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e-Mail: tcrabb@radeylaw.com

November 16, 2021

VIA Electronic Filing to the Office of Commission Clerk

Attn: Kerri Maloy, Engineering Specialist
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

Re: Docket No. 20210095-WU - Application for transfer of water facilities of Sunshine Utilities of Central Florida, Inc. and Water Certificate No. 363-W to CSWR-Florida Utility Operating Company, LLC, in Marion County.

Dear Ms. Maloy:

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

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

CSWR Response: Please see the attached sanitary surveys.

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

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

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

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



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

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

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

Sincerely,

/s/ Thomas A. Crabb

Thomas A. Crabb
Attorney for Buyer CSWR-FL

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

EXHIBIT 1



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Interim Secretary

July 2, 2021

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

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

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 17, 2021. Based on the information provided during the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

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

Viviana Useche, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala (FDEP)

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name ELEVEN OAKS SUBDIVISION County Marion PWS ID # 3424099
Plant Location Between NE 60th Lane and 63rd Street, Ocala, FL 34471 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title _____ Phone 352-347-8228
This Survey Date 6/17/21 Last Survey Date 1/23/18 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 39,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination, corrosion control

SERVICE AREA CHARACTERISTICS

Subdivision _____

Food Service: Yes No N/A

Number of Service Connections 35

Population Served 123 Basis MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

Hrs/day: Required 0.2/week Actual 0.2/week

Days/wk: Required 2 Actual 2

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 5,087 gpd

Maximum Day (from MORs) 29,200 gpd 6/20

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 3" Kent

Date Last Calibrated 12/4/2018

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 None observed # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0276)			
Year Drilled	1981			
Depth Drilled	200'			
Drilling Method	Rotary drill			
Type of Grout	Neat cement			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	194'			
Diameter (outside casing)	4"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	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)	55		
	Motor Horsepower	5		
Well casing 12" above grade?	No*			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	Yes			

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

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Uni-Dose Capacity 15 gpd
 Chlorine Feed Rate 100% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.28 Remote 1.13
 Remote tap location 5985 NE 25th Ave
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	1,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	Discharge piping
Date of Inspection	12/2018
Date of Cleaning	12/2018

Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
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"/>	

CORROSION CONTROL

Chemical Used Aqua Gold
 Make Stenner Capacity 17 gpd
 Feed Rate 15% stroke
 Injection Points Well discharge piping
 Comments _____

HIGH SERVICE PUMPS

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

Comments _____

DEFICIENCIES:

- There were no deficiencies noted at the time of inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2020 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2020, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2020.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]

PWS ID # 3424099
Date 6/17/21

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



Inspector Signature

Talia Ayala
Printed Name

Environmental Specialist
Title

6/29/21
Date



Reviewer Signature

Viviana Useche
Printed Name

Environmental Manager
Title

7/1/21
Date



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Interim Secretary

July 14, 2021

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

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

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 17, 2021. Based on the information provided during and following the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Viviana Useche".

Viviana Useche, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala (FDEP)

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name EMIL-MAR SUBDIVISION County Marion PWS ID # 3420340
Plant Location NE 22nd & NE 38th Street, Ocala, FL 34471 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title _____ Phone 352-347-8228
This Survey Date 6/17/21 Last Survey Date 1/23/18 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 72,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 73
Population Served 249 Basis MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water Treatment Plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

Hrs/day: Required 0.3 hr/wk Actual 0.3 hr/wk
Days/wk: Required 3 Actual 3
Non-consecutive Days? Yes No N/A
Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Average Day (from MORs) 6,276 gpd
Maximum Day (from MORs) 57,000 gpd 8/20
Comments _____

Flow Measuring Device Flow Meter
Meter Size & Type 2" Sensus
Date Last Calibrated 4/2/20

RAW WATER SOURCE

GROUND; Number of Wells 1
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

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 _____

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 None observed # Tested Unknown
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date 11/14/12
Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0259)			
Year Drilled	1977			
Depth Drilled	79'			
Drilling Method	Cable tool			
Type of Grout	Neat cement			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	52'			
Diameter (outside casing)	6"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	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)	62		
	Motor Horsepower	5		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK*			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS *Well casing is corroded.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech Capacity 15 gpd
 Chlorine Feed Rate 100% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant >2.2 Remote >2.2
 Remote tap location 2319 NE 38th St.
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	2,500
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	Discharge piping
Date of Inspection	12/18
Date of Cleaning	12/18

Comments _____

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

HIGH SERVICE PUMPS

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

Comments _____

DEFICIENCIES:

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

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2021 results have been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2021, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2021.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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

7/13/21

Date



Reviewer Signature

Viviana Useche

Printed Name

Environmental Manager

Title

7/13/21

Date



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

October 4, 2021

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

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

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on August 6, 2021. Based on the information provided during and after the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel K. Hall".

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

Enclosure: Inspection Report

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

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name FLORIDA HEIGHTS SUBDIVISION County Marion PWS ID # 3424031
Plant Location SE 55TH Place & SE 68th Court, Ocala, FL 34471 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida Inc Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228
This Survey Date 8/6/21 Last Survey Date 1/23/18 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 144,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision _____

Food Service: Yes No N/A

Number of Service Connection 99

Population Served 346 Basis: 7/21 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

Hrs/day: Required 0.3 hr/wk Actual 0.3 hr/wk

Days/wk: Required 3 Actual 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 26,591 gpd

Maximum Day (from MORs) 55,300 gpd 6/21

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 4" Sensus & 3" Master

Date Last Calibrated 4/2/20, 12/4/18

RAW WATER SOURCE

GROUND; Number of Wells 2

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 None reported # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

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

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech, Uni-Dos Capacity 15, 12 gpd
 Chlorine Feed Rate 45% and 100% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant <2.2 Remote 0.88
 Remote tap location 6959 55th Place
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	3000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	unknown
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	On tank
Date of Inspection	*
Date of Cleaning	*

Comments *installed 2018.

Chlorine Gas Use Requirements	YES	NO	Comments
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 _____ Capacity _____
 Aerator Condition _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Frequency of Cleaning _____
 Date Last Inspected/Cleaned _____
 Comments _____

HIGH SERVICE PUMPS

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

Comments _____

DEFICIENCIES:

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

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2021 results have not been received.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]

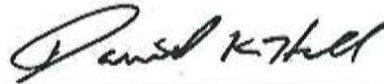


Inspector Signature

Talia Ayala
Printed Name

Environmental Specialist
Title

9/27/21
Date



Reviewer Signature

Daniel K. Hall
Printed Name

Environmental Manager
Title

October 4, 2021
Date



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Interim Secretary

July 14, 2021

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

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

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 17, 2021. Based on the information provided during the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Viviana Useche".

Viviana Useche, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala (FDEP)

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

Plant Name FLOYD CLARK SUBDIVISION County Marion PWS ID # 3420411
Plant Location NE 38th Street & 14th Avenue, Ocala, FL 34471 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352/347-8228
This Survey Date 6/17/21 Last Survey Date 1/23/18 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 68,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 72

Population Served 251 Basis MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

Hrs/day: Required 0.3 hr/wk Actual 0.3 hr/wk

Days/wk: Required 3 Actual 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 19,026 gpd

Maximum Day (from MORs) 71,000 gpd 10/20

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Sensus

Date Last Calibrated 12/4/18

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 None observed # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1			
Year Drilled	1974			
Depth Drilled	80'			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	65'			
Diameter (outside casing)	4"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	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)	62		
	Motor Horsepower	5		
Well casing 12" above grade?	No*			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	Yes			

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

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Uni-dose Capacity 15 gpd
 Chlorine Feed Rate 10% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.46 Remote 1.07
 Remote tap location 3721 NE 14th Ave
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	5,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	Discharge piping
Date of Inspection	12/18
Date of Cleaning	12/18

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"/>	

AERATION (Gases, Fe, & Mn Removal)

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

HIGH SERVICE PUMPS

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

Comments _____

DEFICIENCIES:

- There were no deficiencies noted during the inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2017 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2021, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2021.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]

COMMENTS (continued):

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



Inspector Signature

Talia Ayala

Printed Name

Environmental Specialist

Title

7/13/21

Date



Reviewer Signature

Printed Name

Environmental Manager

Title

7/14/21

Date



FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Interim Secretary

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

July 14, 2021

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

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

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 17, 2021. Based on the information provided during the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Talia Ayala at 407-897-4307 or via e-mail at Talia.Ayala@FloridaDEP.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "V. Useche".

Viviana Useche, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

cc: Talia Ayala (FDEP)

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

Plant Name FORE OAKS ESTATES County Marion PWS ID # 3424644
Plant Location NE 49th/2nd Avenue/ Left of NE 51st, Ocala, FL 34470 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228
This Survey Date 6/17/21 Last Survey Date 1/23/18 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 421,200 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 227

Population Served 793 Basis MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

Hrs/day: *Required* 0.6 hr/wk *Actual* 0.6 hr/wk

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

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 50,398 gpd

Maximum Day (from MORs) 103,000 gpd 3/21

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 4" Sensus

Date Last Calibrated 12/4/18

RAW WATER SOURCE

GROUND; Number of Wells 2

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Generac Protector QS

Capacity of Standby (kW) 38

Switchover: Automatic Manual

Hrs Operated Under Load 1 hr/wk.

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 _____

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 None observed # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		2 (AAE0270)	3(AAE0271)		
Year Drilled		1985	1992		
Depth Drilled		165'	165'		
Drilling Method		Combination	Combination		
Type of Grout		Neat cement	Neat cement		
Static Water Level		30'	58'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		85'	84'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	225	330		
	Motor Horsepower	10	20		
Well casing 12" above grade?		No*	Yes		
Well Casing Sanitary Seal		OK	OK		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Security		Yes	Yes		
Well Vent Protection		N/A	Yes		

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

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Uni-Dose Capacity 30 gpd
 Chlorine Feed Rate 60% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.46 Remote 1.07
 Remote tap location 5263 3rd Ave
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

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

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			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

Comments _____

AERATION (Gases, Fe, & Mn Removal)

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

DEFICIENCIES:

- There were no deficiencies noted during the inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2020 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2021, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2021.

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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

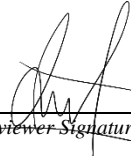
Printed Name

Environmental Specialist

Title

6/30/21

Date



Reviewer Signature

Viviana Useche

Printed Name

Environmental Manager

Title

7/14/21

Date



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Interim Secretary

July 22, 2021

Dewaine Christmas, Owner
Sunshine Utilities of Central Florida, Inc
10230 SE Hwy 25
Bellevue, Florida 34420
sunshineutl@aol.com

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

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on June 28, 2021. Based on the information provided during and after the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Miranda Rothenberger at 407-897-4301 or via e-mail at Miranda.Rothenberger@FloridaDEP.gov.

Sincerely,

A handwritten signature in black ink that reads "Daniel K. Hall".

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

Enclosure: June 28, 2021 Inspection Report

cc: Miranda Rothenberger, FDEP

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SUN RAY ESTATES County Marion PWS ID # 3421314
Plant Location NE 35th Street, Ocala, FL 34421 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352/347-8228
This Survey Date 06/28/2021 Last Survey Date 01/23/2018 Last Compliance Inspection Date 10/16/2001

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 396,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 572

Population Served 1,999 Basis MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

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

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 125,602 gpd

Maximum Day (from MORs) 246,700 gpd 04/2021

Comments Flow meter broken 01/2019 – 08/2020, no MOR flow data.

Flow Measuring Device Flow Meter

Meter Size & Type 4" AMCO

Date Last Calibrated Replaced 09/2020

RAW WATER SOURCE

GROUND; Number of Wells 2

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Generac Protector QS

Capacity of Standby (kW) 34

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 _____

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 None observed # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	2 (AAE0357)South	1 (AAE0258)		
Year Drilled	1965	1972		
Depth Drilled	165'	160'		
Drilling Method	Combination	Combination		
Type of Grout	Neat cement	Neat cement		
Static Water Level	20'	26'		
Pumping Water Level	Unknown	Unknown		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	Unknown		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Unknown		
Length (outside casing)	45'	105'		
Diameter (outside casing)	6"	8"		
Material (outside casing)	Black steel	Black steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'	
	Reuse Water	N/A	N/A	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	None observed	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	410	140	
	Motor Horsepower	25	10	
Well casing 12" above grade?	No*	Yes		
Well Casing Sanitary Seal	OK	OK		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Security	Yes	Yes		
Well Vent Protection	Yes	Yes		

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

CHLORINATION (Disinfection)

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

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	Both
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	Discharge piping
Date of Inspection	01/10/2019
Date of Cleaning	01/10/2019

Comments _____

DEFICIENCIES:

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

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2021 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2022, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2022.
- Monitoring schedules are available on the Central District’s Drinking Water site:

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

COMMENTS:

- **Contact FRWA (Florida Rural Water Association) at 850-668-2746, or frwa@frwa.net**, for free technical assistance with your system. FRWA has extended benefits offered to members.
- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.
 Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]
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 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]

- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]
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Inspector Signature

Miranda Rothenberger

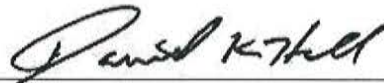
Printed Name

Environmental Specialist

Title

07/20/2021

Date



Reviewer Signature

Daniel K. Hall

Printed Name

Environmental Manager

Title

July 22, 2021

Date

EXHIBIT 2

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

EXTERNAL MESSAGE

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

Dear Daissan:

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

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

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

Thank you,

Dewaine Christmas

Manager



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

Dewaine,

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

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

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

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

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



Daissan A. Villareal, P.E.

