Well Maintained System

Please advise of new ownership when transfer is complete

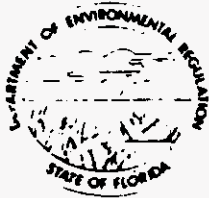
Copy of Inspection Report Received by Bill Yocum Time \_\_\_\_\_  
 Date of Inspection 7-10-89  
 Inspector Larry W. Marshall County Public Health Unit Citrus 746-5885

**Deltona Utilities - 18001**

**Volusia County (DUI)**

**Sewer**

**- 1992 FPSC Filing -**



Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Teachmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

March 21, 1990

Deltona Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

OCD-CE-DW-90-0120

Attention: Charles E. Woods,  
President

Volusia County - DW  
Deltona Utilities  
Sewage Treatment Plant

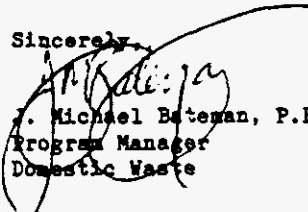
Dear Mr. Woods:


On February 26, 1990, department personnel conducted an inspection of your sewage treatment plant. During the course of the inspection, the following unsatisfactory conditions were noted:

1. Clarifier No. 3 had an excessive amount of foam and solids on the surface.
2. Solids were present on the surface of the hyacinth pond where effluent exits the measuring chamber.
3. Modified Consent Order No. 87-0172 requires monitoring and analysis on: (a) treatment plant effluent, and (b) holding pond effluent. Please submit two (2) separate Monthly Operating Reports (MOR's) labelled as a) and b) above.
4. A review of the file for this facility did not disclose a recent sludge analysis. Please provide one.
5. The department is not in receipt of the last quarterly split sample results.

Please respond to these items, in writing. Your reply is requested within 14 days of the date of this letter. Your reply and any questions should be addressed to Lisa L. Gordon.

Sincerely,

  
J. Michael Bateman, P.E.  
Program Manager  
Domestic Waste

  
JMB/wed/llg/mle

cc: Karen Buerki, U.S.E.P.A.  
Volusia County Environmental Management

**Fisherman's Haven - 673**

**Martin County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

WASTEWATER COMPLIANCE INSPECTION REPORT  
FACILITY AND INSPECTION INFORMATION

③ = OPTIONAL

Name and Physical Location of Facility <i>Fishers Lake Home</i>	GMS ID:	County	Entry Date/Time <i>6/11/91 2:45</i>
Name(s) of Field Representatives(s)	Title	Phone	③ Exit Time/Date <i>2:55</i>
Name and Address of Permittee or Designated Representative	Title	Phone	③ Operator Certification #:

Inspection Type: <input checked="" type="checkbox"/> <b>Domestic</b> <input type="checkbox"/> <b>Industrial</b>	Samples Taken (Y/N):	③ Sample ID#:	Samples Spill (Y/N):
<input checked="" type="checkbox"/> <b>Domestic</b> <input type="checkbox"/> <b>Industrial</b>	Were Photos Taken (Y/N):	③ Log Book Volume:	③ Page:

In Compliance With Permit Conditions (Y/N):

Recommended Actions:

Name(s) and Signature(s) of Inspector(s) <i>J. Toney</i>	District Office/Phone Number <i>578-388</i>	Date <i>6/11/91</i>
Signature of Reviewer <i>[Signature]</i>	District Office/Phone Number	Date <i>20 June 91</i>

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory; M=Marginal; U=Unsatisfactory; Blank=Not Evaluated \*See Comments

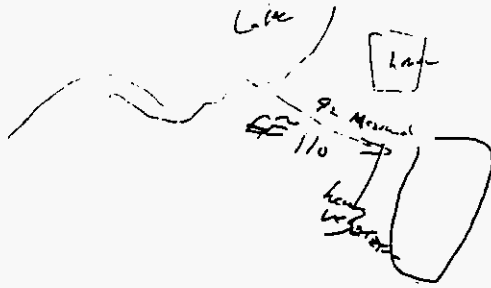
1. Permit #	6. Sampling	11. Effluent
2. Compliance Schedule	7. Self-Monitoring Program	12. Groundwater
3. Pretreatment	8. Facility Site Review	13. Disposal Method
4. Records & Reports	9. Flow Measurement	14. Residuals Management
5. Laboratory	10. Operation & Maintenance	15. Other

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI - RI Optional)

Transaction Code	NPOES NUMBER	YR/MO/DA	Insp Type	Inspector	Fac Type
1   N   2   5   3		11   12	17   18	19	20
Remarks					

Inspection Type (Field 18): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI  
 Inspector Code (Field 19): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic,  
 3=Agricultural, 4=Federal  
 Every other field is self explanatory.

© FACILITY DIAGRAM



INSPECTION COMMENTS

objective: measure distance to nearest surface water

**Florida Central Comm. Park - 340**

**Seminole County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**





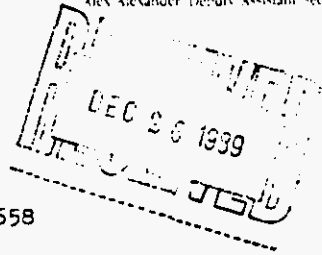
*To whom  
must reply  
is not date*

# Florida Department of Environmental Regulation

Central District • 5319 Maguire Boulevard, Suite 252 • Orlando, Florida 32805-5707 • 407-894-7555

Bob Martinez, Governor Dale Twachtmann, Secretary John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

December 21, 1989



Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

OCD-CE-DW-89-0658

Attention: Charles L. Sweat, President

Seminole County - DW  
Florida Commerce Center  
Sewage Treatment Plant

Dear Mr. Sweat:

On November 22, 1989, Department personnel conducted a routine inspection of your sewage treatment plant. During the course of the inspection, the following unsatisfactory conditions were noted:

- was reported*  
*on 11/22/89*  
1. This facility requires that a certified operator of at least class 'C' be on-site for twelve (12) hours per day for 6 days per week (Monday - Saturday), and one (1) visit each Sunday. In the absence of a certified operator all reclaimed water shall be diverted to the reject pond.
- check*  
*to determine*  
2. The meters (chlorine, turbidimeters, etc.) and recorder charts were not functional.
- why?*  
3. Turbidity should be recorded continuously as an indicator to detect potential TSS violations. This was not in use.

Please respond to these items, in writing, with a schedule of corrective action. Your reply is requested within 10 days of the date of this letter. Your reply and any questions should be addressed to W. E. Darling or G. DePradine.

Sincerely,  
  
J. Michael Bateman, P.E.  
Program Manager  
Domestic Waste

*JMB*  
JMB/wed/gjd/nle

**Fox Run - 679**

**Martin County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

11/15/90

WASTEWATER COMPLIANCE INSPECTION REPORT  
FACILITY AND INSPECTION INFORMATION

Name and Physical Location of Facility FOX RUN PINE TREE LANE PALM CITY, FL.		County MARTIN	Entry Date 90 11 14	am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
Name(s) of On-Site Representative(s) TIM VANESDALE MEL FISHER		Title OPERATOR OPERATOR/SUPERVISOR	Phone (407) 334-5584	Exit Time/Date 12:15 90 11 14
Name and Address of Responsible Official: CHARLES SWEAT SOUTHERN STATES UTILITIES, INC. 1000 COLOR PLACE APOPKA, FL 32703		Title PRES.	Phone	

State Permit Number: D043-107794	Issued: 85 09 06	Expires: 90 09 06
NPDES Permit Number:	Issued:	Expires:
Other Permit or Order	Issued:	Expires:
GMS ID Number: 5143803167		

Name(s) and Signature(s) of Inspector(s) CLAUDE ANDERSON	District Office/Phone Number PORT ST. LUCIE (407) 878-3890	Date 11/15/90
-------------------------------------------------------------	---------------------------------------------------------------	------------------

Signature of Reviewer	District Office/Phone Number	Date
-----------------------	------------------------------	------

Inspection Type:  R  I      Lead Inspector Initials (L):  C  A      Samples Taken (Y/N):  N      Were Samples Split With Facility Lab (Y/N):  N

Domestic       Industrial      Were Photos Taken (Y/N):  N      Log Book Page:

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory; M=Marginal; U=Unsatisfactory; N=Not Evaluated

Permit		Sampling	S	Effluent
Compliance Schedules		Self Monitoring Program		Groundwater
Pre-treatment		Facility Site Review	S	Disposal Method
S Records and Reports	S	Flow Measurement		Residuals Management
Laboratory		Operations and Maintenance		Other

Actions Taken:	<input checked="" type="checkbox"/> Compliance
Followup Actions:	<input type="checkbox"/> Non-Compliance

NATIONAL DATA SYSTEM CODING FOR NPDES OR EQUIVALENT INSPECTIONS

Transaction Code	NPDES NUMBER	Y1/M0/D0	Inspection Type	Inspector
1	2 5 3	11 12	17 18	19 20
Remarks				
67	69 70	71 72	73 74 75	80



**Holiday Haven - 573**

**Lake County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

DEPARTMENT OF ENVIRONMENTAL SERVICES  
 315 WEST MAIN STREET  
 TAVARES, FLORIDA 32778



Rec'd SSU  
 DEC 03 1990  
 EX OFFICE

ADMINISTRATIVE  
 PHONE 904 342 9770  
 POLLUTION CONTROL  
 PHONE 904 342 9738  
 SOLID WASTE  
 PHONE 904 342 9738  
 HAZARDOUS WASTE MANAGEMENT  
 PHONE 904 342 9738  
 MOSQUITO ABATEMENT/PLANT MANAGEMENT  
 PHONE 904 342 9738  
 S.W.C.M. 959 1482  
 LAKE SOIL & WATER CONSERVATION  
 PHONE 904 342 9738  
 AGRICULTURAL CENTER  
 PHONE 904 342 9738

**CERTIFIED MAIL**  
 P 229 747 998

**WARNING NOTICE**

Permit # DT35-148316

*CRIG-FRANK SANDERSON  
 C. C. Sweet  
 BTP*

November 29, 1990

Mr. Bert Phillips, President  
 Southern States Utilities, Inc.  
 1000 Color Place  
 Apopka, FL 32703-7753

Re: Holiday Haven

Dear Sir:

*Hot To Joe...  
 mention...  
 12/4/90*

1. On October 26, 1990, department personnel conducted a routine inspection of your wastewater reclamation facility. During the course of the inspection, the following violations of Lake County Pollution Control Board rules were noted:

*SHOULD NOT BE  
 SHOULD NOT BE  
 SHOULD NOT BE*

- A. The sludge analysis for this facility has expired and no current analysis is on file. This is a violation of Rule 1-6.05 B3.
- B. The percolation pond is overgrown with vegetation. This indicates that the plant is not being maintained in a manner to allow for maximum operating efficiency at all times. This is a violation of Rule 1-6.05 B1.
- C. The operation/maintenance log is stored in an electrical panel. For safety reasons, FDER requires that the operation/maintenance log be stored in a waterproof, accessible container, other than an electrical panel.

