



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

March 6, 2020

Patrick Flynn, Owner
Utilities Inc of Florida
200 Weathersfield Ave
Altamonte Springs, FL 32714
PCFLYNN@UIWATER.COM

Re: Bear Lake Manor
PW Facility ID #3590069
Seminole County

Dear Mr. Flynn:

Department personnel conducted an inspection of the above-referenced facility on February 6, 2020. Based on the information provided during the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Carolyn Hall at 407-897-4114 or via e-mail at Carolyn.X.Hall@FloridaDEP.gov.

Sincerely,

A handwritten signature in cursive script that reads "David Smicherko".

David Smicherko, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Scott Gosnell Scott.Gosnell@uiwater.com

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name BEAR LAKE MANOR County Seminole PWS ID # 3590069
Plant Location Lake Asher Circle, Apopka, FL 32703 Phone 407-869-1919
Owner Name Utilities Inc. of Florida Attn: Patrick C. Flynn Phone 407-869-1919
Owner Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714
Contact Person Scott Gosnell Title Area Manager Phone 407-682-5651
This Survey Date 02/06/20 Last Survey Date 3/14/17 Last Compliance Inspection Date 6/3/98

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 288,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

4-log disinfection, aeration

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A
Number of Service Connections 777
Population Served 222 Basis MOR

OPERATION & MAINTENANCE LOG: Yes

Location Plant
Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Don Hasty A-6625

Hrs/day: *Required* _____ *Visit _____ *Actual* _____ *Visit _____
Days/wk: *Required* 5 + 2 *Actual* 5 + 2
Non-consecutive Days? Yes No N/A
Comments *Visits must total 0.6 hr/week.
System on 4-log

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Average Day (from MORs) 46,085 gpd
Maximum Day (from MORs) 129,300 gpd
Comments no exceedances

Flow Measuring Device Flow Meter
Meter Size & Type 3" AMCO
Date Last Calibrated 2/21/2019

RAW WATER SOURCE

GROUND; Number of Wells 1
 PURCHASED from PWS ID # _____
 Emergency Water Source Sem. Co. Southwest
Emergency Water Capacity 4" Interconnect

STANDBY POWER SOURCE: Not Required

Source _____
Capacity of Standby (kW) _____
Switchover: Automatic Manual
Hrs Operated Under Load _____

What equipment does it operate?

Well Pumps _____
 High Service Pumps _____
 Treatment Equipment _____

Satisfy avg. daily demand? Yes No Unknown

Audio-visual alarm? Yes No

Comments: No generator, but automatic pressure differential valve on interconnect opens when pressure drops below 40 psi.

PLANS AND MAPS

Coliform Sampling Plan Yes No N/A
D/DBP Monitoring Plan Yes No N/A
Lead and Copper Plan Yes No N/A
Distribution System Map Yes No N/A
Emergency Response Plan Yes No N/A
Comments _____

PREVENTIVE MAINTENANCE/O&M

Operation & Maintenance Manual Yes No
Preventive Maintenance Program Yes No
Flushing Program Yes No N/A
Records Yes No N/A
Isolation Valve Exercise Yes No N/A
Records Yes No N/A
Comments valves exercised on 12/11/19

CROSS CONNECTION CONTROL

BFPAs 2 # Tested 2
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date 12/19/14
Comments CCCP approved by DEP on 12/19/14.

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1 (AAH2578)		
Year Drilled		1958		
Depth Drilled		400'		
Drilling Method		Unknown		
Type of Grout		Unknown		
Static Water Level		70'		
Pumping Water Level		Unknown		
Design Well Yield		Unknown		
Test Yield		Unknown		
Actual Yield (if different than rated capacity)		Unknown		
Strainer		Unknown		
Length (outside casing)		Unknown		
Diameter (outside casing)		6"		
Material (outside casing)		Steel		
Well Contamination History		None		
Is inundation of well possible?		No		
6' X 6' X 4" Concrete Pad		Yes		
SET BACKS	Septic Tank	~50'*		
	Reuse Water	N/A		
	WW Plumbing	<100'*		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Goulds		
	Model Number	Unknown		
	Rated Capacity (gpm)	220		
	Motor Horsepower	10		
Well casing 12" above grade?		No*		
Well Casing Sanitary Seal		Yes		
Raw Water Sampling Tap		Yes		
Above Ground Check Valve		Yes		
Security		Yes		
Well Vent Protection		N/A		

COMMENTS *The Department will continue to accept the setbacks and well casing height as they currently exist, unless the well is shown to be chemically or microbially contaminated.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 85 gpd
 Chlorine Feed Rate 60%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant >2.2 mg/L Remote >2.2 mg/L
 Remote tap location 1221 Gay Street
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points In ground storage tank
 Booster Pump Info N/A
 Comments ATI 3.58 ppm, low set point 2.5 ppm, high set point 3.8 ppm

STORAGE FACILITIES

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

Tank Type/Number	G	H
Capacity (gal)	13,800	3,000
Material	Concrete	Steel
Gravity Drain	Yes	Yes
By-Pass Piping	Yes	Yes
Protected Openings	Yes	Yes
Sight Glass or Level Indicator	No	Yes
PRV/ARV	N/A	PRV
Pressure Gauge	N/A	Yes
On/Off Pressure	N/A	60/65
Access Secured	Yes	Yes
Access Manhole	Yes	Yes
Tank Sample Tap Location	Discharge piping	On tank
Date of Inspection	n/a	5/5/16
Date of Cleaning	2018	5/5/16

Comments _____

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

HIGH SERVICE PUMPS

Pump Number	1	2
Type	Centrifugal	Centrifugal
Make	Goulds	Goulds
Model	3656	3656
Capacity (gpm)	200	200
Motor HP	10	10
Date Installed	1988	1988

Comments _____

AERATION (Gases, Fe, & Mn Removal)

Type Cascade Capacity 200 gpm
 Aerator Condition good
 Visible Algae Growth None
 Protective Screen Condition Good
 Frequency of Cleaning semi-annually
 Date Last Inspected/Cleaned 8/11/19
 Comments _____

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
There were no deficiencies noted during this inspection				

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The last results were received on 02/27/2019.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2020, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2020.
- Monitoring schedules are available on the Central District’s FTP site: <ftp://ftp.dep.state.fl.us/pub/outgoing/Water/>

COMMENTS:

- **Contact FRWA (Florida Rural Water Association) at 850-668-2746, or frwa@frwa.net**, for free technical assistance with your system. FRWA has extended benefits offered to members.
- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.
 Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]
- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:
 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350

or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

- Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]



Inspector Signature

Carolyn Hall

Printed Name

Environmental Specialist

Title

02/10/2020

Date



Reviewer Signature

David Smicherko

Printed Name

Environmental Manager

Title

2/14/2020

Date