Permitting and Waste Cleanup

Professional Engineer II

Florida Department of Environmental Protection

Central District – Orlando

Daissan.A.Villareal@FloridaDEP.gov

Office: 407-897-4129



Florida Department of Environmental Protection

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

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

Noah Valenstein
Secretary

TANK REPLACEMENT

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

Plant Information:

Plant Name Florida Heights County Marion PWS ID # 3424031
 Plant Location 6860 SE 53 PL Phone 352 347-8228
 PWS Owner Name Sunshine Utilities Phone _____
 PWS Owner Address 10230 E Hwy 25, Belleview FL 34420
 PWS Contact Person Dawina Christmas Title Manager Phone 352 347-8228
 Tank installer name/company: Sunshine Utilities Phone _____

STORAGE FACILITIES:

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

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

Tank Type/Number	Existing Tank*	New Tank
Reason for Replacement	<u>tank rupture</u>	
Capacity (gal)	<u>3000</u>	<u>3000</u>
Dimensions or verification of Tank Size		<u>66" x 204"</u>
Material	<u>steel</u>	<u>steel</u>
Gravity Drain (Yes or No)	<u>no - pressure tank</u>	<u>no - pressure tank</u>
By-Pass Piping (Yes or No)	<u>yes</u>	<u>yes</u>
Protected Openings (Yes or No)	<u>N/A</u>	<u>N/A</u>
Sight Glass or Level Indicator (Yes or No)	<u>yes</u>	<u>yes</u>
Automatic blow off (Safety Valve) (Yes or No)	<u>yes</u>	<u>yes</u>
Pressure Gauge (Yes or No)	<u>yes</u>	<u>yes</u>
On/Off Pressure (Yes or No)	<u>yes</u>	<u>yes</u>
Means for adding Compressed air (Yes or No)	<u>yes</u>	<u>yes</u>
Access Secured (Yes or No)	<u>yes</u>	<u>yes</u>
Access Manhole? Size: min 24 inch (Yes or No)	<u>yes</u>	<u>yes</u>



Florida Department of Environmental Protection

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

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

Noah Valenstein
Secretary

Tank:10 times capacity of the pump (Yes or No)	Yes	Yes
Tank Sample Tap Location	Yes	Yes
Date of last Tank Inspection	7/23/13	
Date of last Tank Cleaning		
Date Tank was Replaced, if already done *		3/5/18
Tank internal lining or coating NSF Standards 61	N/A	Yes
Horizontal or Vertical	Horizontal	Horizontal
Separate inlet/outlet	Yes	Yes
ASME Conformance (Yes or No)	No	Yes
ANSI/WSC PST-2000 for Tanks 120 gallons or less	N/A	N/A

NOTE

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

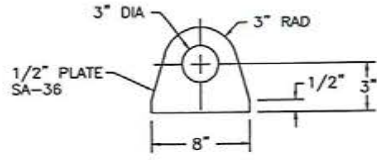
In some cases, the existing tank information may not available then it will be determined from the best available Data from Owner/Operator/or Vendor

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

Locations of Bacteriological Samples: Tank Discharge

Dates of Samples: 3/7/18 & 3/8/18

Now tank



LIFT LUG DETAIL
(2 REQ'D)

NOZZLE SCHEDULE							
MARK	NO.	SIZE	RATING	FLANGE & FACING	NECK SCHEDULE	RE-PAD SIZE	SERVICE
A	1	3/4"	3000#	FNPT FULL CPLG	-	N/A	AIR INLET
B	1	3/4"	3000#	FNPT FULL CPLG	-	N/A	AIR INLET
C	1	3/4"	3000#	FNPT FULL CPLG	-	N/A	PRESS GAUGE
D	1	1 1/2"	3000#	FNPT FULL CPLG	-	N/A	RELIEF VALVE
E	2	3/4"	3000#	FNPT FULL CPLG	-	N/A	GAUGE GLASS
F	1	3"	3000#	FNPT FULL CPLG	-	N/A	OUTLET
G	1	3"	3000#	FNPT FULL CPLG	-	N/A	INLET
H	1	2"	3000#	FNPT HALF CPLG	-	N/A	DRAIN
J	1	12"x16"	300#	ELLIPTICAL	3/4"	N/A	MANWAY
K	1	3"	3000#	FNPT HALF CPLG	-	N/A	ALTERNATE INLET
L	2	3/4"	3000#	FNPT FULL CPLG	-	N/A	LEVEL CONTROL
M	1	2"	3000#	FNPT HALF CPLG	-	N/A	PRESSURE
N	1	2"	3000#	FNPT HALF CPLG	-	N/A	SPARE

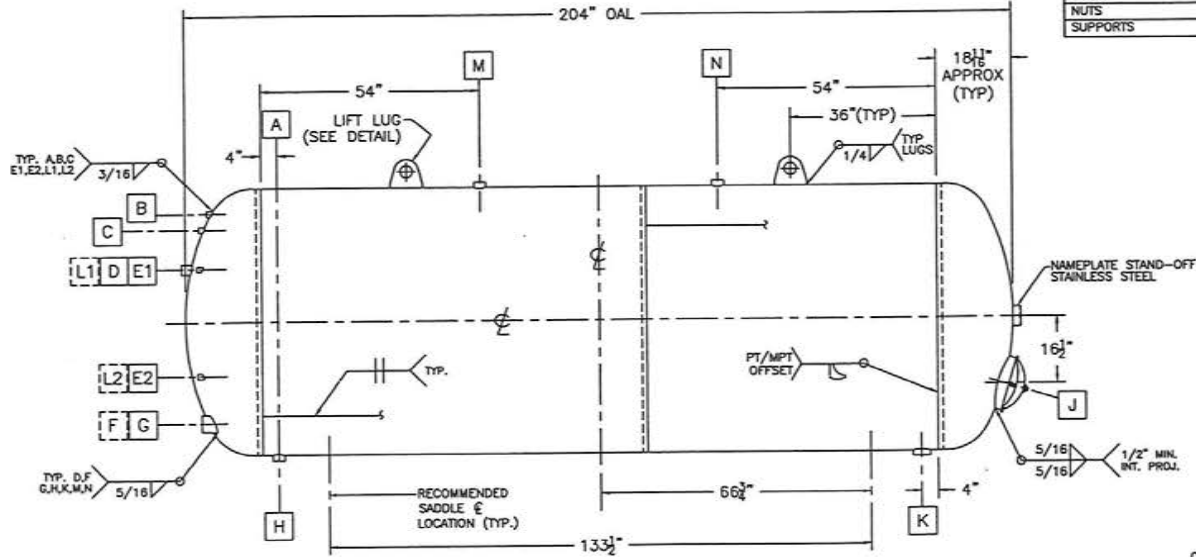
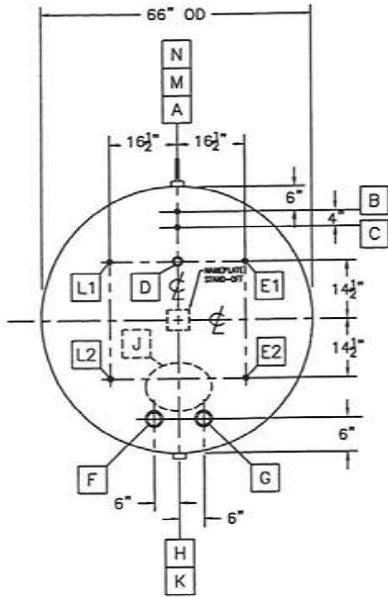
INTERIOR: SANDBLAST PER SSPC-SP-10 (NEAR-WHITE BLAST CLEAN)
(2) COATS INMEC POTA-POX PLUS N140F, 00-WHITE,
(4-5 MILS DFT PER COAT)

EXTERIOR: SANDBLAST PER SSPC-SP-6 (COMMERCIAL BLAST CLEAN)
(1) COAT RED OXIDE PRIMER (2 MILS DFT)

WELD PROCEDURES
P1/ASA
P1/FCAW-GS
P1/TIG

DESIGN DATA	
DESIGN, FAB. & STAMP	ASME SECT VIII, DIV 1, 2015 EDITION
DESIGN PRESSURE	125 PSIG
DESIGN TEMPERATURE	250°F
CORROSION ALLOWANCE	NONE
RADIOGRAPHIC EXAM.	NONE
JOINT EFFICIENCY	85% HEADS & 70% SHELL
TEST PRESSURE	162.5 PSIG
PWHT	NOT REQUIRED
MDMT	-20° F
TOLERANCE	ES-124A
SEISMIC CODE	NONE SPECIFIED
STORAGE CAPACITY	3000 GALLONS (APPROX)
EMPTY WEIGHT	4251 LBS (APPROX)

MATERIAL SPECIFICATIONS	
HEADS (2:1 ELLIP., 2"ST)	0.3125" MIN THK, SA-516-70
SHELL	5/16" THK, SA-516-70
NOZZLE NECKS	N/A
NOZZLE FLANGES	N/A
COUPLINGS	SA-105
TANK FLANGES	N/A
MANWAY	SA-675-70 / SA-106-C
PIPE	N/A
REINFORCING PADS	N/A
GASKETS	NEOPRENE
BOLTS	N/A
NUTS	N/A
SUPPORTS	SA-36



CUSTOMER: RECO USA

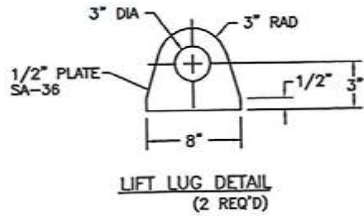
NO. WAYS REQUIRED	-	CUST. DWG. OR SPEC. NO.	
CUSTOMER ORDER NO.		CUST. ITEM OR TAG NO.	

RECO

66"OD x 17'-0"OAL
3000 GAL STOCK
HYDRO-PNEUMATIC TANK

JOB NUMBER	DRAWN BY	DATE	DRAWING NUMBER	REV
1	UPDATED TITLE BLOCK AND NOZZLE SCHEDULE	5-18-16	D/WM 2-4-16	3000GH 1

New tank



NOZZLE SCHEDULE							
MARK	NO.	SIZE	RATING	FLANGE & FACING	NECK SCHEDULE	RE-PAD SIZE	SERVICE
A	1	3/4"	---	CURVED TANK FLG	---	N/A	AIR INLET
B	1	3/4"	3000#	FULL CPLG	---	N/A	AIR INLET
C	1	3/4"	3000#	FULL CPLG	---	N/A	PRESS GAUGE
D	1	1 1/2"	3000#	FULL CPLG	---	N/A	RELIEF VALVE
E	2	3/4"	3000#	FULL CPLG	---	N/A	GAUGE GLASS
F	1	3"	3000#	FULL CPLG	---	N/A	OUTLET
G	1	3"	3000#	FULL CPLG	---	N/A	INLET
H	1	2"	---	CURVED TANK FLG	---	N/A	DRAIN
J	1	12 x 18"	300#	ELLIPTICAL	3/4"	N/A	MANWAY
K	1	3"	3000#	HALF CPLG	---	N/A	ALTERNATE INLET
L	2	3/4"	3000#	FULL CPLG	---	N/A	LEVEL CONTROL
M	1	2"	---	CURVED TANK FLG	---	N/A	PRESSURE
N	1	2"	---	CURVED TANK FLG	---	N/A	SPARE

DESIGN DATA		
DESIGN, FAB. & STAMP	ASME SECT VIII, DIV 1, 2013 ED	
DESIGN PRESSURE	125 PSIG	
DESIGN TEMPERATURE	250°F	
CORROSION ALLOWANCE	NONE	
RADIOGRAPHIC EXAM	NONE	
JOINT EFFICIENCY	85% HEADS & 70% SHELL	
TEST PRESSURE	162.5 PSIG	
PWMT	NOT REQUIRED	
MDMT	-20° F	
TOLERANCE	ES-124A	
STORAGE CAPACITY	3000 GALLONS (APPROX)	
EMPTY WEIGHT	4470 LBS (APPROX)	