2. The above-mentioned violations are also violations of Florida Administrative Code Chapter 17-7, PART IV, 17-610 and Specific Condition 9 of FDER Permit #D035-148316.

3. It is requested that you contact Richard Gallant of the Lake County Pollution Control

con't.

*Richard Gallant*



Printed on Recycled Paper

DISTRICT ONE  
 C.W. CHICK GRESS

DISTRICT TWO  
 DON BAILEY

DISTRICT THREE  
 RICHARD SWARTZ

DISTRICT FOUR  
 THOMAS J. WINDRAM

DISTRICT FIVE  
 MICHAEL J. BAKICH

-Page 2-

Division within ten (10) days of the date of this letter to discuss your plans for coming into compliance. Failure to comply with this notice will result in the issuance of a Notice of Violation.

Sincerely,

POLLUTION CONTROL DIVISION



James E. Barker, Jr.  
Director

cc: Bill Darling, FDER

JB/ps

**Jungle Den - 1802**

**Volusia County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**





## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

June 5, 1990

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

OCD-CE-DW-90-0260

Attention: Frank Sanderson

Volusia County - DW  
Ormond Jungle Den  
Sewage Treatment Plant

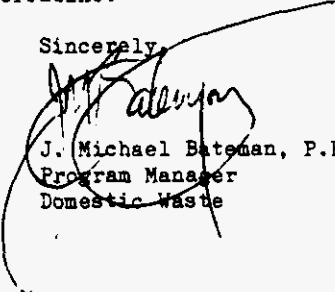
Dear Mr. Sanderson:

On May 9, 1990, department personnel conducted a routine inspection of your sewage treatment plant. During the course of the inspection, the following unsatisfactory conditions were noted:

1. The maintenance and operation log is incomplete. All entries must include legible signature of the certified operator, certification number, date and times in and out.
2. The north holding pond was completely covered with algae, and slight odors were emanating from this pond. It is recommended that steps be taken to control the algae growth and eliminate any odor in this area.

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 17-4.100(2) F.A.C. failure to comply with pollution control rules shall be grounds for permit suspension or revocation. Your reply is requested within 14 days of the date of this letter. Your reply and any questions should be addressed to G. DePradine.

Sincerely,

  
J. Michael Bateman, P.E.  
Program Manager  
Domestic Waste

JMB/wed/gjd/me

cc: Volusia County Environmental Management

**Leilani Heights - 675**

**Martin County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION  
**WASTEWATER COMPLIANCE INSPECTION REPORT**  
 FACILITY AND INSPECTION INFORMATION

Name and address of location of facility <b>LEILANI HEIGHTS</b>		Date <b>12 18 90</b>	Inspection Date <b>0920</b>
Address <b>SEVEN RD. FENNER BEACH</b>		City <b>Martin</b>	State <b>FL</b>
Name(s) of On-Site Representative(s) <b>MEL FISHER L. OP.</b>		Title	Phone
Name and address of responsible DPWS		Title	Phone
State Permit Number <b>43 11586</b>	Issued	Expires <b>060191</b>	
NPDES Permit Number	Issued	Expires	
Order Permit or Order	Issued	Expires	
QWS Number <b>51 43 P04764</b>			
Name(s) of DPWS engineer(s) or inspector(s) <b>NA TITLE</b>	District Office/Phone number	Date	
Signature of Receiver <i>[Signature]</i>	District Office/Phone number	Date	
Inspection Type <input checked="" type="checkbox"/> <b>2</b> <input checked="" type="checkbox"/> <b>6</b> <input type="checkbox"/> <b>1</b>	Lead Inspector Initials ( )	Samples Taken (Y/N)	Were Samples Spk With Facility Lab (Y/N)
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Were Photos Taken (Y/N)	Log Book Page	

**FACILITY COMPLIANCE AREAS EVALUATED**

(S) Satisfactory; M=Marginal; U=Unsatisfactory; N=Not Evaluated

<input checked="" type="checkbox"/> <b>S</b> Permit	<input checked="" type="checkbox"/> <b>X</b> Sampling	<input checked="" type="checkbox"/> <b>S</b> Effluent
<input checked="" type="checkbox"/> <b>S</b> Compliance Schedules	<input checked="" type="checkbox"/> <b>S</b> Self Monitoring Program	<input checked="" type="checkbox"/> <b>X</b> Groundwater
<input checked="" type="checkbox"/> <b>X</b> Arrangements	<input checked="" type="checkbox"/> <b>S</b> Facility Site Review	<input checked="" type="checkbox"/> <b>S</b> Disposal Method
<input checked="" type="checkbox"/> <b>S</b> Records and Reports	<input checked="" type="checkbox"/> <b>N</b> Flow Measurement	<input checked="" type="checkbox"/> <b>S</b> Pollution Management
<input checked="" type="checkbox"/> <b>X</b> Location <b>CONTRACT</b>	<input checked="" type="checkbox"/> <b>S</b> Operations and Maintenance	<input type="checkbox"/> Other
Action Taken		Compliance
For CWSD Actions		Non-Compliance

**NATIONAL DATA SYSTEM CODING FOR NPDES OR EQUIVALENT INSPECTIONS**

Inspection Code	NPDES NUMBER	YR/MO/DA	Inspection Type	Inspector
1	2 5 3	11 12	17 18	19 20
REMARKS				
67	68 70	71	72 73 74 75	80

GENERAL:  
 O&M log: on site: Y  N  up to date: Y  N   
 \*safety: ok  not ok  fence & lock: Y  N   
 auxiliary power: Y  N  potable H2O RP2: Y  N   
 odors: Y  N  spills on ground: Y  N   
FLOW CLEARMENT

COMMENTS: Flow Clearment 5/12/91



# Florida Department of Environmental Regulation

Southeast District Branch Office • 2745 S.E. Morningside Blvd • Fort St. Lauderdale, FL 33308 • (904) 389-3355 4310

Bob Martinez, Governor

Paula DeLoach, Secretary

John A. ... Secretary

## DOMESTIC WASTEWATER PLANT INSPECTION FORM

Facility: LEILANI MARIENTS GMS ID: \_\_\_\_\_  
Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ Time: 0950  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Permit Expires: \_\_\_\_\_ HQRs: \_\_\_\_\_

\_\_\_ Reconnaissance (RI) \_\_\_ Diagnostic (DI)  
\_\_\_ Follow up Insp. (RI) \_\_\_ Compliance Sampling (CSI)

DATA ENTRY: \_\_\_\_\_

PRETREATMENT:  
surge tank: Y  N \_\_\_ aerated: Y  N \_\_\_  
splitter box: Y  N \_\_\_ odors: Y  N \_\_\_ SMALL SOAK TANKS COVERED

TREATMENT FACILITIES:  
RBC \_\_\_ BA \_\_\_ CS  CM \_\_\_ OD \_\_\_  
blowers: # operating 2 standby: Y \_\_\_ N \_\_\_  
aerators: # operating 3 standby: Y \_\_\_ N \_\_\_  
mixed liquor: black \_\_\_ dk brown \_\_\_ med brown \_\_\_ lt brn \_\_\_  
                  thin, watery \_\_\_ thick \_\_\_  
foam: none \_\_\_ light  med \_\_\_ hvly \_\_\_ color \_\_\_

SETTLING:  
skimming: Y  N \_\_\_ pop-ups: Y \_\_\_ N   
bulking: Y \_\_\_ N  pin floc: Y \_\_\_ N  SP-1112  
solids carry over: none \_\_\_ little \_\_\_ fair \_\_\_ heavy \_\_\_  
sludge blanket depth: low \_\_\_ normal \_\_\_ high \_\_\_  
filters operating: Y  N \_\_\_

CHLORINATION SYSTEM:  
Chlor scales: Y  N \_\_\_ auto switchover: Y  N \_\_\_  
liquid: reservoir: ok \_\_\_ empty \_\_\_  
tablets: Y \_\_\_ N \_\_\_  
adequate Cl2 contact time: Y  N \_\_\_ Cl2 resid. \_\_\_  
solids in contact tank: Y \_\_\_ N

EFFLUENT DISPOSAL:  
spray irrig: \_\_\_ deep well: \_\_\_  
drainfield: \_\_\_ polishing pond: \_\_\_ pcrd pond   
pond level: ok \_\_\_ high \_\_\_ pond discharging: Y \_\_\_ N \_\_\_  
pond appearance: ok \_\_\_ algae \_\_\_ sludge on surface \_\_\_  
eff. solids: heavy \_\_\_ fair \_\_\_ slight \_\_\_ none \_\_\_  
berms: heavily overgrown \_\_\_ tall grass \_\_\_ ok \_\_\_

DIGESTERS/SLUDGE:  
digester condition: ST drying beds: \_\_\_  
sludge disposal site: \_\_\_  
hauler: \_\_\_\_\_

GENERAL:  
O&M log: on site: Y  N \_\_\_ up to date: Y  N \_\_\_  
safety: ok \_\_\_ not ok \_\_\_ fence & lock: Y  N \_\_\_  
auxiliary power: Y  N \_\_\_ potable H2O RP2: Y \_\_\_ N \_\_\_  
odors: Y \_\_\_ N  spills on ground: Y \_\_\_ N

Flow Measurement

COMMENTS: 4 leaks around ST in R.A.S.  
\_\_\_\_\_  
\_\_\_\_\_

**Leisure Lakes - 2401  
(Covered Bridge)**

**Highlands County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

SOUTH FLORIDA  
DISTRICT  
2269 BAY STREET  
FORT MYERS, FLORIDA 33901



BOB GRAHAM  
GOVERNOR  
VICTORIA J. TSCHINKEL  
SECRETARY  
PHILIP R. EDWARDS  
DISTRICT MANAGER

May 15, 1985

Mitchell P. Miller, President  
Highlands County Land and Title Co.  
P.O. Box 1044  
Lake Placid, FL 33852

Re: Highlands County - DW  
Leisure Lakes/Covered Bridge  
S.T.P.

Dear Mr. Miller:

The sewage treatment plant at the referenced facility was recently inspected and the following corrective measures need to be taken:

1. Daily plant flows should be recorded on each monthly operating report. It was noted that the treatment plant operates without a flow meter at the present time. Please have one installed as soon as possible.
2. The chlorine feeder is defective and should be fitted with a gasket in order to prevent leakage and thereby ensure an adequate supply of chlorine for effluent disinfection. The chlorine solution container should be fitted with a suitable cover and should remain covered at all times.
3. According to the classification and staffing requirements prescribed by this Department for the referenced facility (Type 3C) a Class C, or higher, operator should monitor the plant at least 1/2 hour per day for 5 days per week and a weekend visit. The monthly operating reports for Leisure Lakes sewage treatment plant do not reflect the required operator attendance.
4. The pond should be cleaned out and the berm cleared of vegetation without destroying the integrity of the berm.

