



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

June 24, 2020

Patrick Flynn, Regional Director
Park Ridge
200 Weathersfield Ave
Altamonte Springs, FL 32714
Pcflynn@uniwater.com

Re: Oakland Shores
PWS Facility ID #3590912
Seminole County

Dear Mr. Flynn:

Department personnel conducted an inspection of the above-referenced facility on May 22, 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 Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Jill Farris".

Jill Farris, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala (FDEP)
Jill Farris (FDEP)
Scott Gosnell, Scott.Gosnell@uiwater.com

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

Plant Name OAKLAND SHORES County Seminole PWS ID # 3590912
Plant Location Lakeshore Drive, Altamonte Springs, FL 32714 Phone 407-869-1919
Owner Name Utilities Inc. of Florida Attn: Patrick C. Flynn Phone 407-869-1919
Owner Address 200 Weathersfield Ave., Altamonte Springs, FL 32714
Contact Person Scott Gosnell Title Area Manager Phone 407-682-5651
This Survey Date 5/22/20 Last Survey Date 3/14/17 Last Compliance Inspection Date 6/3/98

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 332,898 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination, aeration

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 225

Population Served 788 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Water Treatment Plant

Comments _____

CERTIFIED OPERATOR: Yes

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

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

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

Non-consecutive Days? Yes No N/A

Comments *Visits must total 0.6 hr/week.

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 77,615 gpd

Maximum Day (from MORs) 148,100 gpd 6/19

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 4" Water Specialties

Date Last Calibrated 3/1/16

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source City of Altamonte Springs

Emergency Water Capacity 6" interconnect

STANDBY POWER SOURCE: Yes

Source Emergency Automatic Interconnect

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 Automatic pressure differential valve on
inteconnect open 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 _____

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 (AAH2576)			
Year Drilled	1957			
Depth Drilled	385'			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	29'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	118'			
Diameter (outside casing)	8"			
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	>100'		
	Reuse Water	N/A		
	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Sta-Rite		
	Model Number	Unknown		
	Rated Capacity (gpm)	395		
	Motor Horsepower	15		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	No*			
Security	Yes			
Well Vent Protection	Yes			

COMMENTS *Air gap provided at ground storage tank prior to chlorination.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make (2) Stenner Capacity 85 gpd
 Chlorine Feed Rate both at 65% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 2.2 Remote 2.13
 Remote tap location 1000 Druid Drive
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Into ground storage tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	G	H
Capacity (gal)	16,800	7,000
Material	Concrete	Steel
Gravity Drain	Yes	Yes
By-Pass Piping	Yes	Yes
Protected Openings	Yes	Yes
Sight Glass or Level Indicator	Yes	Yes
PRV/ARV	N/A	PRV
Pressure Gauge	N/A	Yes
On/Off Pressure	N/A	55/65
Access Secured	Yes	Yes
Access Manhole	Yes	Yes
Tank Sample Tap Location	N/A	On tank
Date of Inspection	4/26/16	2/29/16
Date of Cleaning	4/26/16	2/29/16

Comments Tank inspections due next year.

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"/>	

AERATION (Gases, Fe, & Mn Removal)

Type Cascade Capacity 500 gpm
 Aerator Condition Good
 Visible Algae Growth None
 Protective Screen Condition Good
 Frequency of Cleaning As needed
 Date Last Inspected/Cleaned 2/17
 Comments _____

HIGH SERVICE PUMPS

Pump Number	1	2
Type	Centrifugal	Centrifugal
Make	Goulds	Goulds
Model	3656	3656
Capacity (gpm)	250	250
Motor HP	15	15
Date Installed	1993	1993

Comments _____

DEFICIENCIES:

- 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 2020 results have been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2020, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2020.
- Monitoring schedules are available on the Central District's Drinking Water Website.
<https://floridadep.gov/central/cd-compliance-assurance/content/resources-drinking-water-facilities-and-operators-central>

COMMENTS:

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

issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

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

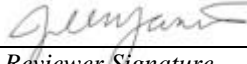


Inspector Signature

Talia Ayala
Printed Name

Environmental Specialist
Title

6/8/20
Date



Reviewer Signature

Jill Farris
Printed Name

Environmental Manager
Title

6/23/20
Date