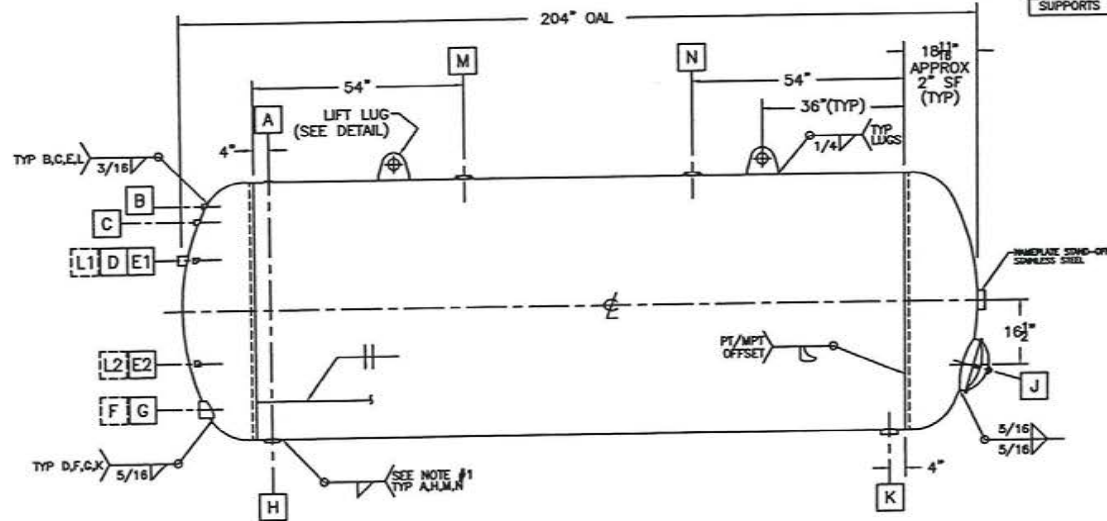
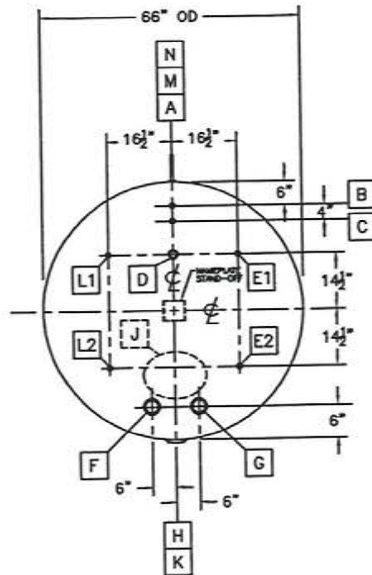
INTERIOR: SANDBLAST PER SSPC-SP-10 (NEAR-WHITE BLAST CLEAN)
 (2) COATS THEMEC POTA-POX N140F, OO-WHITE,
 (4-5 MILS DFT PER COAT)

EXTERIOR: SANDBLAST PER SSPC-SP-6 (COMMERCIAL BLAST CLEAN)
 (1) COAT RED OXIDE PRIMER (2 MILS DFT)

NOTES:
 1) FOR THREADED TANK FLANGE DETAIL SEE DWG A-97-STFDTL

WELD PROCEDURES
 P1/ASA
 P1/FCM-GS
 P1/TIG

MATERIAL SPECIFICATIONS		
HEADS (2:1 ELLIP)	0.248" MIN THK, SA-516-70	
SHELL	5/16" THK, SA-516-70	
NOZZLE NECKS	N/A	
NOZZLE FLANGES	N/A	
COUPLINGS	SA-105	
TANK FLANGES	SA-105 / SA-181-70	
MANWAY	SA-575-70 / SA-106-C	
PIPE	N/A	
REINFORCING PADS	N/A	
GASKETS	NEDPRENE	
BOLTS	N/A	
NUTS	N/A	
SUPPORTS	SA-36	



CUSTOMER: RECO USA

NO. LIMIT REQUIRED	DATE	BY	CHK. OF THE IN.
10	REVISED WELD ON NOZZLE D	CBC	11-26-14
9	UPGRADED TO 2013 EDITION	CBC	1-20-14
8	UPGRADED TO ADD ADDENDA	CBC	1-1-13
7	REVISED DESIGN PRESSURE	CBC	4-5-11
6	UPGRADED TO 2010 EDITION	CBC	3-22-11
5	ADDED NAMEPLATE STAND-OFF	CBC	8-2-10
4	UPGRADED TO USE ADDENDA	CBC	1-2-10
3	UPGRADED TO ADD ADDENDA	CBC	1-28-08
2	GENERAL REVISION	CBC	1-22-06
1	ADDED NOZ. LIMIT / CHG. HOLE S. TO 3"	CBC	8-1-07

RECO

66"OD x 17'-0"OAL
 HYDRO-PNEUMATIC TANK

JOB NUMBER: 1000001 BY: [] DATE: 5-21-07
 DRAWING NUMBER: B-07-30000H 10



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

MAR 8 10:30

RECEIVED BY: *DP*

SAMPLE PRESERVATION:

ON ICE

NOT ON ICE

11.3 °C

DISINFECTANT CHECK:

NOT DETECTED

_____ mg/L

THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____

NOTIFIED BY: _____

DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

PAID

CHECK OR RECEIPT #: _____

SYSTEM NAME:

Florida Hts

PWS ID:

3424031

SYSTEM PHONE:

347-8228

SYSTEM ADDRESS:

6800 SE 53 Pl

COUNTY: Marion

CLIENT:

Sunshine Utilities

COLLECTOR:

James Hodges

COLLECTOR PHONE:

239-1197

TYPE OF SUPPLY (Check Only One):

Community Water System

Non-Transient Non-community Water System

Transient Non-community Water System

Limited Use System

Other: _____

REASON FOR SAMPLING (Check All That Apply):

Distribution Routine

Distribution Repeat

Raw (triggered or assessment)

Raw (triggered or assessment) additional

Well Survey

Clearance

Replacement (also check type of sample being replaced)

Boil Water Notice

Other:

Tank Clearance

SAMPLE COLLECTION DATE(S):

3/7/18 - 3/8/18

COMMENTS:

Results to Sunshine

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
1	Tank	3/7 2:00 PM	P	1.4
2	Tank	3/7 2:00 PM	P	1.4
3	Tank	3/8 1:45 PM	P	1.4
4	Tank	3/8 1:45 PM	P	1.4

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: Colifert (SM9223B)

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Report/Submission Number:			
M18 2264	A		
M18 2265	A		
M18 2266	A		
M18 2267	A		

Average of disinfectant residuals for routine and repeat samples.³

Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is:

A certified operator (# _____)

Supervised by a certified operator (# _____)

Employed by a certified lab Employed by DEP or DOH

Authorized representative of supplier of water

Time(s) Analyzed:

3:21 pm

Michael Horne

3-12-18

TECHNICAL DIRECTOR

DATE

All tests are performed in accordance with NELAC standards.

Results: A = coliforms are absent; P = coliforms are present

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry Point to Distribution; P = Plant Tap; S = Special (clearance, etc.)

²Defined in Florida Administrative Code Rule 62-160, Table 1

³Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

Sunshine Utilities
10230 E Hwy 25
Belleview Fl. 34420

DEP/DOH USE ONLY

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

From: sunshineut@aol.com,

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

Subject: Florida Heights Tank Replacement PWS # 3424031

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

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

Dear Daissan:

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

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

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

Thank you,
Dewaine Christmas
Manager

EXHIBIT 3

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Fore Oaks Estates

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

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

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

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

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

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

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

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



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

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

I. General Information		
Public Water System (PWS) Name: Fore Oaks Estates		
PWS ID: 3424644		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
PWS Owner: Sunshine Utilities of Central FL, Inc.		
Contact Person: Dewaine Christmas	Contact Person's Title: Manager	
Contact Person's Mailing Address: 10230 East Hwy 25		
City: Belleview	State: FL	Zip Code: 34480
Contact Person's Telephone Number:		Contact Person's Fax Number: 352-347-6915
Contact Person's E-Mail Address: sunshineutil@aol.com		

II. Certification						
For Violation/Situation: Failure to take DBP in the 3rd quarter for 2020						
Date of Occurrence:						
Consultation Date						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:	11/18/2020					

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

Signature and Date	Dewaine Christmas Printed or Typed Name	Manager Title
--------------------	--	------------------

NOTICE

DISRUPTION OF WATER SERVICE ADVISORY

DATE: 10-29-18

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

9:00 AM to 3:00 PM on
10-31-18

Locations (s): LAKE VIEW AVE

To perform the work, the connections will require a temporary depressurization of your water main.

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

PRECAUTIONARY MEASURES

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

Rescission of Precautionary Boil Water Notice

The 10-31-18

"Precautionary Boil Water Notice" following the depressurization and repair of your water main is hereby rescinded. A satisfactory completion of the bacteriological survey shows that the water is safe to drink.

If you have any questions please call the

City Water Department

at

352-357-5618

from 7:30 a.m. to 4:30 p.m.

Monday through Friday.

Date 11/3/18

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

November 6th, 2018

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of :

Quail Run

PWS Number:3424046

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

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

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

Sunshine Utilities



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

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

I. General Information		
Public Water System (PWS) Name: Little Lake Weir		
PWS ID: 3420761		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
PWS Owner: Sunshine Utilities		
Contact Person: Dewaine Christmas	Contact Person's Title: Manager	
Contact Person's Mailing Address: 10230 East Highway 25		
City: Belleview	State: FL	Zip Code: 34420
Contact Person's Telephone Number: (352)347-8228	Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address: SunshineUtl@aol.com		

II. Certification						
For Violation/Situation: Missed 3rd Quarter DBP's						
Date of Occurrence:						
Consultation Date:						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:	12/14/2017					

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

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

RECEIVED
DEC 22 2017
DEP Central Dist.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Little Lake Weir

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

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

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

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

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

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

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

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

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

August 15th, 2019

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of :

BURKS

PWS Number:3421554

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

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

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

Sunshine Utilities

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

AUGUST 23rd , 2019

Residents of : burks
PWS #3421554

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

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

Sunshine Utilities

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265



SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
RECEIVED BY: <u>SP</u>	DATE RECEIVED AND ANALYZED / TIME RECEIVED <u>AUG 27 '19 PM 1:18</u>
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE	<u>2.4</u> °C
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ mg/L	
THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____	
PERSON NOTIFIED: _____ NOTIFIED BY: _____	
DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____	
<input type="checkbox"/> PAID CHECK DR RECEIPT #: _____	

SYSTEM NAME: Berk's PWS ID: 342/554 SYSTEM PHONE: _____

SYSTEM ADDRESS: on file COUNTY: _____

CLIENT: Sunshine Utilities COLLECTOR: Marc Boucher COLLECTOR PHONE: 470-5619

TYPE OF SUPPLY (Check Only One):

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Other: _____

REASON FOR SAMPLING (Check All That Apply):

- Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

SAMPLE COLLECTION DATE(S): 8-21-2019 COMMENTS: _____

TO BE COMPLETED BY SAMPLE COLLECTOR				
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res ² d (mg/L)
1A	600 S.W. 23 pl	4:15 pm		.6
2A	590 S.W. 23 p	4:25 pm		1.8
3A	580 S.W. 23 p	4:30 pm		1.6
4A	2330 S.W. 5th ct	4:40 pm		1.8

TO BE COMPLETED BY LAB			
Total coliform & E. coli analysis method: Colilert (SM9223B)			
Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Report / Submission Number:			
M198634	A		
M198635	A		
M198636	A		
M198637	A		
Time(s) Analyzed: <u>2:17 pm</u>			

Average of disinfectant residuals for routine and repeat samples.³
Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is:

- A certified operator (# _____)
 Supervised by a certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Michael Moore 8-26-19
TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAC standards.

Results: A = coliforms are absent; P = coliforms are present

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry Point to Distribution; P = Plant Tap; S = Special (clearance, etc.)