Please have corrective measures taken within fifteen (15) days.

Sincerely,

A handwritten signature in cursive script that reads "Patricia L. Reynolds".

Patricia L. Reynolds  
Environmental Specialist  
Enforcement

PLR/jaw  
cc: Howard Short  
H. Landis  
Bob Harper

COPY.

Protecting Florida and Your Quality of Life

**Marco Shores Utilities - 26002**

**Collier County (DUI)**

**Sewer**

**- 1992 FPSC Filing -**

**COLLIER COUNTY POLLUTION CONTROL DEPARTMENT  
AND  
STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION  
SEWAGE TREATMENT PLANT INSPECTION REPORT  
(F.A.C.: 17-7, 17-600, 17-601, 17-602, 17-604, 17-610, 17-640)**

Follow-Up Y ( ) N ( )  
 Sample Taken Y ( ) N ( )  
 Sample Number: \_\_\_\_\_  
 Ka Number: \_\_\_\_\_  
 Type of Analysis: \_\_\_\_\_  
 Comment: \_\_\_\_\_

Date: 9-19-91 TIME: 1:05  
 Plant Name: Marco Shores  
 DER GMS-ID No. \_\_\_\_\_  
 Representative: \_\_\_\_\_  
 Inspector: Ray Smith

Collier County Department  
 Sewage Treatment Plant Inspection Report  
 Collier County Government Center  
 Building G  
 3301 E. Tansani Trail  
 Naples, FL 33962-4977  
 (813) 774-8904

FUNCTION AS INTENDED Y, N, N/A	Plant Safety	Y ( )	N ( )	17-600.410 (6)
	STP Access Control	Y ( )	N ( )	17-600.400 (2) (b)
	Operators Log Available	Y ( )	N ( )	17-600.410 (5)
	Operators Log Complete	Y ( )	N ( )	17-602.360 (1) (c)
	Access for Sampling	Y ( )	N ( )	17-600.400 (3)
	Comment:	_____		
<u>Y</u>	HEADWORKS: Odor	Y ( )	N ( )	17-604.400 (2) (c)
	Access Control	Y ( )	N ( )	17-604.400 (2) (d)
	Lift Station - Discharge	Y ( )	N ( )	16-604.130 (1)
	Flow Measuring Device	Y ( )	N ( )	17-600.400 (4)
	Comment:	_____		
<u>N/A</u>	EQUALIZATION TANK: Odor	Y ( )	N ( )	17-600.400 (2) (a)
	Discharge	Y ( )	N ( )	17-604.130 (1)
	Comment:	_____		
<u>Y</u>	AERATION: Motors/Pumps Working Properly	Y ( )	N ( )	
	Auxiliary Blower Available	Y ( )	N ( )	17-600.400 (1)(c)(3)
	Diffusers: Even ( ) Uneven ( )			
	Comment:	_____		
	PCD Performance Observations:	_____		
	Mixed Liquor: Color _____	_____		
	Foam _____	_____		
<u>Y</u>	CLARIFIER: Solids/Debris =	( )	Satisfactory	
	<u>Low Flow</u>	( )	Marginal	
	Flow Over Weir	Y ( )	Weir	
	N ( )	( )	Uneven	
	Comment:	_____		
	PCD Performance Observations:	_____		
	Skimmer On	Y ( )	N ( )	
	Sludge Return On	Y ( )	N ( )	
<u>Y</u>	CHLORINE CONTACT CHAMBER:			
	Total Chlorine Residual <u>2.1</u>	Mg/L	17-600.700 (1)	
	Cl <sub>2</sub> - Feeding Properly	Y ( )	N ( )	
	Sufficient Cl <sub>2</sub> Supply	Y ( )	N ( )	
	Comment:	_____		
<u>N/A</u>	FILTER: Discharge	Y ( )	N ( )	
	Bypassed	Y ( )	N ( )	
	Comment:	_____		
<u>Y</u>	DIGESTER:			
	Comment:	_____		
	Sludge Stabilization Log Available/Complete	Y ( )	N ( )	
	17-640.700 (3) (p); 17-7.540 (4) (d) & L			
	PCD			
	Performance: Aerated	Y ( )	N ( )	In Use Y ( ) N ( )
	Observation: Odor	Y ( )	N ( )	Sludge Color _____
<u>Y</u>	LAND APPLICATION: Odors	Y ( )	N ( )	
	Drain Field-Ponding	Y ( )	N ( )	
	Percolation Pond-Discharge	Y ( )	N ( )	
	Holding Pond/Tank-Discharge	Y ( )	N ( )	
	Access Control/Warning Signs	Y ( )	N ( )	17-610
	Over grown	Y ( )	N ( )	17-610
	Comment:	_____		



**Marion Oaks Utilities - 11001**

**Marion County (UFU)**

**Sewer**

**- 1992 FPSC Filing -**

RECEIVED MAY 17 1991  
DEPARTMENT OF ENVIRONMENTAL REGULATION  
SEWAGE TREATMENT PLANT INSPECTION REPORT

*Plant inspection*

FACILITY: MARION OAKS DATE: APRIL 13, 1989  
INSPECTOR: EBBITT COUNTY: MARION  
FENCED/LOCKED: YES/NO TYPE: .200 EA

GENERAL MAINTENANCE:

ODOR: SLIGHT  
MOTORS/BLOWERS: MECHANICAL AERATOR  
TIME CLOCK: ON ABOUT 15 hrs. day  
AERATION BASINS: S - brown 570 ten foam.  
DIFFUSERS: mechanical aerator.  
SLUDGE RETURN: S - dark brown  
CLARIFIER: S - good clarity some ASKING some pin floc

SKIMMER: SKIMMER IS ON OUTER RAIL

WEIR: S - METAL WEIR

DIGESTOR: AERATED w/ 2 BLOWERS - ON ALL DAY - off only 30" / day

CHLORINATOR: GAS RESIDUAL: 3.3 mg/l

CONTACT CHAMBER: POLISHING POND & SMALL CONTACT CHAMBER

EFFLUENT QUALITY: S

ADDITIONAL EQUIPMENT/TREATMENT: 4 SLUDGE DRYING BEDS - poured every 2-3 wks. some stockpiled on site then hauled to landfill

EFFLUENT DISPOSAL METHOD: Polishing pond to large perc/evap ponds.

LIFT STATION(S): \_\_\_\_\_

OPERATOR LOG: S B Nolum

REMARKS: Sent Bill copy of Public Notice for LAB

CERTIFICATION: Diana Plaza DE lift stations with no electricity & are operating manually.

**Meredith Manor - 330**

**Seminole County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

**MEREDITH MANOR**

The wastewater collection system is connected to the City of Altamonte Springs wastewater system. Meredith Manor does not have its own sewage treatment plant. Inspections are therefore not performed by FDER.

**Morningview - 562**

**Lake County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



RECEIVED SEP 14 1988

*Raron*

**Florida Department of Environmental Regulation**

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

CERTIFIED  
P-602-128-977

September 13, 1988

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

OCD-CE-DW-88-0157

Attn: Charles Sweat, President

Lake County - DW  
Morningview, Subdivision, STP

Dear Mr. Sweat:

On August 25, 1988, Department personnel conducted a routine inspection of your sewage treatment plant. During the course of inspection, the following unsatisfactory condition was noted:

1. The on-site maintenance and operation log contains no entries by a certified operator.

This facility requires the services of a certified operator of at least 'C' classification to be on-site at least 3 non-consecutive visits per week.

A written response to this item is requested within 14 days of your receipt of this letter.

Sincerely,

*Lisa L. Gordon*

Lisa L. Gordon  
Domestic Waste Compliance/Enforcement

*LLG*  
LLG/wed/kj

cc: Roy Greene, Lake County Pollution Control

**Palm Port - 440**

**Putnam County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

Northeast District • Suite 200, 7825 Baymeadows Way • Jacksonville, Florida 32256-7577 • 904-448-4300

Bob Martinez, Governor

Dale Teachmann, Secretary

John Shearet, Assistant Secretary  
Ernest Frey, Deputy Assistant Secretary

October 8, 1990

Mr. Frank Sanderson  
Environmental Officer  
SSU Services  
Apopka, Florida 32703

Dear Mr. Sanderson:

Palm Port Subdivision  
Domestic Waste - Putnam County  
Inspection of Wastewater Facilities


The referenced inspection was conducted August 29, 1990. Thanks to you and your operator for the cooperation given during the inspection. A copy of the inspection form is enclosed for your review.

Deficiencies noted during the inspection or file review are noted with an asterisk. Please respond to each deficiency separately and provide a time frame for compliance if necessary.

Waste sludge is to be sampled, at a minimum, every twelve months in accordance with Department regulations. Please provide a copy of the most recent analysis and make arrangements to sample, if required, within fourteen (14) days.

A response is requested within ten (10) days. Please contact the undersigned with any questions concerning the inspection results.

Sincerely,

  
Deyle Calhoun, E.I.  
Environmental Engineer

Response was due  
to DER on 10/18/90. Was  
response made?  
dc







FACILITY FLOW DIAGRAM

REVIEW OF RECORDS

- \* FECAL COLIFORM NOT REPORTED 1<sup>st</sup> QUARTER 1990, NOR 2<sup>nd</sup> QUARTER 1990
- \* OPERATOR REPORTS "TOTAL NITROGEN" ON MONTHLY OPERATION REPORTS, HOWEVER, THE PERMIT REQUIRES NITRATE. PLEASE CLARIFY

\* VIOLATIONS

INSPECTION COMMENTS

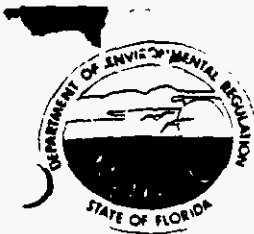
1	<ul style="list-style-type: none"> <li>* NO COVER ON CHLORINE VAT</li> <li>- POND OVERFLOW CAPPED</li> <li>- EFFLUENT LOOKS GOOD</li> <li>- CL 0.5</li> <li>- LOG O.K.</li> </ul>
2	<ul style="list-style-type: none"> <li>* POTABLE SOURCE IN MAIN LIFT BUILDING NEEDS BACKFLOW REDUCED PRESSURE ZONE</li> <li>- 2 NEW 1/2 HP SUBMERSIBLES</li> <li>- SMALL LIFT PUMPS TO GRAVITY MAIN LINE, MAIN STATION TO PLANT</li> </ul>
3	<ul style="list-style-type: none"> <li>* SMALL STATION NEEDS ALARM</li> </ul>
4	<ul style="list-style-type: none"> <li>* SMALL STATION - ONE PUMP NOT WORKING</li> </ul>
5	<ul style="list-style-type: none"> <li>* SPECIFY A TIMEFRAME FOR REBUILDING LIFT OR INSTALLING ALARM AND RETURNING 2<sup>nd</sup> PUMP TO SERVICE</li> <li>- DISCUSSED OVERFLOW W/ SAMPLER. THEY ARE INVESTIGATING MORE LAM FOR DISPOSAL. ALTERNATIVELY, A S. WATER DISCHARGE APP. SHOULD BE SUBMITTED. THEY HAVE YET TO GET COUNTY PERMISSION.</li> </ul>