²Defined in Florida Administrative Code Rule 62-160, Table 1

³Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

Sunshine Utilities
10230 E. Hwy 25
Belleview, FL 34420

DEP/DOH USE ONLY	
<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
RECEIVED BY: <u>PP</u>	DATE RECEIVED AND ANALYZED / TIME RECEIVED AUG 22 '19 PM 1:18
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE	<u>2.4</u> °C
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ mg/L	
THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____	
PERSON NOTIFIED: _____ NOTIFIED BY: _____	
DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____	
<input type="checkbox"/> PAID CHECK DR RECEIPT #: _____	

SYSTEM NAME: BERKS PWS ID: 3421554 SYSTEM PHONE: _____

SYSTEM ADDRESS: _____ COUNTY: _____

CLIENT: Sunshine Utilities COLLECTOR: MARC BOUCHER COLLECTOR PHONE: 470-3619

TYPE OF SUPPLY (Check Only One):
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Other: _____

REASON FOR SAMPLING (Check All That Apply):
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

SAMPLE COLLECTION DATE(S): 8-22-2019 COMMENTS: _____

TO BE COMPLETED BY SAMPLE COLLECTOR				
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
1B	600 s.w. 23pl	10:00 AM		.8
2B	590 s.w. 23pl	10:10 AM		2.4
3B	580 s.w. 23p	10:15 AM		2.2
4B	2330 SW 5th ct	10:25 PM		2.4

Average of disinfectant residuals for routine and repeat samples.²
Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is:
 A certified operator (# _____)
 Supervised by a certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

TO BE COMPLETED BY LAB			
Total coliform & E. coli analysis method: Colilert (SM9223B)			
Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Report/Submission Number:			
M198638	A		
M198639	A		
M198640	A		
M198641	A		

Time(s) Analyzed: 2:17pm

Michael Morse 8-26-19
TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAC standards.
Results: A = coliforms are absent; P = coliforms are present
¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry Point to Distribution; P = Plant Tap; S = Special (clearance, etc.)
²Defined in Florida Administrative Code Rule 62-160, Table 1
³Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

Sunshine Utilities
10230 E. Hwy 25
Belleview, FL 34420

DEP/DOH USE ONLY	
<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Ocala Heights Water Plant

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

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

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

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

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

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

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

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

Date distributed: February 16, 2017



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

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

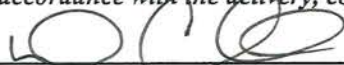
I. General Information

Public Water System (PWS) Name:	Ocala Heights		
PWS ID:	3424651		
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
PWS Owner:	Sunshine Utilities		
Contact Person:	Dawaine Christmas	Contact Person's Title:	Manager
Contact Person's Mailing Address:	10230 E Hwy 25		
City:	Belleview	State:	FL
		Zip Code:	34420
Contact Person's Telephone Number:	(352) 347-8228	Contact Person's Fax Number:	(352) 347-6915
Contact Person's E-Mail Address:	SunshineUt1@aol.com		

II. Certification

For Violation/Situation:						
Date of Occurrence:						
Consultation Date:						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:						

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

	2/16/17	Dawaine Christmas	Manager
Signature and Date		Printed or Typed Name	Title



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

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

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

II. Certification						
For Violation/Situation: Missed 3rd Quarter DBP's						
Date of Occurrence:						
Consultation Date:						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:	12/14/2017					

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

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

RECEIVED
DEC 22 2017
DEP Central Dist.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Ocklawaha Water Plants

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

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

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

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

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

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

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

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

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Sandy Acres Water Plant

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

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

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

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

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

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

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

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

Date distributed: February 28, 2017



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

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

I. General Information		
Public Water System (PWS) Name:	Sandy Acres	
PWS ID:	3421118	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
PWS Owner:	Sunshine Utilities	
Contact Person:	Dawaine Christmas	Contact Person's Title: Manager
Contact Person's Mailing Address:	10230 E Hwy 25	
City:	Belleview	State: FL Zip Code: 34420
Contact Person's Telephone Number:	(352) 347-8228	Contact Person's Fax Number: (352) 347-6915
Contact Person's E-Mail Address:	SunshineUtil@AOL.com	

II. Certification						
For Violation/Situation:						
Date of Occurrence:						
Consultation Date:						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:	2/28/17					

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

	3/7/17	Dawaine Christmas	Manager
Signature and Date		Printed or Typed Name	Title



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

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

I. General Information		
Public Water System (PWS) Name: Sandy Acres		
PWS ID: 3421118		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
PWS Owner: Sunshine Utilities		
Contact Person: Dewaine Christmas	Contact Person's Title: Manager	
Contact Person's Mailing Address: 10230 East Highway 25		
City: Belleview	State: FL	Zip Code: 34420
Contact Person's Telephone Number: (352)347-8228	Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address: SunshineUtl@aol.com		

II. Certification						
For Violation/Situation: Missed 3rd Quarter DBP's						
Date of Occurrence:						
Consultation Date:						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:	12/14/2017					

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

	Dewaine Christmas	Manager
Signature and Date	Printed or Typed Name	Title

RECEIVED
DEC 22 2017
DEP Central Dist.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Sandy Acres

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

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

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

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

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

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

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

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



PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

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

I. General Information		
Public Water System (PWS) Name: Sunray		
PWS ID: 3421314		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
PWS Owner: Sunshine Utilities		
Contact Person: Dewaine Christmas	Contact Person's Title: Manager	
Contact Person's Mailing Address: 10230 East Highway 25		
City: Belleview	State: FL	Zip Code: 34420
Contact Person's Telephone Number: (352)347-8228	Contact Person's Fax Number: (352)347-6915	
Contact Person's E-Mail Address: SunshineUtl@aol.com		

II. Certification						
For Violation/Situation: Missed 3rd Quarter DBP's						
Date of Occurrence:						
Consultation Date:						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:	12/14/2017					

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

Signature and Date	12/19/17 Printed or Typed Name	Dewaine Christmas Printed or Typed Name	Manager Title
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RECEIVED
DEC 22 2017
DEP Central Dist.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Sunray

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

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

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

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

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

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

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

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

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

December 18, 2018

Residents of : **SUNRAY/ JASON'S LANDING**
PWS# 3421314

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

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

Sunshine Utilities

Sunshine Utilities

10230 East Highway 25

Bellevue, FL 34420

Office (352)347-8228 Fax (352)347-6915

PRECAUTIONARY BOIL WATER NOTICE

PSW # 3421314

DECEMBER 15, 2018

To: The Residents of: JASONS LANDING

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

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

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

Sunshine Utilities



AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107
Ocala, Florida 34470
(352) 355-2383
Laboratory Certification Number E83265

Drinking Water Total Coliform / E. coli Sample Collection & Laboratory Report Form

Date Received and Analyzed / Time Received
DEC 17 '18 AM 10:34

This Side To Be Completed By Client / Sample Collector

System Name: SUNRAY PWS ID: 3721314
System Phone: 352-347-8228 System Address: 3720 NE 22ND CT, OCALA, FL
System County: MARION Client: SUNSHINE UTC
Collector: DUSTIN THASHEK Collector Phone: 352-322-6701
Type of Supply: (check only one) Community Water System
 Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Other: _____
Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat
 Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Boil Water Notice FDACS finished product (ice) Other: _____
Sample Collection Date(s): 12/16/18 / 12/17-18 PO Number: _____
Comments: RESULTS TO SUNSHINE

This Side For Laboratory Use Only

Received By: [Signature] Special TC ICE
 On Ice Not On Ice 15.3 °C
 Paid Check or Receipt Number and Initials: _____
Disinfectant Check: Not Detected _____ mg/L
Comments: _____
Analysis Method: SM9223B (Colilert)
Time(s) Analyzed: 11:09 AM
 Notified Emailed
PWS Notified by Lab of Positive Results:
Date: _____ Time: _____
Person Notified: _____
DEP/DOH Notified by Lab of E. coli Positive Results:
Date: _____ Time: _____
Notified By: [Signature]

Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)
1A	1952 NE 35TH ST, OCALA	12/16 700P	N	1.6
1B	3351 NE 17TH AVE OCALA	12/14 700P	N	1.6
2A	1952 NE 35TH ST OCALA	12/17 940A	N	1.6
2B	3351 NE 17TH AVE OCALA	12/17 940A	N	1.6

Laboratory Sample Number	Total Coliform	E. coli	DQ ²
MI812652	A		
MI812653	A		
MI812654	A		
MI812655	A		

Average of disinfectant residuals for routine and repeat samples³
 Free chlorine Total chlorine

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing disinfectant analysis is:
 A certified operator (# _____) Supervised by a certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water

Data Qualifiers (checked if applicable)
 Y - Received improperly preserved; presence of chlorine.
 Q - Received beyond holding time or with insufficient time to complete analysis.
 J - Received containing less than method specified sample volume.
 Other: _____

¹For Sample Types see Instructions Item 16.
²DQ = Data Qualifier (defined in Florida Administrative Code Rule 62-160, Table 1)
Complete for community and nontransient noncommunity systems serving populations up to and including 4,900.
Do not include raw or plant samples in the average.

Report to: (Name and Mailing Address)

SUNSHINE UTILITIES
10230 E. HWY. 25
BELLEVIEW, FL
34420-5531

Michael Morse 12-18-18
Technical Director Date

DEP/DOH Use Only
 Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DDH Reviewing Official: _____

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

FEBRUARY 20, 2019

Residents of : **SUNRAY/ JASON'S LANDING**
PWS# 3421314

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

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

Sunshine Utilities

AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard. (4) copies (Page 1 of 1)

FOR LAB USE ONLY

DATE RECEIVED AND ANALYZED / TIME RECEIVED

FEB 19 '19 AM 10:47

RECEIVED BY: *[Signature]*

SAMPLE PRESERVATION: ON ICE NOT ON ICE

7.4 °C

DISINFECTANT CHECK: NOT DETECTED _____ mg/L

THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):

DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____

PERSON NOTIFIED: _____

NOTIFIED BY: _____

DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____

PAID

CHECK DR RECEIPT #: _____

SYSTEM NAME: Jasons landing PWS ID: 3421314 SYSTEM PHONE: 352 347 8228

SYSTEM ADDRESS: NE 22 ct. COUNTY: Marion

CLIENT: Sunshine Utilities COLLECTOR: James Hodger COLLECTOR PHONE: 352 239 1197

TYPE OF SUPPLY (Check Only One):

Community Water System Non-Transient Non-community Water System Transient Non-community Water System

Limited Use System Other: _____

REASON FOR SAMPLING (Check All That Apply):

Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey

Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

SAMPLE COLLECTION DATE(S): 2/18/19 - 2/19/19 COMMENTS: Results to Sunshine

TO BE COMPLETED BY SAMPLE COLLECTOR

Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
1	3331 NE 17 terr	2/18/19 6:30 PM	D	.6
2	3351 NE 17 Ave F	2/18/19 6:30 PM	D	.6
3	3331 NE 17 terr.	2/19/19 10:00 AM	D	.6
4	3351 NE 17 Ave	2/19/19 10:00 AM	D	.6

TO BE COMPLETED BY LAB

Total coliform & E. coli analysis method: Colilert (SM9223B)

Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Report/Submission Number: M19 1735	A		
M19 1736	A		
M19 1737	A		
M19 1738	A		

Time(s) Analyzed: 11:00 Am

Average of disinfectant residuals for routine and repeat samples.³
Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is:

- A certified operator (# _____)
 Supervised by a certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Michael Morris 2-20-19
TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAC standards.

Results: A = coliforms are absent; P = coliforms are present

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry Point to Distribution; P = Plant Tap; S = Special (clearance, etc.)

²Defined in Florida Administrative Code Rule 62-160, Table 1

³Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

Sunshine Utilities
10230 East Hwy C-25
Belleview Fl. 34420

DEP/DOH USE ONLY

- Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Sunshine Utilities

10230 East Highway 25

Belleview, FL 34420

Office (352)347-8228 Fax (352)347-6915

PRECAUTIONARY BOIL WATER NOTICE

FEBRUARY 15, 2019

To: The Residents of: JASONS LANDING

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

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

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

Sunshine Utilities



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Central District

Drinking Water Program

MALFUNCTION OR INCIDENT REPORT

407/893-3318 OR 3988; 894-7555, EXT. 2243

FAX: 407/893-4418; E-FAX: 850/412-0740

Date: 3/7/2017 Time:
Reported By: James Hodges
Name of Plant/System: Country Walk
Address: SE 122 LN.
System Phone: 352-347-8228
County: MARION
Owner: Sunshine Trust

Received By:
Business Name: SUNSHINE UTILITIES
PWS ID Number: 3421520

Contact Person: JAMES HODGES Phone #: 352-239-1197

[X] Failure [] Planned Outage Date: 3/6/2017 Time: 10:00

Expected to be (or was) back in service: Date: 3/6/2017 Time: 11:30

Location of Trouble (address): SE 122 Ln.

Statement of Trouble (check as many as necessary to explain incident):

- [] Water main breaks [] Pressure greater than 20-psi [X] pressure drop below 20 psi [X] Outage (no water to customers) [] Service line break [] tie in (no pressure drop) [] valve repair, replace or shut off
[] Treatment Facilities [] Pumping Facilities [] Storage Facilities [] Well failure [] Plant equip. break down
[] Planned main clearance (explain below)
[] Other: Power Outage Explain:

Was integrity of water system maintained [X] Yes [] No If yes, explain

Number of Customers Affected: 70 [X] Connections [] Individuals

Corrective Action:

Prior to placing back into service, was line/ Equipment:

Flushed: Yes [X] No []
Superchlorinated/Disinfected Yes [X] No []
Bacteriologicals Requested? Yes [X] No [] Sample Location:

Was heavily chlorinated water released to environment [] Yes [X] No; to distribution [] Yes [X] No Explain:

Was a Precautionary Boil Water Notice Issued per DOH Guidelines dated 8/26/1999: Yes [X] No []

If a Precautionary Boil Water Notice was issued, please attach or submit together with this report. Bacteriological reports (2 days) as well as a rescission notice must follow.

Table with 4 columns: Valve #, Size, Num. of valves closed, Location of Valve

Remarks:

Sunshine Utilities

10230 East Highway 25

Bellevue, FL 34420

Office (352)347-8228 Fax (352)347-6915

PRECAUTIONARY BOIL WATER NOTICE

MARCH, 6 2017

To: The Residents of: SUNLIGHT ACRES

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

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

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

Sunshine Utilities

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

March 9th , 2017

Residents of : **SUNLIGHT ACRES**

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

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

Sunshine Utilities



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard, (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
DATE RECEIVED AND ANALYZED / TIME RECEIVED	
MAR 7 '17 PM 3:03	
RECEIVED BY: <i>PO</i>	
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE	15.1 °C
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ mg/L	
THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____	
PERSON NOTIFIED: _____ NOTIFIED BY: _____	
DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____	
<input type="checkbox"/> PAID <input type="checkbox"/> CHECK OR RECEIPT #:	

SYSTEM NAME: Sunlight Acres PWS ID: 3421520 SYSTEM PHONE: _____
 SYSTEM ADDRESS: 13035 S.E. 32nd ct COUNTY: Martin
 CLIENT: Sunshine Utilities COLLECTOR: Marc Baucher COLLECTOR PHONE: 352-470-3619

TYPE OF SUPPLY (Check Only One):
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Other: _____

REASON FOR SAMPLING (Check All That Apply):
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

SAMPLE COLLECTION DATE(S): 3/7/2017 COMMENTS: _____

TO BE COMPLETED BY SAMPLE COLLECTOR				
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/L)
1A	13461 S.E. 32nd ct Belleview	2:10 pm		1.4
1B	13012 S.E. 32nd ct Belleview	2:15 pm		1.4

TO BE COMPLETED BY LAB			
Total coliform & E. coli analysis method: Colilert (SM9223B)			
Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Report/ Submission Number: M172065	A		
M172066	A		

Time(s) Analyzed: 3:58 pm

Average of disinfectant residuals for routine and repeat samples.³
 Free chlorine or Total chlorine (circle one): _____
 Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing disinfectant analysis is:
 A certified operator (# _____)
 Supervised by a certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Michael A. Korman 3-8-17
 TECHNICAL DIRECTOR DATE

All tests are performed in accordance with NELAC standards.
 Results: A = coliforms are absent; P = coliforms are present
¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry Point to Distribution; P = Plant Tap; S = Special (clearance, etc.)
²Defined in Florida Administrative Code Rule 62-160, Table 1
³Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

Sunshine Utilities
10230 E. Hwy 25
Belleview FL 34420

DEP/DOH USE ONLY	
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete Collection Information <input type="checkbox"/> Repeat Samples Required <input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488-2349
(352) 625-2822, Ext. 30
Laboratory No. E83265

SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM / E. coli ANALYSIS

Press Hard. (4) copies (Page 1 of 1)

FOR LAB USE ONLY	
DATE RECEIVED AND ANALYZED / TIME RECEIVED MAR 6 '17 PM 1:28	
RECEIVED BY: <i>PP</i>	
SAMPLE PRESERVATION: <input checked="" type="checkbox"/> ON ICE <input type="checkbox"/> NOT ON ICE <i>20.3</i> °C	
DISINFECTANT CHECK: <input checked="" type="checkbox"/> NOT DETECTED <input type="checkbox"/> _____ mg/L	
THIS SAMPLE DOES NOT MEET THE FOLLOWING NELAC REQUIREMENT(S):	
DATE/TIME PWS NOTIFIED BY LAB OF POSITIVE RESULTS: _____	
PERSON NOTIFIED: _____ NOTIFIED BY: _____	
DATE DEP/DOH NOTIFIED BY LAB OF E. coli POSITIVE RESULTS: _____	
<input type="checkbox"/> PAID CHECK OR RECEIPT #: _____	

SYSTEM NAME: Sunlight Acres PWS ID: 3421520 SYSTEM PHONE: _____
 SYSTEM ADDRESS: ON - file COUNTY: Marion
 CLIENT: Sunshine Utilities COLLECTOR: Marc Boucher COLLECTOR PHONE: 352-470-3619

TYPE OF SUPPLY (Check Only One):
 Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Other: _____

REASON FOR SAMPLING (Check All That Apply):
 Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other: _____

SAMPLE COLLECTION DATE(S): 3-5-2017 + 3-6-2017 COMMENTS: Partial Power Outage.

TO BE COMPLETED BY SAMPLE COLLECTOR				
Sample No.	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)
1A	13460 S.E. 32nd ct Belleview	3-5 12:30pm		1.4
1B	13012 S.E. 32nd ct Belleview	3-5 12:35pm		1.2
2A	13460 S.E. 32nd ct Belleview	3-6 9:45am		1.4
2B	13012 S.E. 32nd ct Belleview	3-6 9:50am		1.2

TO BE COMPLETED BY LAB			
Total coliform & E. coli analysis method: Colilert (SM9223B)			
Lab Sample Number	Total coliform	E. coli	Data Qualifier ²
Report/ Submission Number:			
M171967	A		
M171968	P	A	
M171969	A		
M171970	A		

Time(s) Analyzed: 1:44pm

Average of disinfectant residuals for routine and repeat samples.³
 Free chloring or Total chlorine (circle one).
 Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing disinfectant analysis is:
 A certified operator (# _____)
 Supervised by a certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH
 Authorized representative of supplier of water

Michael Moran
 TECHNICAL DIRECTOR 3-7-17 DATE

The results presented herein relate only to the samples submitted.
 If you have any questions regarding this report, please call Lisa Guapp at (352) 625-2822.
¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry Point to Distribution; P = Plant Tap; S = Special (clearance, etc.)
²Defined in Florida Administrative Code Rule 62-160, Table 1
³Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

NAME AND MAILING ADDRESS OF PERSON/COMPANY TO RECEIVE REPORT

Sunshine Utilities
10230 E. Hwy 25
Belleview FL 34420

DEP/DOH USE ONLY	
<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Incomplete Collection Information	
<input type="checkbox"/> Repeat Samples Required	
<input type="checkbox"/> Replacement Samples Required	
Date Reviewed by DEP/DOH: _____	
DEP/DOH Reviewing Official: _____	



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Central District

Drinking Water Program

MALFUNCTION OR INCIDENT REPORT

407/893-3318 OR 3988; 894-7555, EXT. 2243

FAX: 407/893-4418; E-FAX: 850/412-0740

Date: 5/17/18 Time: 12:00pm

Received By:

Reported By: Dex Christmus

Business Name: Sunshine utilities

Name of Plant/System: Sunlight Acres

PWS ID Number: 3421520

Address: 13035 SE 32nd Ct

System Phone: 352-347-8228

County: Marion

Owner: Hedges Trust

Contact Person: Dex Christmus

Phone #: 352-347-8228

[X] Failure [] Planned Outage

Date: 5/17/18 Time: 12:00 pm

Expected to be (or was) back in service:

Date: 5/17/18 Time: 12:30 pm

Location of Trouble (address): 13035 SE 32nd Ct

Statement of Trouble (check as many as necessary to explain incident):

- Water main breaks, Pressure greater than 20-psi, pressure drop below 20 psi, Outage (no water to customers), Service line break, tie in (no pressure drop), valve repair, replace or shut off, Treatment Facilities, Pumping Facilities, Storage Facilities, Well failure, Plant equip. break down, Planned main clearance (explain below)

[X] Other: Power outage Explain:

power company had damage, station lost power

Was integrity of water system maintained [X] Yes [] NO If yes, explain

Number of Customers Affected: 70 [X] Connections [] Individuals

Corrective Action:

Prior to placing back into service, was line/ Equipment:

Flushed: Yes [X] No []

Superchlorinated/Disinfected Yes [X] No []

Bacteriologicals Requested? Yes [X] No [] Sample Location:

Was heavily chlorinated water released to environment [] Yes [X] No; to distribution [] Yes [X] No Explain:

Was a Precautionary Boil Water Notice Issued per DOH Guidelines dated 8/26/1999: Yes [X] No []

If a Precautionary Boil Water Notice was issued, please attach or submit together with this report. Bacteriological reports (2 days) as well as a rescission notice must follow.

Table with 4 columns: Valve #, Size, Num. of valves closed, Location of Valve

Remarks:

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

MAY 17TH, 2018

PRECAUTIONARY BOIL WATER NOTICE

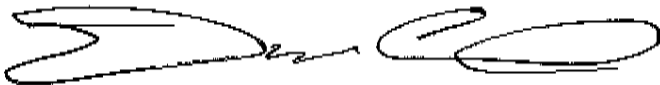
To: The Residents of :**SUNLIGHT ACRES**

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

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

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

Sunshine Utilities



Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

December 18th, 2018

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of :

Sunlight Acres

PWS Number:3421520

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

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

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

Sunshine Utilities



AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107

Ocala, Florida 34470

(352) 355-2383

Laboratory Certification Number E83265

Drinking Water Total Coliform / E. coli

Sample Collection & Laboratory Report Form

Date Received and Analyzed / Time Received
DEC 19 '18 AM 10:10

This Side To Be Completed By Client / Sample Collector

System Name: SUNLIGHT ACRES PWS ID: 3921520

System Phone: 352-842-8224 System Address: 13035 SE 32nd CT

System County: MANICOR Client: SUNSHINE UTC

Collector: DUSTIN THRASHER Collector Phone: 352-322-6701

Type of Supply: (check only one) Community Water System

Non-Transient Non-community Water System Transient Non-community Water System

Limited Use System Other: _____

Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat

Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey

Clearance Boil Water Notice FDACS finished product (ice) Other: _____

Sample Collection Date(s): 12/19/18 & 12/19/18 PD Number: _____

Comments: RESULTS TO SUNSHINE

This Side For Laboratory Use Only

Received By: [Signature] Special TC ICE

On ice Not On ice 15.4 °C

Paid Check or Receipt Number and initials: _____

Disinfectant Check: Not Detected _____ mg/L

Comments: _____

Analysis Method: SM9223B (Colilert)

Time(s) Analyzed: 10:29 AM

Notified Emailed

PWS Notified by Lab of Positive Results:

Date: _____ Time: _____

Person Notified: _____

DEP/DOH Notified by Lab of E. coli Positive Results:

Date: _____ Time: _____

Notified By: [Signature]

Sample Number Sample Point (Location or Specific Address) Sample Collection Time Sample Type¹ Disinfectant Residual (mg/L)

Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)
1A	13200 SE 32nd CT	12/18 930P	N	.6
1B	3240 SE 133rd PL	12/18 930P	N	.6
2A	13200 SE 32nd CT	12/19 900A	N	.6
2B	3240 SE 133rd PL	12/19 900A	N	.6

Laboratory Sample Number Total Coliform E. coli DQ²

Report / Submission Number	Total Coliform	E. coli	DQ ²
12/18/12798	A		
12/18/12799	A		
12/18/12800	A		
12/18/12801	A		

Free chlorine Total chlorine Average of disinfectant residuals for routine and repeat samples³

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is:

A certified operator (# _____) Supervised by a certified operator (# _____)

Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water

¹ Sample Types see Instructions Item 1.16.

² Data Qualifier (defined in Florida Administrative Code Rule 62-160, Table 1)

³ Applicable for community and nontransient noncommunity systems serving populations up to and including 4,900.

⁴ Do not include raw or plant samples in the average.

Unless otherwise noted, all tests performed in accordance with NELAC standards. Results relate only to the samples submitted.

Data Qualifiers (checked if applicable)

- Y - Received improperly preserved; presence of chlorine.
- Q - Received beyond holding time or with insufficient time to complete analysis.
- J - Received containing less than method specified sample volume.
- Other: _____

[Signature] 12/20/18
Technical Director Date

DEP/DDH Use Only

- Satisfactory Repeat Samples Required
- Incomplete Collection Information Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

Report to: (Name and Mailing Address)

SUNSHINE UTC
10230 CORO 25
BELLEVUE FL 34920

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

December 20th , 2018

Residents of : **Sunlight Acres**
PWS #3421520

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

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

Sunshine Utilities

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

February 27th, 2019

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of :
SUNLIGHT ACRES
PWS Number:3421520

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

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

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

Sunshine Utilities



AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107
Ocala, Florida 34470
(352) 355-2383

Laboratory Certification Number E83265

Drinking Water Total Coliform / E. coli Sample Collection & Laboratory Report Form

Date Received and Analyzed / Time Received
FEB 28 19 AM 10:05

This Side To Be Completed By Client / Sample Collector

System Name: SUNLIGHT ACRES PWS ID: 3721520

System Phone: 352-347-8228 System Address: 13035 SE 32ND CT

System County: MARION Client: SUNSHINE UTILITIES

Collector: DUSTIN THRASHER Collector Phone: 352-322-6701

Type of Supply: (check only one) Community Water System

Non-Transient Non-community Water System Transient Non-community Water System

Limited Use System Other: _____

Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat

Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey

Clearance Boil Water Notice FDACS finished product (ice) Other: _____

Sample Collection Date(s): 2/27/19 & 2/28/19 PO Number: _____

Comments: RESULTS TO SUNSHINE

This Side For Laboratory Use Only

Received By: [Signature] Special TC ICE

On Ice Not On Ice 8.5 °C

Paid Check or Receipt Number and Initials: _____

Disinfectant Check: Not Detected _____ mg/L

Comments: _____

Analysis Method: SM9223B (Colilert)

Time(s) Analyzed: 11:05 AM

Notified Emailed

PWS Notified by Lab of Positive Results:
Date: _____ Time: _____
Person Notified: _____
DEP/DOH Notified by Lab of E. coli Positive Results:
Date: _____ Time: _____
Notified By: _____

Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	
1A	13021 SE 32ND CT	2/27	S00P	N	1.0
1B	3309 SE 137TH PL	2/27	S00P	N	1.0
2A	13021 SE 32ND CT	2/28	900A	N	1.0
2B	3309 SE 137TH PL	2/28	900A	N	1.0

Laboratory Sample Number	Total Coliform	E. coli	DQ ²
M192099	A		
M192100	A		
M192101	A		
M192102	A		