**Palm Terrace - 1429**

**Pasco County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



received 11-30-90  
cc- Charles Sweet  
**Florida Department of Environmental Regulation**

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary  
Dr. Richard Garnus, Deputy Assistant Secretary

November 28, 1990  
Pasco County-DW

Mr. Frank Sanderson  
Environmental Compliance Administrator  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

Re: Palm Terrace Gardens  
Permit #D051-150578C

Dear Mr. Sanderson:

The sewage treatment plant at the above referenced location was inspected on November 27, 1990 and the following areas were found to require corrective action:

1. The Blower's drivebelts are loose, indicating a lack of maintenance.
2. There is a cross-connection between the potable water system and the effluent water reuse system with NO reduced pressure zone valve on the potable water supply line serving the plant.
3. Solids content in plant is excessive, as indicated by North Clarifier Blanket only 18 inches, excessive foam throughout the plant.
4. Calendar in operation building indicates "solids over the clarifier weir for 16 days in November." These incidents were not reported to DER within 24 hours. Also these incidents were not included in your Operator Log.
5. The MOR incorrectly reported a design flow of 0.2 MGD. Your permitted design flow is 0.13 MGD.
6. There was overspray from the spray irrigation site. This must be confined within the fenced area. Also the spray irrigation site was not posted as required.
7. Specific Condition #6 of your operating permit states that sludge shall be sampled every 6 months. The last sludge sample submitted to DER was dated November 29, 1989.
8. The well completion data for monitoring Well EN3WS has not been submitted to the DER.

Frank Sanderson  
Re: Palm Terrace Gardens  
November 28, 1990  
Page 2

You are hereby requested to respond to this letter with the plans you have made to correct this situation. This response should be in writing and within twenty (20) days from receipt of this letter. Please indicate a time frame for compliance as the Department plans a follow-up verification inspection.

Sincerely,



Pete Burghardt  
Environmental Specialist  
Domestic Waste Section

PE/bb

cc: Don VanKampen, Pasco County Health Dept.

**Park Manor - 444**

**Putnam County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Northeast District • 3426 Bills Road • Jacksonville, Florida 32207 • 904-798-4200

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Ernest Frev, Deputy Assistant Secretary

October 25, 1989

Mr. Charles L. Sweat, President  
Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703-7753

Dear Mr. Sweat:

Putnam County - DW Compliance  
Park Manor STP  
Permit No. DO54-146586 - Expires 06/09/93

On August 29, department personnel conducted a routine inspection of the above mentioned sewage treatment facility. During the course of our inspection the following unsatisfactory conditions were noted:

1. Clarifier full of solids and the effluent was very turbid.
2. Chlorine storage half full - Effluent in the chlorine contact chamber was extremely turbid.
3. Pond is overgrown, needs cleaning.
4. Must maintain daily log.

Please respond to the aforementioned discrepancies in writing, including a schedule for corrective action, within 14 days from receipt of this letter.

Your cooperation in this matter is very much appreciated and may eliminate the need for enforcement action and/or legal action.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

*Victor D. Cole*

Victor D. Cole  
Environmental Specialist

VDC:ddb

cc: Putnam County Public Health Unit

*TO Ed Mongall  
Please follow up  
while I'm out of  
for me to sign on  
to our corrective  
action, please let  
my boss and I  
know this by report  
will not be tolerated.*

**Point O' Woods - 987**

**Citrus County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**





STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

PUBLIC WASTEWATER SYSTEM INSPECTION REPORT

Authority:  
Chapter 381, 403 FS  
Chapter 17-6, 17-16 FA

Name of Plant Point O Woods W W Facility Permit Number 1D0094930  
 Area or Subdivision Served \_\_\_\_\_  
 Owner of System Southern States Utilities Operator Bob Bogasta  
 Address 1000 Color Place Apopka, Fl 32703  
 Plant Capacity 0.058 M Gallons Per Day Average Flow 6-10,000 gpd  
 Effluent Disposal \_\_\_\_\_ Percolation/Evaporation  Spray Irrigation  Drainfield \_\_\_\_\_  
 Other \_\_\_\_\_

Note: Items marked "X" are unsatisfactory and require correction within 72 hours unless specified otherwise under Comments and Instructions.

GENERAL	TREATMENT	PROTECTION & EFFLUENT DISPOS
1. Approved System	16. Construction	31. Access Control
2. Supervision	17. Access Control	32. Cross Connection Control
3. Personnel	18. Access Control	33. Disposal Site Construction
4. Operation	19. Access Control	34. Disposal Site Upkeep
5. Gr. Site Log	20. Inlet	35. Effluent Appearance
6. Equipment Upkeep	21. Stilling Wells	36. Disinfection <u>2.4 TC1</u>
7. Adequate Capacity	22. Clarifiers	SAMPLING & TESTING
8. Adequate Records	23. Settlers	37. Frequency
9. Malfunctions Reported	24. J&S Lines	38. Sampling Point
10. Complaints	25. Weirs	39. Chemical Testing
EMERGENCY EQUIPMENT	26. Chlorine Contact Chambers	40. Laboratory Availability
11. Warning System	27. Chlorinator	PHYSICAL PLANT
12. Auxiliary	28. Blower	41. Housekeeping
13. Safety Equipment	29. Timer	42. General Appearance
14. Gas-Chlorine Room	30. Other	43. Odors
15. Chemical Storage		44. Grounds

ITEM	COMMENTS AND INSTRUCTIONS
	<u>Half of Plant Off Line to improve treatment</u>
	<u>Well Maintained System</u>

Copy of Inspection Report Received by Bob Bogasta Time \_\_\_\_\_  
 Date of Inspection 11-16-89 Ray W. Marshall  
 County Public Health Unit City 746-881

**Salt Springs - 1115**

**Marion County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

SEWAGE TREATMENT PLANT RECONNAISSANCE INSPECTION REPORT

FACILITY NAME: SALT SPRINGS VILLAGE GIS # 3042P00110  
 FACILITY LOCATION: SR 19 & SR 316 Salt Spgs, FL  
 INSPECTION DATE: 4, 8, 91 INSPECTOR INITIALS: HES  
 INSPECTION TYPE: (R) ROUTINE (RE) REINSPECTION (EE) ENFORCEMENT (PE) PERMIT  
 (C) COMPLAINT (IC) INCOMPLETE (SI) SAMPLING  
 PERMIT YES/NO # DO 42-154300 EXPIRES 10/01/91 APPLICATION IN HOUSE? YES  
 COMPLIANCE? YES/NO YES VIOLATIONS: MAJOR (MA) MINOR (MI) NONE  
-To be determined by DEP.  
 RECORDS AND DATA IN COMPLIANCE? YES (Y) NO (N) MISSING (M)  
 ACTION: (NC) NONCOMPLIANCE LETTER (RE) REINSPECTION (EN) REQUEST ENFORCEMENT (NO) NO  
 ACTION DATE: \_\_\_\_\_ REPLY DUE: \_\_\_\_\_ RECEIVED: YES

- Inspection due to complaints of odor received by this office.
- Operators removed surface Aeration unit<sup>1</sup> due to a badly worn impeller. Impeller is "in-the shop" for machine work due to be completed by 4/11/91. A smaller unit is in-place and operating but is not supplying enough air and causing septic conditions and the odor problem. Operators will try and repair/replace the unit as quickly as possible.
- Notify this office when Aeration unit is replaced and functional. 904-622-7744

Southern States Utilities - Bill Yocum - Supervisor 904-347-1265  
 SLUDGE ANALYSIS: \_\_\_\_\_ HAULER: \_\_\_\_\_ PERMITTED FLOW: 85.0 TG  
 CHARGE: YES/NO NO OPERATOR NAME & NO. Mark March C-7212  
 FEE WEEK: 5 \* one weekend PERSON CONTACTED: Bill Yocum Plant op  
 DIRECTOR SIGNATURE: Paul E. Ellwood ES-II

Handwritten initials



STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

SEWAGE TREATMENT PLANT RECONNAISSANCE INSPECTION REPORT

Form fields: COLLEITY NAME: Salt Springs Village S.T.P. GMS #: 3042P00110; COLLEITY LOCATION: SR 19 & SR 316 Salt Spgs, FL; INSPECTION DATE: 4/16/91; INSPECTOR INITIALS: HES; SPECIFICATION TYPE: REINSPECTION; PERMIT NO: DA 42-154300; EXPIRES: 10/01/93; APPLICATION IN HOUSE: YES; VIOLATIONS: MAJOR (MA) MINOR (MI) NONE; REASON FOR NONCOMPLIANCE LETTER: REINSPECTION; REPLY DUE: ; RECEIVED: YES

Reinspection for corrective actions:

Operator reinstated surface aerator on 4/11/91 after having impeller repaired. Plant operation is improved; mixed liquor has improved color; clarifier & contact chamber are "clearing up" but still turbid. Odors are greatly improved. Septic conditions are also clearing up.

Actions taken also included 1) Removal of solids etc by pump truck.

2) Superchlorination to reduce solids and to "burn" up solids in pond.

\* Strongly recommend continuing efforts to obtain further engineering evaluation. Operators indicate Steven Bailey has reviewed the facility. Continue to improve treatment as plant will be reinspected.