Free chlorine Total chlorine
Average of disinfectant residuals for routine and repeat samples: _____

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is:
 A certified operator (# _____) Supervised by a certified operator (# _____)
 Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water

Data Qualifiers [checked if applicable]
 Y - Received improperly preserved; presence of chlorine.
 Q - Received beyond holding time or with insufficient time to complete analysis.
 J - Received containing less than method specified sample volume.
 Other: _____

Michael Moore 3-1-19
Technical Director Date

Report to: (Name and Mailing Address)
SUNSHINE UTILITIES
10230 E. HWY 28
BELLEVUE, FL 34420

DEP/DOH Use Only
 Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

MARCH 1, 2019

Residents of : **SUNLIGHT ACRES**
PWS# 3421520

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

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

Sunshine Utilities

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

MARCH 26, 2019

Residents of : **SUNLIGHT ACRES**
PWS# 3421520

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

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

Sunshine Utilities

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

MARCH 21ST 2019

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of :
SUNLIGHT ACRES
PWS Number:3421520

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

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

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

Sunshine Utilities



AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107
Ocala, Florida 34470
(352) 355-2383

Laboratory Certification Number E83265

Drinking Water Total Coliform / E. coli Sample Collection & Laboratory Report Form

Date Received and Analyzed / Time Received
MAY 25 10 41 AM 2019

his Side To Be Completed By Client / Sample Collector

System Name: Sunlight Acres PWS ID: 3421520

System Phone: 352 347 8228 System Address: 13450 SE 32 Ct

System County: Marion Client: Sunshine Utilities

Collector: James Hedges Collector Phone: 352 239 1177

Type of Supply: (check only one) Community Water System

Non-Transient Non-community Water System Transient Non-community Water System

Limited Use System Other: _____

Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat

Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey

Clearance Boil Water Notice FDACS finished product (ice) Other: _____

Sample Collection Date(s): 3/24/19 - 3/25/2019 PO Number: _____

Comments: Results to Sunshine

This Side For Laboratory Use Only

Received By: [Signature] Special TC ICE

On Ice Not On Ice 8.6 °C

Paid Check or Receipt Number and Initials: _____

Disinfectant Check: Not Detected _____ mg/L

Comments: _____

Analysis Method: SM9223B (Colilert)

Time(s) Analyzed: 11:27 Am

Notified Emailed

PWS Notified by Lab of Positive Results:
Date: _____ Time: _____
Person Notified: _____
DEP/DOH Notified by Lab of E. coli Positive Results:
Date: _____ Time: _____
Notified By: _____

Sample Number Sample Point (Location or Specific Address) Sample Collection Time Sample Type¹ Disinfectant Residual (mg/L)

Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)
1	13048 SE 32 Ct	3/24 4:30 PM	D	2.0
2	3303 SE 134 Pl	3/24 4:30 PM	D	2.0
3	13048 SE 32 Ct	3/25 10:15 AM	D	2.0
4	3303 SE 134 Pl	3/25 10:15 AM	D	2.0

Laboratory Sample Number Total Coliform E. coli DQ²

Laboratory Sample Number	Total Coliform	E. coli	DQ ²
193097	A		
193098	A		
193099	A		
193100	A		

Free chlorine Total chlorine Average of disinfectant residuals for routine and repeat samples? _____

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is: A certified operator (# _____) Supervised by a certified operator (# _____)

Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water

For Sample Types see Instructions Item 1.6.
DQ = Data Qualifier (defined in Florida Administrative Code Rule 62-260, Table 1)
Complete for community and nontransient noncommunity systems serving populations up to and including 4,900.
Do not include raw or plant samples in the average.

Unless otherwise noted, all tests performed in accordance with NELAP standards. Results relate only to the samples submitted.

Data Qualifiers (checked if applicable)
 Y - Received improperly preserved; presence of chlorine.
 Q - Received beyond holding time or with insufficient time to complete analysis.
 J - Received containing less than method specified sample volume.
 Other: _____

Michael Morse 3-26-19
Technical Director Date

Report to: (Name and Mailing Address)
Sunshine Utilities
10230 East Hwy C 25
Belleview Fl. 34420

DEP/DOH Use Only
 Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
Date Reviewed by DEP/DDH: _____
DEP/DOH Reviewing Official: _____

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

August 9, 2019

PRECAUTIONARY BOIL WATER NOTICE

To: The Residents of SUNLIGHT ACRES

Sunshine Utilities lost water pressure due to power issues on August 8, 2019.

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

As an alternative bottled water may be used.

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

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

Sunshine Utilities

Sunshine Utilities

10230 E. Hwy 25, Belleview FL 34420-5531

Office (352) 347-8228 - Fax (352) 347-6915

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

AUGUST 13th, 2019

Residents of : **Sunlight Acres**
PWS #3421520

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

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

Sunshine Utilities



AQUA PURE WATER & SEWAGE SERVICE, LLC

3855 E. Silver Springs Blvd., Unit 107
Ocala, Florida 34470
(352) 355-2383
Laboratory Certification Number E83265

Drinking Water Total Coliform / E. coli Sample Collection & Laboratory Report Form

Date Received and Analyzed / Time Received
AUG 12 '19 PM 12:12

This Side To Be Completed By Client / Sample Collector

System Name: Sunlight Acres PWS ID: 3421520

System Phone: 352-347-8228 System Address: SE 32 Ct

System County: Marion Client: Sunshine Utilities

Collector: James Hodges Collector Phone: 352-239-1197

Type of Supply: (check only one) Community Water System

Non-Transient Non-community Water System Transient Non-community Water System

Limited Use System Other: _____

Reason for Sampling: (check all that apply) Distribution Routine Distribution Repeat

Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey

Clearance Boil Water Notice FDACS finished product (ice) Other: _____

Sample Collection Date(s): 8/11 - 8/12 2019 PO Number: _____

Comments: Results to Sunshine

This Side For Laboratory Use Only

Received By: [Signature] Special TC ICE

On Ice Not On Ice 7.5 °C

Paid Check or Receipt Number and Initials: _____

Disinfectant Check: Not Detected _____ mg/L

Comments: _____

Analysis Method: 5M92238 (ColiAlert)

Time(s) Analyzed: 1:14 pm

Notified Emailed

PWS Notified by Lab of Positive Results:
Date: _____ Time: _____
Person Notified: _____
DEP/DOH Notified by Lab of E. coli Positive Results:
Date: _____ Time: _____
Notified By: _____

Sample Number	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)
1	3309 SE 134 Pl. 8/11	4:00 PM	D	1.2
2	3245 SE 133 Pl. 8/11	4:00 PM	D	1.2
3	3245 SE 133 Pl. 8/12	10:00 AM	D	1.2
4	3309 SE 134 Pl. 8/12	10:00 AM	D	1.2

Laboratory Sample Number	Total Coliform	E. coli	DQ ²
Report / Submission Number: M198173	A		
M198174	A		
M198175	A		
M198176	A		

Free chlorine Total chlorine Average of disinfectant residuals for routine and repeat samples¹

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____

Person performing disinfectant analysis is:

A certified operator (# _____) Supervised by a certified operator (# _____)

Employed by a certified lab Employed by DEP or DOH Authorized representative of supplier of water

¹For Sample Types see Instructions Item 1.6.
²DQ = Data Qualifier [defined in Florida Administrative Code Rule 62-160, Table 2]
³Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

Report to: (Name and Mailing Address)
Sunshine Utilities
10230 East Hwy C-25
Belleview, FL 34420

Data Qualifiers (checked if applicable)
 Y - Received improperly preserved; presence of chlorine.
 Q - Received beyond holding time or with insufficient time to complete analysis.
 J - Received containing less than method specified sample volume.
 Other: _____
[Signature] 8-13-19
Technical Director Date

DEP/DOH Use Only
 Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

November 4, 2020

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

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

Dear Mr. Christmas:

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

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

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

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

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Daniel K. Hall". The signature is written in a cursive style with a large, stylized "D" and "H".

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

cc: Miranda Rothenberger, FDEP



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

November 15, 2019

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

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

Dear Mr. Christmas:

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

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

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

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

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

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

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

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

Sincerely,



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

cc:

Universal Waters, Operator
BLUEJAY2415@AOL.COM



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

December 11, 2020

Dewaine Christmas, Owner
Sunshine Utilities of Central Florida Inc
10230 SW Hwy 25
Bellevue, FL 34420
sunshineutl@aol.com

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

Dear Mr. Christmas:

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

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

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

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

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

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

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

Sincerely,

A handwritten signature in black ink that reads "Daniel Hall". The signature is written in a cursive, flowing style.

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

cc: Miranda Rothenberger, FDEP

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Monitoring Requirements Not Met for Ocklawaha Water Plants

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

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

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

What should I do?

There is nothing you need to do at this time.

What happened? What is being done?

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

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

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

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

Date distributed: February 16, 2017




PWS CERTIFICATION OF DELIVERY OF PUBLIC NOTICE

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

I. General Information		
Public Water System (PWS) Name:	Ocklawaha	
PWS ID:	3420939	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	
PWS Owner:	Sunshine Utilities	
Contact Person:	Dawaine Christmas	Contact Person's Title: Manager
Contact Person's Mailing Address:	10230 E Hwy 25	
City:	Belleview	State: FL Zip Code: 34420
Contact Person's Telephone Number:	(352) 347-8228	Contact Person's Fax Number: (352) 347-6915
Contact Person's E-Mail Address:	SunshineUtil @ AOL.COM	

II. Certification						
For Violation/Situation:						
Date of Occurrence:						
Consultation Date:						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Hand Delivery	<input type="checkbox"/> Posting	<input type="checkbox"/> Other(describe)
Delivery Date/s:	2/16/17					

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

	3/7/17	Dawaine Christmas	Manager
Signature and Date		Printed or Typed Name	Title



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

November 15, 2019

Dewaine Christmas, Facility Contact
Sunshine Utilities
10230 East HWY 25
Bellevue, FL. 34420
SUNSHINEUTL@AOL.COM

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

Dear Mr. Christmas:

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

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

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

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

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

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

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

Sincerely,



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



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

February 4, 2020

Dewaine Christmas, Facility Administrator
Sunshine Utilities of Central FL, Inc.
10230 East Hwy 25
Bellevue FL, 34420
SUNSHINEUTL@AOL.COM

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

Dear Mr. Christmas:

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

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Chandler Hammond at 407-897-4313 or via e-mail at Chandler.Hammond@FloridaDEP.gov.

Sincerely,

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

Jill Farris, Manager
Central District
Florida Department of Environmental Protection



Florida Department of Environmental Protection

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

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

Noah Valenstein
Secretary

March 1, 2018

Dewaine Christmas, Owner
Sunshine Utilities of Central Florida, Inc.
10230 SE Highway 25
Bellevue, FL 34420
sunshineutilities@aol.com

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

Dear Mr. Christmas:

Department personnel conducted inspections of the above-referenced facilities on January 23, 2018. Based on the information provided during and following the inspections, the facilities were determined to be in compliance with the Department's rules and regulations. A copy of the inspection reports are attached for your records, and any non-compliance items which may have been identified at the time of the inspections have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Viviana Penuela Useche at 407-897-2919 or via e-mail at Viviana.Useche@dep.state.fl.us.

Sincerely,

A handwritten signature in cursive script that reads "Christine Daniel".

Christine Daniel, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report

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

Plant Name ASHLEY HEIGHTS S/D County Marion PWS ID # 3424962
Plant Location 5580 NE 11th Avenue, Ocala, FL 34420 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352/347-8228
This Survey Date 1/23/18 Last Survey Date 8/19/15 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 44,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 44

Population Served 154 Basis 12/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Kelvin Edun C-7459

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

Days/wk: *Required* 2 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 8,342 gpd

Maximum Day (from MORs) 13,400 gpd 06/17

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Master

Date Last Calibrated 8/4/16

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 None observed # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0274)			
Year Drilled	1991			
Depth Drilled	120'			
Drilling Method	Combination			
Type of Grout	Unknown			
Static Water Level	34'			
Pumping Water Level	39'			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	62'			
Diameter (outside casing)	4"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	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)	62		
	Motor Horsepower	5		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	Yes			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 17 gpd
 Chlorine Feed Rate 50% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.96 Remote 1.25
 Remote tap location 5410 NE 12th Ave
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

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

Comments _____
Next tank inspection due July 2018

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

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

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]

COMMENTS (continued):

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



Inspector Signature

Viviana Penuela Useche
Printed Name

Environmental Specialist
Title

2-21-18
Date



Reviewer Signature

Christine Daniel
Printed Name

Environmental Manager
Title

3/1/18
Date

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name ELEVEN OAKS SUBDIVISION County Marion PWS ID # 3424099
Plant Location Between NE 60th Lane and 63rd Street, Ocala, FL 34471 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352/347-8228
This Survey Date 1/23/18 Last Survey Date 11/16/12 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 39,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination, corrosion control

SERVICE AREA CHARACTERISTICS

Subdivision
Food Service: Yes No N/A
Number of Service Connections 36
Population Served 126 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Plant
Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Kelvin Edun C-7459

Hrs/day: *Required* _____ *Visit* _____ *Actual* _____ *Visit* _____
Days/wk: *Required* _____ *Actual* _____ 2 3
Non-consecutive Days? Yes No N/A
Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Average Day (from MORs) 9,961 gpd
Maximum Day (from MORs) 48,400 gpd 9/17
Comments During 9/17 the system exceeded the design capacity. The circumstances were non-recurrent and highly unusual.

Flow Measuring Device Flow Meter
Meter Size & Type 3" Kent
Date Last Calibrated 4/22/15

RAW WATER SOURCE

GROUND; Number of Wells 1
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

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 _____

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 None observed # Tested Unknown
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date 11/14/12
Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0276)			
Year Drilled	1981			
Depth Drilled	200'			
Drilling Method	Rotary drill			
Type of Grout	Neat cement			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	194'			
Diameter (outside casing)	4"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	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)	55		
	Motor Horsepower	5		
Well casing 12" above grade?	No*			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	Yes			

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

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech Capacity 15 gpd
 Chlorine Feed Rate 90% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.19 Remote 1.25
 Remote tap location 5985 NE 25th Ave
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

CORROSION CONTROL

Chemical Used Aqua Gold
 Make Stenner Capacity 17 gpd
 Feed Rate 30% stroke
 Injection Points Well discharge piping
 Comments _____

STORAGE FACILITIES

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

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

Comments Tank inspection due 6/18.

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

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

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]

COMMENTS (continued):

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



Inspector Signature

Viviana Penuela Useche
Printed Name

Environmental Specialist
Title

2-21-18
Date



Reviewer Signature

Christine Daniel
Printed Name

Environmental Manager
Title

3/1/18
Date

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name EMIL-MAR SUBDIVISION County Marion PWS ID # 3420340
Plant Location NE 22nd & NE 38th Street, Ocala, FL 34471 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352/347-8228
This Survey Date 1/23/18 Last Survey Date 8/19/15 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 72,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 73

Population Served 255 Basis 12/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

Days/wk: *Required* 3 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 18,491 gpd

Maximum Day (from MORs) 67,000 gpd 6/17

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Sensus

Date Last Calibrated 7/23/15

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 None observed # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0259)			
Year Drilled	1977			
Depth Drilled	79'			
Drilling Method	Cable tool			
Type of Grout	Neat cement			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	52'			
Diameter (outside casing)	6"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	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)	62		
	Motor Horsepower	5		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes*			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS *Check valve leaking

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech Capacity 15 gpd
 Chlorine Feed Rate 100% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant >2.2 Remote >2.2
 Remote tap location 2319 NE 38th St.
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	2,500
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	Discharge piping
Date of Inspection	6/13
Date of Cleaning	6/13

Comments _____
Tank inspection due 6/18

DEFICIENCIES:

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

MONITORING REMINDER:

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

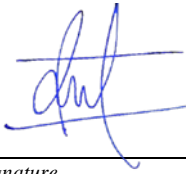
COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]

COMMENTS (continued):

- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]
- Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]



Inspector Signature

Viviana Penuela Useche

Printed Name

Environmental Specialist

Title

2-21-18

Date



Reviewer Signature

Christine Daniel

Printed Name

Environmental Manager

Title

3/1/18

Date

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

Plant Name FLORIDA HEIGHTS SUBDIVISION County Marion PWS ID # 3424031
Plant Location SE 55TH Place & SE 68th Court, Ocala, FL 34471 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228
This Survey Date 1/23/18 Last Survey Date 1/23/15 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 144,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connection 99

Population Served 346 Basis: 12/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

Days/wk: *Required* 3 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 29,714 gpd

Maximum Day (from MORs) 89,800 gpd 5/17

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 3" Kent & 3" Master

Date Last Calibrated 7/23/15

RAW WATER SOURCE

GROUND; Number of Wells 2

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 Stage 2 D/DBP Plan was submitted 8/20/14.

Lead and Copper Plan was approved 10/10/12.

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 None reported # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 2/15/10

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1(AAC0020)	2(AAC0019)
Year Drilled		1980	1980
Depth Drilled		146'	146'
Drilling Method		Combination	Combination
Type of Grout		Neat cement	Neat cement
Static Water Level		31'	31'
Pumping Water Level		Unknown	Unknown
Design Well Yield		Unknown	Unknown
Test Yield		Unknown	Unknown
Actual Yield (if different than rated capacity)		Unknown	Unknown
Strainer		Unknown	Unknown
Length (outside casing)		74'	66'
Diameter (outside casing)		6"	6"
Material (outside casing)		Black steel	Black Steel
Well Contamination History		None	None
Is inundation of well possible?		No	No
6' X 6' X 4" Concrete Pad		Yes	Yes
SET BACKS	Septic Tank	>200'	>200'
	Reuse Water	N/A	N/A
	WW Plumbing	>100'	>100'
	Other Sanitary Hazard	None observed	None observed
PUMP	Type	Submersible	Submersible
	Manufacturer Name	Sta-Rite	Sta-Rite
	Model Number	Unknown	Unknown
	Rated Capacity (gpm)	100	100
	Motor Horsepower	5	5
Well casing 12" above grade?		Yes	Yes
Well Casing Sanitary Seal		Yes	Yes
Raw Water Sampling Tap		Yes	Yes
Above Ground Check Valve		Yes	Yes
Security		Yes	Yes
Well Vent Protection		Yes	Yes*No

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make (1)Chem-Tech (1)Uni-Dose Capacity 15/12 gpd
 Chlorine Feed Rate 75% and 70% of stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant >2.2 Remote >2.2
 Remote tap location 6815 SE 55th Place
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to the hydropneumatic tank.
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H*
Capacity (gal)	
Material	
Gravity Drain	
By-Pass Piping	
Protected Openings	
Sight Glass or Level Indicator	
PRV/ARV	
Pressure Gauge	
On/Off Pressure	
Access Secured	
Access Manhole	
Tank Sample Tap Location	
Date of Inspection	
Date of Cleaning	

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

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

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

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or frwa@frwa.net, for free technical assistance with your system. FRWA has extended benefits offered to members.
- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.
Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]
- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:
 - 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.]

COMMENTS (continued):

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



Inspector Signature

Viviana Penuela Useche
Printed Name

Environmental Specialist
Title

2-21-18
Date



Reviewer Signature

Christine Daniel
Printed Name

Environmental Manager
Title

3/1/18
Date

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name FLOYD CLARK SUBDIVISION County Marion PWS ID # 3420411
Plant Location NE 38th Street & 14th Avenue, Ocala, FL 34471 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352/347-8228
This Survey Date 1/23/18 Last Survey Date 8/19/15 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 68,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 72

Population Served 251 Basis 12/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

Days/wk: *Required* 3 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 16,442 gpd

Maximum Day (from MORs) 24,600 gpd 5/17

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Sensus

Date Last Calibrated 7/23/15

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 None observed # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1			
Year Drilled	1974			
Depth Drilled	80'			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	65'			
Diameter (outside casing)	4"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	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)	62		
	Motor Horsepower	5		
Well casing 12" above grade?	No*			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	Yes**			

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

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech Capacity 30 gpd
 Chlorine Feed Rate 65% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant >2.2 Remote 1.66
 Remote tap location 3721 NE 14th Ave
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

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

Comments Next tank inspection due 6/18

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Well casing vent was not properly screened (missing or damaged screens).	62-555.320(8)(c)	Provide a well vent that is at least 12 inches above well pad in a down turned position above the top of the casing and covered by a 24 mesh, corrosion resistant screen.	2/12/18 - vent screen replaced per operator e-mail	No

MONITORING REMINDER:

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

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]

COMMENTS (continued):

- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]
- Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]



Inspector Signature

Viviana Penuela Useche

Printed Name

Environmental Specialist

Title

2-21-18

Date



Reviewer Signature

Christine Daniel

Printed Name

Environmental Manager

Title

3/1/18

Date

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name FORE OAKS ESTATES County Marion PWS ID # 3424644
Plant Location NE 49th/2nd Avenue/Left of NE 51st, Ocala, FL 34470 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352/347-8228
This Survey Date 1/23/18 Last Survey Date 8/19/15 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 421,200 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 227

Population Served 793 Basis 11/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

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

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 46,423 gpd

Maximum Day (from MORs) 94,00 gpd 5/17

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 4" Sensus

Date Last Calibrated 8/18/16

RAW WATER SOURCE

GROUND; Number of Wells 2

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Generac Protector QS

Capacity of Standby (kW) 38

Switchover: Automatic Manual

Hrs Operated Under Load 1 hr/wk.

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 _____

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 None observed # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		2 (AAE0270)	3(AAE0271)		
Year Drilled		1985	1992		
Depth Drilled		165'	165'		
Drilling Method		Combination	Combination		
Type of Grout		Neat cement	Neat cement		
Static Water Level		30'	58'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		85'	84'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	225	330		
	Motor Horsepower	10	20		
Well casing 12" above grade?		No*	Yes		
Well Casing Sanitary Seal		OK	OK		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Security		Yes	Yes		
Well Vent Protection		N/A	Yes		

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

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech/Uni-Dose Capacity 15/30 gpd
 Chlorine Feed Rate 100% /60% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant >2.2 Remote 1.91
 Remote tap location 5263 3rd Ave
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	Both
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	Discharge piping
Date of Inspection	6/13
Date of Cleaning	6/13

Comments Next tank inspection due 6/18.

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

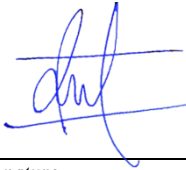
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<https://floridadep.gov/central/central/content/resources-drinking-water-facilities-and-operators-central-district>

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or frwa@frwa.net, for free technical assistance with your system. FRWA has extended benefits offered to members.
- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.
Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]
- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
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 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- 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.]

COMMENTS (continued):

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



Inspector Signature

Viviana Penuela Useche

Printed Name

Environmental Specialist

Title

2-21-18



Reviewer Signature

Christine Daniel

Printed Name

Environmental Manager

Title

3/1/18

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name OAKCREST VILLAS/SUN RESORT County Marion PWS ID # 3421201
Plant Location CR 326 & 71st Place, Ocala, FL 34471 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352/347-8228
This Survey Date 1/23/18 Last Survey Date 8/9/15 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 21,600 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Apartments

Food Service: Yes No N/A

Number of Service Connections 32

Population Served 80 Basis 12/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

Days/wk: *Required* 2 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 4,513 gpd

Maximum Day (from MORs) 6,400 gpd 11/17

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Master

Date Last Calibrated 8/4/16

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 None observed # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date Unknown

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0075)			
Year Drilled	1974			
Depth Drilled	100'			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	70'			
Diameter (outside casing)	4"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	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)	30		
	Motor Horsepower	2		
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 well casing height as it currently exists unless it is shown to contain chemical or microbial contamination.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-tech Capacity 15 gpd
 Chlorine Feed Rate 50% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 0.53 Remote 0.83
 Remote tap location 1642 71st Place
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

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

Comments _____

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2018.
- Monitoring schedules are available on the Central District's Drinking Water Website.
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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.
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 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
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COMMENTS (continued):

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



Inspector Signature

Viviana Penuela Useche

Printed Name

Environmental Specialist

Title

2-21-18



Reviewer Signature

Christine Daniel

Printed Name

Environmental Manager

Title

3/1/18

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

Plant Name OAKHURST SUBDIVISION County Marion PWS ID # 3424032
Plant Location 20TH Street & SE 56th Court, Ocala, FL 34471 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida Inc Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228
This Survey Date 1/23/18 Last Survey Date 1/23/15 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 288,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision
Food Service: Yes No N/A

Number of Service Connection 99
Population Served 346 Basis: 11/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant
Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Kelvin Edun C-7459

Hrs/day: *Required* Visit *Actual* Visit
Days/wk: *Required* 5+1 *Actual* 5+1

Non-consecutive Days? Yes No N/A
Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

Average Day (from MORs) 38,029 gpd
Maximum Day (from MORs) 60,400 gpd 5/17

Comments _____

Flow Measuring Device Flow Meter
Meter Size & Type 3" Master

Date Last Calibrated 8/18/16

RAW WATER SOURCE

GROUND; Number of Wells 1
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

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 _____

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 Stage 2 D/DBP Monitoring plan submitted 8/28/14. Lead and Copper Plan approved 01/28/08.