Form fields: MUDGE ANALYSIS: ; HAULER: ; PERMITTED FLOW: .085; CHARGE: YES (circled); OPERATOR NAME & NO: David Connor (3-455) (FCN SITE); PERSON CONTACTED: David Connor; EJECTOR SIGNATURE: [Signature]; EJECTOR NO: E-II

**Silver Lake Oaks - 473**

**Putnam County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

WASTEWATER COMPLIANCE INSPECTION REPORT  
FACILITY AND INSPECTION INFORMATION

Name and Physical Location of Facility SILVER LAKE OAKS MOBILE HOME PARK OFF SR 20 SILVER LAKE RD TO SILVER LAKE DR PALATKA FL	County PUTNAM	Entry Date 3/19/91	am <input checked="" type="checkbox"/> pm <input type="checkbox"/> 11:00
	Phone	Exit Time/Date	

Name(s) of On-Site Representative(s) JERRY BOYD PAUL THOMPSON	Title LEAD OPERATOR OPERATOR	Phone 904-649-4143
---------------------------------------------------------------------	------------------------------------	-----------------------

Name and Address of Responsible Official Charles Sweet SOUTHERN STATES UTILITIES 1000 COLLEGE PLACE ATLANTA, GA 30303	Title V.P.	Phone 800-432-4501 904-649-4143
-----------------------------------------------------------------------------------------------------------------------------------	---------------	---------------------------------------

State Permit Number: 0054-91826	Issued: 2-25-85	Expires: 2-25-90
NPDES Permit Number:	Issued:	Expires:
Other Permit or Order: PCS4-144628	Issued: 6-15-85	Expires: 3-10-91
GMS ID Number: 3154 P00380	X 12521	

Name(s) and Signature(s) of Inspector(s) Jeff Martin	District Office/Phone Number NE 904-449-4330	Date 3/21/91
---------------------------------------------------------	-------------------------------------------------	-----------------

Signature of Reviewer C.A. Hewitt	District Office/Phone Number NED 904-448-4330	Date 3-22-91
--------------------------------------	--------------------------------------------------	-----------------

Inspection Type: <input checked="" type="checkbox"/> IRI <input type="checkbox"/> IRI	Lead Inspector Initials (I): <input checked="" type="checkbox"/> JS <input checked="" type="checkbox"/> M	Samples Taken (Y/N)	Were Samples Split With Facility (Y/N)
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial	Were Photos Taken (Y/N)	Log Book Page	

FACILITY COMPLIANCE AREAS EVALUATED

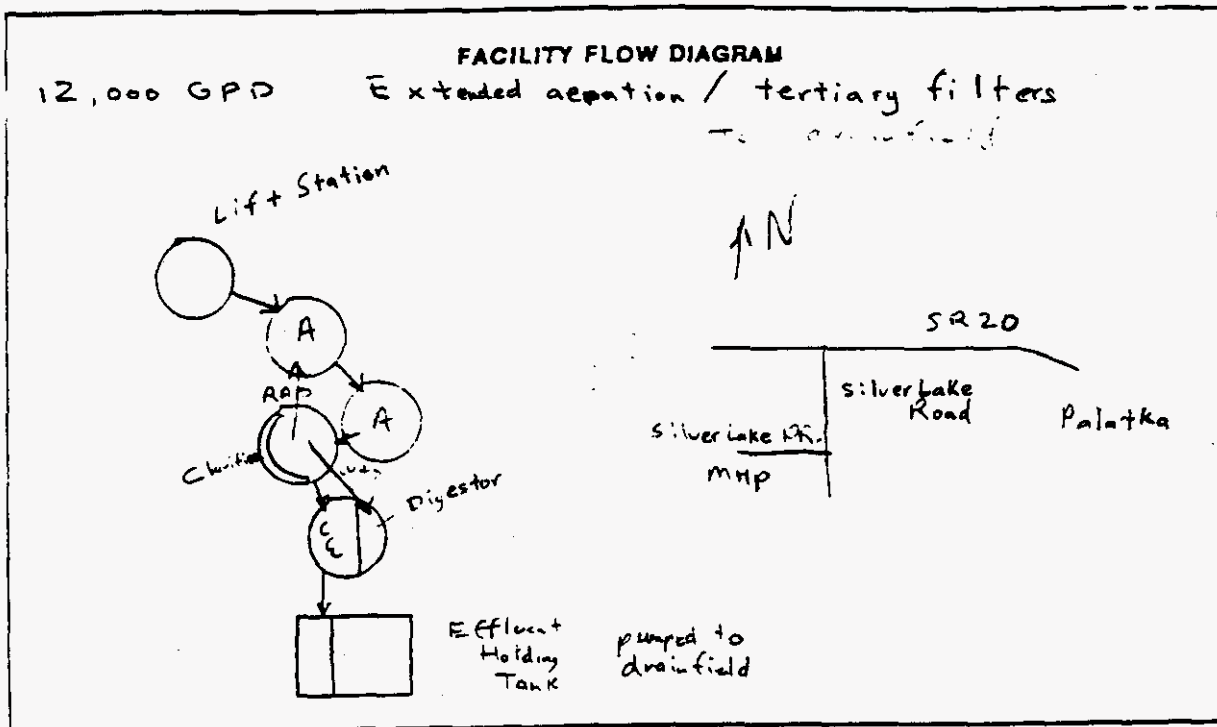
S=Satisfactory; M=Marginal; U=Unsatisfactory; N=Not Evaluated

S	Permit		Sampling	S	Effluent
	Compliance Schedules	M	Self Monitoring Program		Groundwater
	Pretreatment	S	Facility Site Review	S	Disposal Method
S	Records and Reports		Flow Measurement	S	Residuals Management
	Laboratory		Operations and Maintenance		Other

Actions Taken	<input checked="" type="checkbox"/> Compliance
Followup Actions:	<input type="checkbox"/> Non-Compliance

NATIONAL DATA SYSTEM CODING FOR NPDES OR EQUIVALENT INSPECTIONS

Inspection Code	NPDES NUMBER	YR/MO/DA	Inspection Type	Inspector
1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	11 <input type="checkbox"/> 12 <input type="checkbox"/>	17 <input type="checkbox"/> 18 <input type="checkbox"/>	19 <input type="checkbox"/> 20 <input type="checkbox"/>	
Remarks				
67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/>	71 <input type="checkbox"/> 72 <input type="checkbox"/>	73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/>	80 <input type="checkbox"/>	



**INSPECTION COMMENTS**

- \* Fecal coliform analysis performed in 1990, results not sent to DER — copy of results to be mailed soon.
- 1991 sludge analysis to be performed in April.
- \* Needs operation permit application. — Application under review
- McNeil STP — above ground tanks. Lift station has two pumps and alarm/light for high level.
- Time clocks to determine flow. 1 Blower.
- Has drainfield that is fenced in recently replaced.
- \* Backflow prevention device to be installed.
- \* Need to repair valve at lift station — slight leak
- Holding tank sand filter not used — but MOR results for TSS are less than 10 mg/L.

**South Forty - 1113**

**Marion County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**





Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-891-7555

Rob Martinez, Governor

Dale Twarchimann, Secretary

John Shearer, Assistant Secretary  
Alec Alexander, Deputy Assistant Secretary

RECONNAISSANCE INSPECTION REPORT

- 1. Source Name South 40 Industrial Park
- 2. Source Location Orlando Marion County
- 3. Permits: State No. Consent Order 88-0703 Expires: \_\_\_\_\_
- 4. Source Description (circle one)  DW  IW 5. Discharge Yes \_\_\_\_\_ No
- 6. Permitted Flow: .035 MGD 7. Basin No: \_\_\_\_\_ Rank: \_\_\_\_\_
- 8. Person Contacted T. Gustafson Title DW Trainee
- 9. Purpose of Inspection P.S.C. Hearing

10. Comments: No odor  
Hypochlorinator  
Mixed liquor tank  
Clarifier 2 foot visibility  
Chlorine contact chamber some pop-ups and  
pinflock otherwise clear  
Spray field good-no ponding - 3 spray heads  
operating with spray crossing fence on  
North side

Sanderson A-1071 visit 3 to 4 times per week, plant  
requires 5 times per week plus a weekend visit.

11. Indicate Corrective Action(s) to be Undertaken by DER District Office: \_\_\_\_\_

Non-compliance letter

12. Inspector Completing Report: [Signature] Title: Env. Supv. Date: 11/14/88

**Spring Hill Utilities - 27001**

**Hernando County (DUI)**

**Sewer**

**- 1992 FPSC Filing -**

DEPARTMENT OF ENVIRONMENTAL REGULATION  
SEWAGE TREATMENT PLANT INSPECTION REPORT

FACILITY: Spring Hill Utilities DATE: 10-12-89 TIME: 2:50  
INSPECTOR: Joe/Doug Bell COUNTY: Hennepin  
FENCED/LOCKED: locked TYPE: C-S Inlet  
APPEARANCE: S ODOR: S  
MOTORS/BLOWERS: S BACKFLOW: S  
TIME CLOCK: NI  
AERATION BASINS: S DIFFUSER: S  
SLUDGE RETURN: S  
CLARIFIER: S 11000 0.05 WELLING TANK: -  
WEIR: S SKIMMER: -  
DIGESTOR: NI  
CHLORINATOR: TKM CXL - RESIDUAL: +3.0  
CONTACT CHAMBER: S  
EFFLUENT QUALITY: S  
ADDITIONAL EQUIPMENT/TREATMENT: \_\_\_\_\_  
EFFLUENT DISPOSAL METHOD: 12 drying beds  
LIFT STATION(S): \_\_\_\_\_  
OPERATOR LOG: \_\_\_\_\_  
COMMENTS: Southern States bought out Spring Hill Utilities (Delton)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
MONTHLY OPERATING REPORTS: \_\_\_\_\_  
SLUDGE ANALYSIS: \_\_\_\_\_ GWMP: \_\_\_\_\_

**Sugar Mill - 1801**

**Volusia County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



**Florida Department of Environmental Regulation**

**Central District** • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtmann, Secretary

John Shearer, Assistant Secretary  
Alex Alexander, Deputy Assistant Secretary

July 19, 1989

Southern States Utilities, Inc.  
1000 Color Place  
Apopka, Florida 32703

OCD-CE-DW-89-0366

Attention: Charles Sweat, President

Volusia County - DW  
Sugar Mill Country Club  
Sewage Treatment Plant


Dear Mr. Sweat:

On May 23, 1989, Department personnel conducted a routine inspection of your sewage treatment plant. During the course of the inspection, the following unsatisfactory conditions were noted:

1. One blower has an excessive oil look.
2. Bar screen skimmings were noted in a large pile on the ground.
3. The clarifier weir is not level. Heavy floc was going over the low end of the weir.
4. The reduced pressure backflow prevention device was not installed correctly. The preventor must be at least one foot higher than the adjacent ground level.

Please respond to these items, in writing, with a schedule of corrective action. Your reply is requested within 21 days of the date of this letter. Your reply and any questions should be addressed to Lisa Gordon.

Sincerely,

  
W. E. Darling  
Section Supervisor  
Domestic Waste  
Compliance/Enforcement

  
WED/lg

**Sugar Mill Woods - 989**

**Citrus County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



STATE OF FLORIDA  
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

PUBLIC WASTEWATER SYSTEM INSPECTION REPORT

Authority:  
Chapter 381, 40  
Chapter 17-6, 17

Name of Plant Sugarmill Woods Permit Number D0  
 Area or Subdivision Served \_\_\_\_\_  
 Owner of System Southern States Utilities Operator Tom [unclear]  
 Address 1000 Colar Place Apopka, FL 32703  
 Plant Capacity 0.500 M Gallons Per Day \_\_\_\_\_ Average Flow 250  
 Effluent Disposal \_\_\_\_\_ Percolation/Evaporation  Spray Irrigation  Drainage \_\_\_\_\_  
 Other \_\_\_\_\_

Note: Items marked "X" are unsatisfactory and require correction within 72 hours specified otherwise under Comments and Instructions.

GENERAL	TREATMENT	PROTECTION & EFFLUENT
1. Approved System	16. Construction	31. Access Control
2. Supervision	17. Pretreatment	32. Cross Connection Control
3. Personnel	18. Aeration Chambers	33. Disposal Site Construction
4. Operation	19. Diffusers	34. Disposal Site Upkeep
5. In Site Log	20. Digestors	35. Effluent Appearance
6. Equipment Upkeep	21. Stilling Wells	36. Disinfection
7. Adequate Capacity	22. Clarifiers	SAMPLING & TESTING
8. Adequate Records	23. Skimmer	37. Frequency
9. Malfunctions Reported	24. BAF Lines	38. Sampling Point
10. Complaints	25. Weirs	39. Chemical Testing
EMERGENCY EQUIPMENT	26. Chlorine Contact Chambers	40. Laboratory Availability
11. Warning System	27. Chlorinator	PHYSICAL PLANT
12. Auxiliary	28. Blower	41. Housekeeping
13. Safety Equipment	29. Timer	42. General Appearance
14. Gas Chlorine Room	30. Other	43. Odors
15. Chemical Storage		44. Grounds

17E4 COMMENTS AND INSTRUCTIONS

7. Plant has occasionally shown flows over capacity. Plans for additions need to be finalized to avoid complications with provisions of County Orders.

Well Maintained System

Copy of Inspection Report Received by [Signature] Time \_\_\_\_\_  
 Date of Inspection 12 4 87 County Public Health Unit

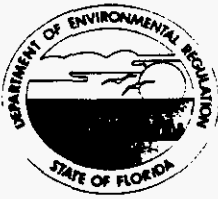
**Sunny Hills Utilities - 28001**

**Washington County (UFU)**

**Sewer**

**- 1992 FPSC Filing -**





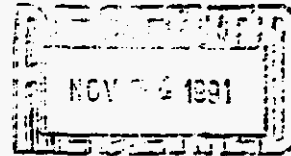
**Florida Department of Environmental Regulation**

Northwest District • 160 Governmental Center • Pensacola, Florida 32501-5794

Lawton Chiles, Governor

Carol M. Browner, Secretary

OCT 31 1991



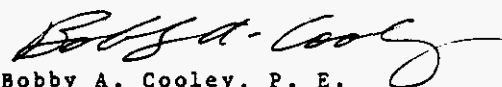
Frank Novak, P. E.  
1000 Colar Place  
Apepka, Florida 32703

Dear Mr. Novak:

On October 24, a Department representative conducted an inspection of the Sunny Hills wastewater treatment facility.

The facility was operating satisfactorily at the time of the inspection. If you have any questions please contact Ms. Tracie Rhodes at (904) 436-8380.

Sincerely,

  
Bobby A. Cooley, P. E.  
Water Facilities Administrator

BAC:trw  
Attachment



FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

⊕ = OPTIONAL

Name and Physical Location of Facility: Sunny Hills Ambassador Rd.  
 GMS ID: 1067P0234  
 County: Washington  
 Entry Date/Time: 10-24-91 / 12:00p  
 Phone: 12:15pm / 10-24-91  
 ⊕ Exit Time/Date

Name(s) of Field Representatives(s): Harold Register  
 Title: lead operator  
 Phone:

Name and Address of Permittee or Designated Representative: Frank Novak, P.E.  
 1000 Cobb Place  
 APOPKA, FL 32703  
 Title: U-P Engineering  
 SSU Service  
 Phone:  
 ⊕ Operator Certification #:

Inspection Type:  RI  I  
 Samples Taken (Y/N):  
 ⊕ Sample ID#:  
 Samples Split (Y/N):  
 Domestic  Industrial  
 Were Photos Taken (Y/N):  
 ⊕ Log Book Volume:  
 ⊕ Page:

In Compliance With Permit Conditions (Y/N):  
 Recommended Actions:

Name(s) and Signature(s) of Inspector(s): Tracie Rhodes  
 District Office/Phone Number: Pensacola / 436-8380  
 Date: 10-24-91  
 Signature of Reviewer:  
 District Office/Phone Number:  
 Date:

FACILITY COMPLIANCE AREAS EVALUATED

S=Satisfactory; M=Marginal; U=Unsatisfactory; Blank=Not Evaluated. \*See Comments

S	1. Permit #		8. Sampling	S	11. Effluent
	2. Compliance Schedule		7. Self-Monitoring Program		12. Groundwater
	3. Pretreatment	S	8. Facility Site Review	S	13. Disposal Method
	4. Records & Reports	S	9. Flow Measurement		14. Residuals Management
	5. Laboratory	S	10. Operation & Maintenance		15. Other

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI - RI Optional)

Transaction Code: 1 N 2 5 3  
 NPDES NUMBER: 11 12  
 YRMQDA: 17 18  
 Trap Type: 19  
 Inspector: 20  
 Fac Type:  
 Remarks:

21 66  
 Inspection Type (Field 18): A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI  
 Inspector Code (Field 19): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic,  
 3=Agricultural, 4=Federal  
 Every other field is self explanatory.

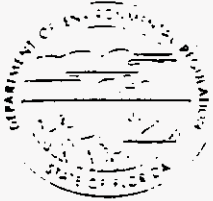


# **Sunshine Parkway - 560**

**Lake County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



RECEIVED 10/21/88

# Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, FL 32805-5707 • (407) 894-7555

Pat Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

Alex Alexander, Deputy Assistant Secretary

CERTIFIED  
P-855-826-823

October 25, 1988

Mr. Charles Sweat  
1000 Color Place  
Apopka, Florida 32703

WARNING NOTICE  
OWN-DW-88-0111

Lake County - DW  
Sunshine Parkway, STP

INSPECTED COPY

Dear Mr. Sweat:

Under Chapter 403, Florida Statutes, the Department of Environmental Regulation was delegated the power and duty to control and prohibit pollution of air and water in accordance with the law, rules and regulations promulgated by the department.

You are hereby placed on notice that the department has reason to believe that you are presently operating in violation of Section 403.161, Florida Statutes, and department rules and regulations, as noted on the attached sheet.

Section 403.161(1) provides that whoever commits a violation of that Section shall be liable to the state for any damage caused and for civil penalties of up to \$10,000 per day during which the violation occurs.

Accordingly, you are hereby advised to respond to the specific violations within fifteen (15) days from receipt hereof.

You should direct your response and any questions concerning this Warning Notice to G. DePradine or W. E. Darling, Domestic Waste Compliance/Enforcement Section at (407) 894-7555 or at the above address.

Sincerely,

A. Alexander, P.E.  
Deputy Assistant Secretary

AA:era:adz:wed:gdk

Enclosure

cc: Lake County Environmental Services

WARNING NOTICE  
OWW-DW-88-0111  
October 25, 1988

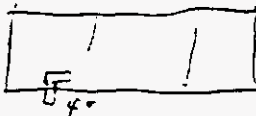
Rules Violated (As indicated):

- Section 403.087(1) - Florida Statutes, permit necessary for any pollution source.
- Section 403.161(1)(b)(2) - Florida Statutes, prohibits violation of Statute or Code.
- Florida Administrative Code Rule 17-4.03, permit necessary for all pollution sources.
- Florida Administrative Code Rule 17-4.26(1), permit for sewerage works.
- Florida Administrative Code Rules 17-6.100(4); 17-19.03(1), requires all owners (permittees) of treatment plants to provide operating data, records, analytical results as required to the appropriate district office of the Department.
- Florida Administrative Code Rule 17-6.110(2), requires the operation of all treatment plants shall be under the supervision of a certified operator.
- Florida Administrative Code Rules 17-6.060(1); .180(3)b(1).a, all domestic wastewater facility required at minimum to provide secondary treatment of wastewater...shall be designed to achieve an effluent after disinfection containing not more than 20 mg/l T.S.S. The arithmetic mean of T.S.S. values during an annual period shall not exceed 20 mg/l.
- Florida Administrative Code Rule 17-16.360(1)(a)(b), on site management and supervision of plant function...submit complete, accurate and timely plant monthly operating reports.

Remarks. (e.g. explanatory statement):

Observation from a routine inspection conducted at the above referenced facility by Department personnel on August 25, 1988 indicated the following unsatisfactory conditions which resulted in the above violations:

- ✓ 1. Lack of a certified operator on-site 3 hours per day, five (5) days per week and one weekend visit.
- ✓ 2. Chlorine exhaust fan above floor level.
- ✓ 3. Lack of a reduced pressure backflow prevention device on the potable water line.
- ✓ 4. Lack of flowmeter with chart recorder.



WARNING NOTICE  
OWN-DW-88-0111  
October 25, 1988

Remarks. (e.g. explanatory statement):

- ✓ 5. Total Suspended Solids (TSS) and Biochemical Oxygen Demand (BOD) is not being recorded every two (2) weeks per Specific Condition #1 of Temporary Operation Permit DT35-131150.

You are requested to respond to the Department within fifteen (15) days of receipt of this notice, in writing with a schedule of corrective action. Failure to respond within the given time frame will result in further enforcement action against this facility.

# **University Shores - 106**

**Orange County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



Orange



County

Environmental Protection Department  
J. M. Bateman, P.E., Manager  
2002 East Michigan Street  
Orlando, Florida 32806-4999  
Telephone (407) 836-7400

October 30, 1991

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

Attn: Charles Sweat

Ref: University Shores Wastewater Treatment Plant #1

Permit: D091-08

Expires: June 10, 1996

Dear Mr. Sweat:

On October 25, 1991, an inspection of the referenced facility was conducted by Ernie Browne of this Department.

As a result of this inspection the following comments apply:

1. The aeration tanks have good color and mix. No offensive odors noted.
2. Housekeeping to the primary and secondary clarifiers is satisfactory at this time. The clarifiers have good settling.
3. The final dechlorinated effluent, after the filters, had excellent clarity.
4. The dechlorination system appears to be operating satisfactorily. No chlorine residual was noted in the final discharge.
5. All equipment, motors and pumps appear to be operating satisfactorily.
6. The sludge drying beds are in need of maintenance.

Your efforts to help maintain our environment are appreciated.

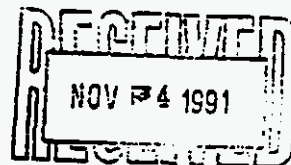
Sincerely,

John M. Bateman, P.E.  
Environmental Protection Officer

EB/FD/NS:sh

cc: D.E.R.

001-062-2420-4343  
INVOICE TO FOLLOW



**ORANGE COUNTY ENVIRONMENTAL PROTECTION DEPARTMENT  
COMPLIANCE INVESTIGATION CHECKLIST  
WASTEWATER TREATMENT FACILITIES (DOMESTIC)**

Facility Name: *UNIVERSITY SHORE #1* Date: *10-28-91*  
 Facility Location: *a/c SOUTHERN STATE UNIV.* Owner: *Southern State Univ.*  
 Mailing Address: *1000 COLON BLVD* Attn: *Carmel's Sweet*  
*APPROX 323*  
 Orange Co. Permit # \_\_\_\_\_ Expires: *June 10, 1996* Type: *1C*  
 State Permit # *0091-08*

**Permit Verification:**

- |                                                   |                                         |                                        |     |
|---------------------------------------------------|-----------------------------------------|----------------------------------------|-----|
| 1. Has permit been reviewed prior to inspection?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | N/A |
| 2. Correct name and mailing address of permittee. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | N/A |
| 3. Facility is as described in permit.            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | N/A |
| 4. Amendments to permit Explain:                  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | N/A |

**Compliance Schedules:**

- |                                                                                       |                                         |                                        |     |
|---------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-----|
| 1. Permittee meeting compliance schedules?                                            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | N/A |
| 2. Facility submitting all monitoring data as required by the permit?                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | N/A |
| 3. Extenuating circumstances which would affect the permittee's compliance schedules? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | N/A |

**Records and Reports:**

- |                                                                         |                                         |                             |     |
|-------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----|
| 1. Records and reports maintained as required by permit. If no explain: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 2. Is Monthly Operating Report complete and received in a timely manor? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 3. Is operators daily log on site and up to date?                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 4. Sludge analysis on file                                              | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |
| 5. Current well monitoring data, if required.                           | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | N/A |

Facility Site Review:

Headworks

- |                                                       |                                         |                                        |     |
|-------------------------------------------------------|-----------------------------------------|----------------------------------------|-----|
| 1. Lift station. (grease build up)                    | Yes                                     | No <input checked="" type="checkbox"/> | N/A |
| 2. Evidence of lift station overflow                  | Yes <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A |
| 3. Are pumps adequate, maintained                     | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 4. Are the bar screens/comminutors maintained.        | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 5. Rags/Trash collected/stored/ properly disposed of. | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 6. Are the grit chambers routinely cleaned?           | Yes                                     | No <input checked="" type="checkbox"/> | N/A |
| 7. Offensive/obnoxious odors                          | Yes                                     | No <input checked="" type="checkbox"/> | N/A |

Flow Equalization:

- |                        |                                         |    |     |
|------------------------|-----------------------------------------|----|-----|
| 1. Sufficient capacity | Yes <input checked="" type="checkbox"/> | No | N/A |
| 2. Adequate aeration   | Yes <input checked="" type="checkbox"/> | No | N/A |
| 3. Odor Control        | Yes <input checked="" type="checkbox"/> | No | N/A |

Primary Clarifiers:

- |                                           |                                         |                                        |     |
|-------------------------------------------|-----------------------------------------|----------------------------------------|-----|
| 1. Is there evidence of solids loss?      | Yes                                     | No <input checked="" type="checkbox"/> | N/A |
| 2. Is there a problem with bulking?       | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 3. Are the skimmers functioning properly? | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 4. Are the weirs level?                   | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 5. Are effluent weirs clean?              | Yes <input checked="" type="checkbox"/> | No                                     | N/A |

Secondary Clarifiers:

- |                                                   |                                         |                                        |     |
|---------------------------------------------------|-----------------------------------------|----------------------------------------|-----|
| 1. Is there evidence of solids loss?              | Yes                                     | No <input checked="" type="checkbox"/> | N/A |
| 2. Is there a problem with bulking?               | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 3. Is the depth of the sludge blanket acceptable? | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 4. Are the skimmers functioning properly?         | Yes <input checked="" type="checkbox"/> | No                                     | N/A |

5. Are the weirs level? Yes  No  N/A
6. Are the effluent weirs clean? Yes  No  N/A
7. Does tank surface indicate poor sludge management (i.e. floating solids, gas)? Yes  No  N/A

**Aeration Basins:**

1. Aerator type: Mechanical \_\_\_\_\_, Blower .
2. Mixed liquor Color: Black \_\_\_\_\_, Dark Brown \_\_\_\_\_, Med Brown , Light Brown \_\_\_\_\_.
3. Foaming: Heavy \_\_\_\_\_, Moderate \_\_\_\_\_, Light .
4. Odors: Strong \_\_\_\_\_, Moderate \_\_\_\_\_, Light .
5. Air distribution: Excellent \_\_\_\_\_, Adequate , Poor \_\_\_\_\_.

**Return Sludge Unit:**

1. Is there adequate sludge return back to the head of the plant? Yes  No  N/A
2. Sludge Color: Black \_\_\_\_\_, Brown , Light Brown \_\_\_\_\_.

**Digestors:**

1. Digester Type: Anaerobic \_\_\_\_\_, Aerobic .
2. Digester Sludge Color: Black \_\_\_\_\_, Dark Brown \_\_\_\_\_, Brown .
3. Digester Odor: None , Musty \_\_\_\_\_, Hydrogen Sulfide \_\_\_\_\_.
4. Does the facility have dewatering devices? Yes  No  N/A
5. Are they functional? Yes  No  N/A
6. Is the facility wasting sludge properly? Yes  No  N/A

**Sludge Processing:**

1. Provide name of hauler: \_\_\_\_\_
2. Disposal Site: Owner Name: \_\_\_\_\_  
Location: \_\_\_\_\_
3. Grade of Sludge: \_\_\_\_\_

Final Filters:

- |                                   |                                         |    |     |
|-----------------------------------|-----------------------------------------|----|-----|
| 1. Performing satisfactory        | Yes <input checked="" type="checkbox"/> | No | N/A |
| 2. General Conditions of Process: |                                         |    |     |

Explain: \_\_\_\_\_

Trickling Filters:

- |                                  |     |    |                                         |
|----------------------------------|-----|----|-----------------------------------------|
| 1. Performing Satisfactory       | Yes | No | N/A <input checked="" type="checkbox"/> |
| 2. General Condition of Process: |     |    |                                         |

Explain: \_\_\_\_\_

Disinfection:

1. Chlorinator Type: Gas , Hypochlorination ,  
Other \_\_\_\_\_. Explain: \_\_\_\_\_

- |                                                                                        |                                         |                                        |     |
|----------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-----|
| 2. Adequate baffles in contact chamber. (Minimum of 2)                                 | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 3. Is there solids evident in the chlorine contact chamber?                            | Yes                                     | No <input checked="" type="checkbox"/> | N/A |
| 4. Is chlorine residual adequate?                                                      | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 5. Is there adequate ventilation, proper location of exhaust fan in the chlorine room? | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 6. Is there a gas mask available?                                                      | Yes <input checked="" type="checkbox"/> | No                                     | N/A |
| 7. Are there dual scales and automatic switch over devices available?                  | Yes <input checked="" type="checkbox"/> | No                                     | N/A |

Effluent:

1. The quality of the effluent appears: Excellent ,  
Good \_\_\_\_\_, Poor \_\_\_\_\_.
- |                                                |     |                                        |     |
|------------------------------------------------|-----|----------------------------------------|-----|
| 2. Is there solids carry-over in the effluent? | Yes | No <input checked="" type="checkbox"/> | N/A |
|------------------------------------------------|-----|----------------------------------------|-----|

Perc Pond Disposal Sites:

- |                                                          |     |    |                                         |
|----------------------------------------------------------|-----|----|-----------------------------------------|
| 1. Are the ponds being maintained and rotated routinely? | Yes | No | N/A <input checked="" type="checkbox"/> |
| 2. Are the ponds over grown?                             | Yes | No | N/A <input checked="" type="checkbox"/> |

- |                                           |        |         |       |
|-------------------------------------------|--------|---------|-------|
| 3. Do the pond bottoms need cleaning out? | Yes    | No      | N/A   |
| 4. Are the ponds exceeding capacity?      | Yes    | No      | N/A   |
| 5. Are there odors?                       | Yes    | No      | N/A   |
| 6. Appearance of pond surface:            | Weeds  | Algae   |       |
|                                           | Scum   | Bubbles | Other |
| 7. Appearance of pond water:              | Black  | Brown   |       |
|                                           | Cloudy | Clear   |       |

**Spray Field Disposal Site:**

- |                                                                        |     |    |     |
|------------------------------------------------------------------------|-----|----|-----|
| 1. Is there adequate field rotation?                                   | Yes | No | N/A |
| 2. Is there evidence of ponding?                                       | Yes | No | N/A |
| 3. Is there evidence of runoff?                                        | Yes | No | N/A |
| 4. Is there an accumulation of solids in the fields?                   | Yes | No | N/A |
| 5. Are the fields maintained (i.e. mowed, no broken spray heads, etc)? | Yes | No | N/A |

**General Plant Conditions:**

- |                                                       |     |    |     |
|-------------------------------------------------------|-----|----|-----|
| 1. Is plant staffed properly by certified operators?  | Yes | No | N/A |
| 2. Are the site grounds adequately maintained?        | Yes | No | N/A |
| 3. Is water supply adequate for chlorination systems? | Yes | No | N/A |
| 4. Is water provided for plant wash down?             | Yes | No | N/A |
| 5. Is there adequate potable water protection?        | Yes | No | N/A |
| 6. Is auxiliary power exercised periodically?         | Yes | No | N/A |
| 7. Is the site fenced and locked?                     | Yes | No | N/A |

Inspectors Comments:

1. Plant operation appears satisfactory
2. Effluent Clean-
3. ACG Book up to date -
- 4.

E. H. ...  
Inspected by

10-25-91  
Date



## Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767  
Lawson Chiles, Governor Carol M. Browner, Secretary

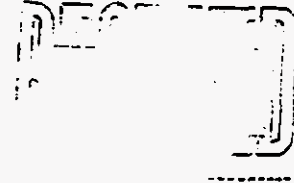
August 27, 1991

Southern States Utilities  
1000 Color Place  
Apopka, FL 32703

OCD-CE-DW-91-0342

Attention: Mr. Charles Sweat

Orange County - DW  
University Shores #2  
Sewage Treatment Plant



Dear Mr. Sweat:

On August 12, 1991, department personnel conducted a routine inspection of your sewage treatment plant. During the course of the inspection, and/or determined from records on file in this office, the following unsatisfactory conditions were noted:

1. A review of the Monthly Operating Reports (MORs) for this facility indicates the following violations of Specific Condition number 1 of operating Permit Number D048-114829:

Total Suspended Solids (TSS) is not being recorded daily (seven days per week).

2. Floatable material removed from the sewage treatment plant is not being disposed of properly. Prior to disposal, floatables must be stored in a covered container.
3. Effluent was observed seeping through the east berm of the on-site ponds.
4. A light must be provided in the gas chlorine enclosure.
5. Daily flow records for reclaimed water discharged to each reuse system were not being submitted each month with the MOR.

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 17-4.100(2) F.A.C. failure to comply with pollution control rules shall be grounds for permit suspension or revocation and initiation of formal enforcement action. Your reply is requested within 14 days from the date of this letter. Your reply and any questions should be addressed to Keyla A. Bermudez.

Sincerely,

  
Christianne C. Ferraro, P.E.  
Program Manager  
Domestic Waste

CCF/kb/jb

cc: Orange County Environmental Protection Department



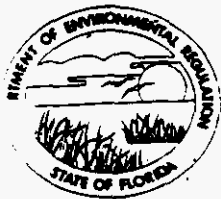


**Venetian Village - 567**

**Lake County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



*Case*

**Florida Department of Environmental Regulation**

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767 • 407-894-7555

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shaver, Assistant Secretary  
Alex Alameda, Deputy Assistant Secretary

CERTIFIED  
P-602-128-976

September 13, 1988

Southern States Utilities  
1000 Color Place  
Apopka, Florida 32703

OCD-CE-DW-88-0158

Attn: Charles Sweat, President

Lake County - DW  
Venetian Village, STP

Dear Mr. Sweat:

On August 25, 1988, Department personnel conducted a routine inspection of your sewage treatment plant. During the course of inspection, the following unsatisfactory condition was noted:

1. The on-site maintenance and operation log contains no entries by a certified operator.

This facility requires the services of an operator of at least 'C' classification to be on-site 1/2 hour per day, five days per week. A weekend visit is also required.

A written response to this item is requested within 14 days of your receipt of this letter.

Sincerely,

Lisa L. Gordon  
Domestic Waste Compliance/Enforcement

LLG/wed/kj

cc: Roy Greene, Lake County Pollution Control

**Woodmere - 888**

**Duval County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**

FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

OPTIONAL

NAME AND PHYSICAL LOCATION OF FACILITY: *Woodmere*  
 5710 Edenfield Rd  
 CWS ID: 3116 P02312  
 COUNTY: *DUVAL*  
 ENTRY DATE/TIME: *1-16-92*  
 PHONE: *744-4188*

NAME(S) OF FIELD REPRESENTIVE(S): *Glen Whitcomb*  
 TITLE: *operator*  
 PHONE:

NAME AND ADDRESS OF PERMITEE OR DESIGNATED REPRESENTATIVE: *Charles L. Sulest*  
 3000 Southern State Wkwy  
 1000 Collier Plaza  
 Naples, FL 34103  
 TITLE: *President*  
 PHONE: \_\_\_\_\_  
 OPERATOR CERTIFICATION:

INSPECTION TYPE: *SIRII*    SAMPLES TAKEN (Y/N): *yes*    SAMPLES OF: *Chem. custody # 1174*    SAMPLES SENT (Y/N): *yes*  
 **Domestic**     **Industrial**     **WATER PHOSPHORUS TAKEN (Y/N):** *No*     **LOG BOOK VOLUME:** \_\_\_\_\_     **PAGE:** \_\_\_\_\_

IN COMPLIANCE WITH PERMIT CONDITIONS (Y/N): *yes*  
 RECOMMENDED ACTIONS:

NAME(S) AND SIGNATURE(S) OF INSPECTOR(S): *Thomas J. Hurst*  
 DIVISION OFFICE/PHONE NUMBER: *630-3666*  
 DATE:

SIGNATURE OF REVIEWER: \_\_\_\_\_  
 DIVISION OFFICE/PHONE NUMBER: \_\_\_\_\_  
 DATE: \_\_\_\_\_

FACILITY COMPLIANCE AREAS EVALUATED

S = Satisfactory; N = Marginal; U = Unsatisfactory; Blank = Not Evaluated; See Comments

S	1. Permit	S	6. Sampling	S	11. EPH/ERT
N	2. Compliance Schedule	S	7. Self-Monitoring Program	N	12. Groundwater
N	3. Pretreatment	S	8. Facility Site Review	S	13. Disposal Methods
S	4. Records & Reports	S	9. Flow Measurement	N	14. Residual Management
N	5. Location	S	10. Operation & Maintenance		15. Other

INSPECTION DATE: 1  N 2  S 3 \_\_\_\_\_ 11 12 \_\_\_\_\_ 17 18 \_\_\_\_\_ 19 \_\_\_\_\_ 20 \_\_\_\_\_  
 FACILITY NUMBER: \_\_\_\_\_  
 YR/MO/DA: \_\_\_\_\_  
 FID TYPE: \_\_\_\_\_  
 TRIPPER: \_\_\_\_\_  
 FID TYPE: \_\_\_\_\_

Inspection Type (Field 8): A=PA, S=CBI, C=CEI, S=CSI, X=XST, F=FI  
 Inspector Code (Field 9): S=State, J=Joint EPA/State, EPA Lead, J=Joint State/EPA/State Lead  
 Facility Type (Field 20): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic  
 3=Agricultural, 4=Federal  
 Every other field is self-explanatory.

## FACILITY FLOW DIAGRAM

## INSPECTION COMMENTS

I inspected and sampled the wastewater facility on this date and split samples with Don Robertson, the operator. The gas head was in order and the total chlorine residual was in required limits. Aeration tank was a chocolate brown color and the clarifier was clear.

I took samples in a 500 ml polyethylene container for BOD, TSS and TKN. I also took a fecal sample in a disposable plastic container with thiosulfate tablet provided by HRS.

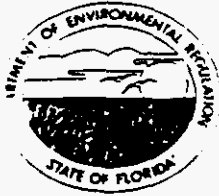
I put the samples in an ice chest and locked them in the trunk for later transport to the DRES Lab and the HRS Lab. The inspection was then concluded.

**Zephyr Shores - 1427**

**Pasco County (SSU)**

**Sewer**

**- 1992 FPSC Filing -**



## Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7547  
Lester C. Jones, Governor • 813-625-5261 • Carol M. Browner, Secretary

April 8, 1991

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Pasco County

Mr. Charles Sweat  
Southern States Utilities, Inc.  
1000 Color Place  
Apopka, FL 32703

Dewey Chancey  
Certification No. C-4409

Robert D. Barrett  
Certification No. C-3128

WARNING NOTICE  
No. WN91-0016DW51SWD

Re: Zephyrshores S.T.P.  
Permit No. DO51-128892

Dear Mr. Sweat:

Pursuant to Chapter 403, Florida Statutes, and the rules and regulations promulgated therein which authorizes and empowers the Department of Environmental Regulation to control, abate and prohibit pollution of air and water in the state of Florida, you are hereby notified of specific violations of these rules and regulations as follows:

1. On April 1, 1991 Department personnel conducted an inspection of Zephyrshores Sewage Treatment Plant (STP) and found a bypass pump installed in the Chlorine Contact Chamber which discharges to an unpermitted pond system. This is a violation of your permit and, therefore, a violation of Section 403.161(1)(b) Florida Statutes (F.S.).
2. A bypass was valved into the clarifier skimmer return to allow unchlorinated effluent, solids, and debris to flow to the unpermitted pond referenced in paragraph #1 above. This is a violation of Section 403.161(1)(a) F.S.
3. A portable gasoline powered pump was setup to pump from this unpermitted onsite pond. The discharge from this pump enters a stormwater retention pond in the neighboring Mobile Home Park. This is a violation of Section 403.161(1)(a) F.S.



Charles Sweat  
Dewey Chancy, Operator  
Robert D. Barrett, Operator  
Re: Zephyrshores STP -  
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4. The Department was not notified of the planned bypassing of components critical to the functioning of the treatment plant as designed in violation of Rule 17-600.740(2)(f) Florida Administrative Code (F.A.C.).
5. The existing permitted percolation/evaporation ponds are discharging effluent off site, causing severe ponding on the neighboring property to the south. The west pond is seeping through the west berm. This is a violation of Section 403.161(1)(a) F.S.
6. The Department was not notified, by wire or telephone, within 24 hours of each unpermitted discharge, described in paragraph #5 above, in violation of Rules 17-602.360(1)(c) and 17-600.750(1) F.A.C.
7. The weekend operator (R. D. Barrett C-3128) failed to make the required entries into the operator's log in violation of Rule 17-602.360(1)(e) F.A.C.
8. The last entry in the onsite log by the Certified Operator (D. Chancey C-4409) was March 19, 1991 in violation of Rule 17-602.360(1)(e) F.A.C.
9. A trainee, (Ed Epperly) who is not an operator certified by the Department, is being utilized to meet the operator onsite time requirement. This is a violation of rule 17-602.370(2) F.A.C. and Section 403.101(4)F.S.
10. The trainee has been signing the name of the operator (D. Chancey) in the maintenance logs, at direction of the operator and in the absence of said operator. This constitutes falsification of records and is in violation of Section 403.161(1)(c) F.S.
11. The onsite operator's log does not include operator in and out times, operator signature, and does not detail specific operation, maintenance, or major repairs performed in violation of Rule 17-602.360(1)(e).
12. Monthly Operating Reports indicate effluent quality violations for Nitrates for the months of July and September 1990 and January and February 1991 in violation of your operating permit and, therefore, in violation of Section 403.161(1)(b) F.S.



Charles Sweat  
Dewey Chancy, Operator  
Robert D. Barrett, Operator  
Re: Zephyrshores STP ~  
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13. There is no "Reduced Pressure Zone" (RPZ) backflow preventor on the potable waterline supplying the wastewater treatment plant. This is a violation of Rule 17-550.360(1) F.A.C.
14. The blower motors are not operating as designed due to a faulty or missing check valve. The access control fence around the permitted percolation/evaporation ponds is in poor repair. This is in violation of Rule 17-600.740(2)(e) F.A.C.
15. The Chlorine gas cylinder was not properly restrained to prevent tipping, additionally there was no respiratory protection meeting NIOSH Standards available. This is a violation of Rule 17-600.300(4)(b) F.A.C.

You are advised that operation of your system in violation of state regulations subjects you to judicial imposition of damages and civil penalties, pursuant to Sections 403.141 and 403.161, Florida Statutes. The violations set forth in the Warning Notice may be resolved by the execution of a mutually acceptable Consent Order providing an acceptable time schedule within which the violations will be corrected. This Consent Order will set forth the specific requirements for compliance and the time periods within which compliance must be achieved. The Consent Order will also set forth a settlement payable to the State in compensation for violations of State statutes.

You are requested to contact Mr. Pete Burghardt of the Domestic Waste Section at (813) 623-5561, Extension 311, within five (5) days of receipt of this Notice to set a time and date for an informal conference to be held at this office. The purpose of this meeting will be the resolution and settlement of the above violations. In addition, you are requested to respond, in writing, within ten (10) days from receipt of this Notice detailing your plans to comply with the cited statutes and/or rules.

Sincerely,



Richard D. Garrity, Ph.D.  
Deputy Assistant Secretary  
Southwest District

RDG/pbb  
pc: Office of General Counsel  
Pete Burghardt, DER  
Glen Thompson, Pasco County Health Unit