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 None reported # Tested N/A
WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 02/15/10
Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1(AAE0256)	
Year Drilled	1978	
Depth Drilled	138'	
Drilling Method	Cable tool	
Type of Grout	Neat cement	
Static Water Level	18'	
Pumping Water Level	Unknown	
Design Well Yield	Unknown	
Test Yield	Unknown	
Actual Yield (if different than rated capacity)	Unknown	
Strainer	Unknown	
Length (outside casing)	105'	
Diameter (outside casing)	6"	
Material (outside casing)	Black steel	
Well Contamination History	None	
Is inundation of well possible?	No	
6' X 6' X 4" Concrete Pad	Yes	
SET BACKS	Septic Tank	>200'
	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)	200
	Motor Horsepower	10
Well casing 12" above grade?	Yes	
Well Casing Sanitary Seal	Yes	
Raw Water Sampling Tap	Yes	
Above Ground Check Valve	Yes	
Security	Yes	
Well Vent Protection	N/A	

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Uni-Dose Capacity 12 gpd
 Chlorine Feed Rate 50% of stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.70 Remote 1.35
 Remote tap location 5760 SE 22nd Pl.
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to the hydropneumatic tank.
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	3,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	Both
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	On tank
Date of Inspection	2013/06
Date of Cleaning	2013/06

Comments Next tank inspection due 6/18

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

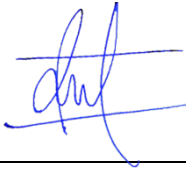
- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification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

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]

COMMENTS (continued):

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



Inspector Signature

Viviana Penuela Useche
Printed Name

Environmental Specialist
Title

2-21-18



Reviewer Signature

Christine Daniel
Printed Name

Environmental Manager
Title

3/1/18

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name OCALA HEIGHTS S/D County Marion PWS ID # 3424651
Plant Location CR 314(7th Street) and NE 68th Ct., Ocala, FL 34420 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida Inc Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228
This Survey Date 1/23/18 Last Survey Date 1/23/15 Last Compliance Inspection Date 10/17/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 676,800 gpd

PWS STATUS: Approved

RAW WATER SOURCE

GROUND; Number of Wells 2
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Kohler Generator
Capacity of Standby (kW) 38
Switchover: Automatic Manual
Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

Well Pumps Both
 High Service Pumps _____
 Treatment Equipment All

Satisfy avg. daily demand? Yes No Unknown

Audio-visual alarm? Yes No

Comments _____

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Mobile home park

Food Service: Yes No N/A

Number of Service Connection 331

Population Served 825 Basis: 12/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

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

Non-consecutive Days? Yes No N/A

Comments: _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 69,699 gpd

Maximum Day (from MORs) 109,000 gpd 4/17

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 6" Master (Finished)

Date Last Calibrated 7/14/15

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 Stage 2 D/DBP monitoring plan submitted 8/20/14. Lead and copper plan approved 12/13/12

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 None reported # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1	2(AAE0277)	
Year Drilled	1984	1988	
Depth Drilled	150'	140'	
Drilling Method	Combination	Cable tool	
Type of Grout	Neat Cement	Neat Cement	
Static Water Level	38'	Unknown	
Pumping Water Level	Unknown	Unknown	
Design Well Yield	Unknown	Unknown	
Test Yield	Unknown	Unknown	
Actual Yield (if different than rated capacity)	Unknown	Unknown	
Strainer	Unknown	Unknown	
Length (outside casing)	90'	125	
Diameter (outside casing)	6"	8"	
Material (outside casing)	Black steel	Black steel	
Well Contamination History	None	None	
Is inundation of well possible?	No	No	
6' X 6' X 4" Concrete Pad	Yes	Yes	
SET BACKS	Septic Tank	>200'	>200'
	Reuse Water	N/A	N/A
	WW Plumbing	>100'	>100'
	Other Sanitary Hazard	None observed	None observed
PUMP	Type	Submersible	Submersible
	Manufacturer Name	Sta-Rite	Sta-Rite
	Model Number	Unknown	Unknown
	Rated Capacity (gpm)	120	470
	Motor Horsepower	10	30
Well casing 12" above grade?	Yes	Yes	
Well Casing Sanitary Seal	Yes	Yes	
Raw Water Sampling Tap	Yes	Yes	
Above Ground Check Valve	Yes	Yes	
Security	Yes	Yes	
Well Vent Protection	N/A	N/A	

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech/Uni-Dose Capacity 30 gpd
 Chlorine Feed Rate 60% and 70% of stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.91 Remote 0.28
 Remote tap location 6871 William Way
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to the hydropneumatic tank.
 Booster Pump Info _____
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40-60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	On tank
Date of Inspection	2013/08
Date of Cleaning	2013/08

Comments Tank inspection due 8/18

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

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

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]
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 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- 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.]

COMMENTS (continued):

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



Inspector Signature

Viviana Penuela Useche
Printed Name

Environmental Specialist
Title

2-21-18



Reviewer Signature

Christine Daniel
Printed Name

Environmental Manager
Title

3/1/18

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

Plant Name QUAIL RUN SUBDIVISION County Marion PWS ID # 3424046
Plant Location SW 108 Lane and SW 18 Terrace, Ocala, FL 32671 Phone 352-347-8228
Owner Name: Sunshine Utilities of Central Florida, Inc. Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Manager Phone 352-347-8228
This Survey Date 1/23/18 Last Survey Date 9/17/15 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 260,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connection 92

Population Served 230 Basis MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

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

Non-consecutive Days? Yes No N/A

Comments: _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 24,968 gpd

Maximum Day (from MORs) 52,200 gpd 8/17

Comments _____

Flow Measuring Device _____ Flow Meter

Meter Size & Type 4" Rockwell

Date Last Calibrated 3/23/16

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 Lead & Copper Plan approved 10/10/12

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 None observed # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 2/15/10

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1(AAG9894)			
Year Drilled	1980			
Depth Drilled	Unknown			
Drilling Method	Unknown			
Type of Grout	Unknown			
Static Water Level	Unknown			
Pumping Water Level	Unknown			
Design 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)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>200'		
	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)	360		
	Motor Horsepower	30		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	Yes			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Uni-Dose Capacity 12 gpd
 Chlorine Feed Rate 100% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 0.2 Remote N/A*
 Remote tap location Apartment 1699
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to the hydropneumatic tank.
 Booster Pump Info N/A
 Comments *Chlorine pump not functional at the time of inspection. Operator fixed the pump and restored chlorine residual at the plant.

STORAGE FACILITIES

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

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

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

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Inadequate combined or free chlorine residual	62-555.350(6)	Maintain a continuous minimum free chlorine residual of 0.2 mg/L	2/12/18 - chlorine residual restored in the distribution system per operator e-mail	No

MONITORING REMINDER:

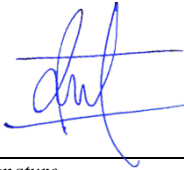
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COMMENTS:

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- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.
 Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]
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 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]

COMMENTS (continued):

- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]
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Inspector Signature

Viviana Penuela Useche
Printed Name

Environmental Specialist
Title

2-21-18
Date



Reviewer Signature

Christine Daniel
Printed Name

Environmental Manager
Title

3/1/18
Date

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SANDY ACRES County Marion PWS ID # 3421118
Plant Location: 24901 SE Highway 42, Umatilla, FL 32784 Phone 352-347-8228
Owner Name: Sunshine Utilities of Central Florida, Inc. Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228
This Survey Date 01/23/18 Last Survey Date 9/23/15 Last Compliance Inspection Date 08/08/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 230,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Mobile Home Park
Food Service: Yes No N/A

Number of Service Connection 243
Population Served 607 Basis 12/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant
Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Kelvin Edun C-7459

Hrs/day: *Required* _____ *Visit* _____ *Actual* _____ *Visit* _____
Days/wk: *Required* 3 *Actual* 3

Non-consecutive Days? Yes No N/A
Comments Visits must be on non consecutive days and
total at least 0.3 hours per week.

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

Average Day (from MORs) gpd
Maximum Day (from MORs) gpd /12

Comments _____

Flow Measuring Device Flow Meter
Meter Size & Type 4" Sensus

Date Last Calibrated 7/14/15

RAW WATER SOURCE

GROUND; Number of Wells 2
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Propane generator
Capacity of Standby (kW) 12
Switchover: Automatic Manual
Hrs Operated Under Load Unknown

What equipment does it operate?
 Well Pumps 2
 High Service Pumps _____
 Treatment Equipment _____

Satisfy avg. daily demand? Yes No Unknown
Audio-visual alarm? Yes No
Comments _____

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 None observed # Tested Unknown
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date N/A
Comments N/A

GROUND WATER SOURCE

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

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

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech/ Uni-Dose Capacity 15/12 gpd
 Chlorine Feed Rate 100% / 60% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant >2.2 Remote 1.2
 Remote tap location 25176 SE 17th St
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to the hydropneumatic tank.
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H1		
Capacity (gal)	2,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	No		
PRV/ARV	PRV*		
Pressure Gauge	Yes		
On/Off Pressure	30/50		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	Effluent pipe		
Date of Inspection	7/2013		
Date of Cleaning	7/2013		

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

DEFICIENCIES:

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

MONITORING REMINDER:

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

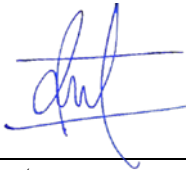
COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.]

COMMENTS (continued):

- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]
- Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]



Inspector Signature

Viviana Penuela Useche

Printed Name

Environmental Specialist

Title

2-21-18

Date



Reviewer Signature

Christine Daniel

Printed Name

Environmental Manager

Title

3/1/18

Date

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SUN RAY ESTATES County Marion PWS ID # 3421314
Plant Location NE 35th Street, Ocala, FL 34421 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352/347-8228
This Survey Date 1/23/18 Last Survey Date 8/19/15 Last Compliance Inspection Date 10/16/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 396,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 572

Population Served 1,999 Basis 12/17 mor

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

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

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 141,667 gpd

Maximum Day (from MORs) 220,100 gpd 5/17

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 4" AMCO

Date Last Calibrated 7/23/15

RAW WATER SOURCE

GROUND; Number of Wells 2

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Generac Protector QS

Capacity of Standby (kW) 34

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 _____

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 None observed # Tested Unknown

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date 11/14/12

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		2 (AAE0357)South	1 (AAE0258)		
Year Drilled		1965	1972		
Depth Drilled		165'	160'		
Drilling Method		Combination	Combination		
Type of Grout		Neat cement	Neat cement		
Static Water Level		20'	26'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Unknown	Unknown		
Length (outside casing)		45'	105'		
Diameter (outside casing)		6"	8"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	410	140		
	Motor Horsepower	25	10		
Well casing 12" above grade?		No*	Yes		
Well Casing Sanitary Seal		OK	OK		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Security		Yes	Yes		
Well Vent Protection		N/A	Yes		

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

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech/Uni-Dose Capacity 30 gpd
 Chlorine Feed Rate 80% / 60% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.9 Remote >2.2
 Remote tap location 2831 NE 35th Street
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

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

Comments Tank inspection due 7/18

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

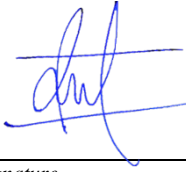
- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2018 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2018, and certification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

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or frwa@frwa.net, for free technical assistance with your system. FRWA has extended benefits offered to members.
- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.
Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]
- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:
 - 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.]

COMMENTS (continued):

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



Inspector Signature

Viviana Penuela Useche

Printed Name

Environmental Specialist

Title

2-21-18



Reviewer Signature

Christine Daniel

Printed Name

Environmental Manager

Title

3/1/18

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name WHISPERING SANDS SUBDIVISION County Marion PWS ID # 3424009
Plant Location SE 50th Ct & SE 30th Street, Ocala, FL 34471 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida Inc Phone 352-347-8228
Owner Address 10230 SE Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner Phone 352-347-8228
This Survey Date 1/23/18 Last Survey Date 1/23/15 Last Compliance Inspection Date 8/29/14

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 228,960 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision
Food Service: Yes No N/A
Number of Service Connection 125
Population Served 437 Basis 12/17 MOR

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant
Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Kelvin Edun C-7459

Hrs/day: *Required* _____ *Visit* _____ *Actual* _____ *Visit* _____
Days/wk: *Required* 3 *Actual* 5
Non-consecutive Days? Yes No N/A
Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Average Day (from MORs) 33,220gpd
Maximum Day (from MORs) 70,200 gpd 08/14
Comments _____

Flow Measuring Device Flow Meter
Meter Size & Type 3" Sensus/3" Master
Date Last Calibrated 8/4/16 and 8/18/16

RAW WATER SOURCE

GROUND; Number of Wells 2
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Generac Power System
Capacity of Standby (kW) 34
Switchover: Automatic Manual
Hrs Operated Under Load 0.75 hr/wk.
What equipment does it operate?
 Well Pumps Both
 High Service Pumps _____
 Treatment Equipment _____
Satisfy avg. daily demand? Yes No Unknown
Audio-visual alarm? Yes No
Comments _____

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 Stage 2 D/DBP Plan was submitted 6/20/14.
Lead and Copper Plan was approved 10/19/09.

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 None reported # Tested N/A
WWTP RPZ N/A Date Tested N/A
Written Plan Yes Date 2/15/10
Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)		1(AAE0278)	2(AAE0279)
Year Drilled		1979	1983
Depth Drilled		132'	128'
Drilling Method		Cable tool	Combination
Type of Grout		Neat cement	Neat cement
Static Water Level		42'	42'
Pumping Water Level		Unknown	Unknown
Design Well Yield		Unknown	Unknown
Test Yield		Unknown	Unknown
Actual Yield (if different than rated capacity)		Unknown	Unknown
Strainer		Unknown	Unknown
Length (outside casing)		105'	Unknown
Diameter (outside casing)		6"	6"
Material (outside casing)		Black steel	Black steel
Well Contamination History		None	None
Is inundation of well possible?		No	No
6' X 6' X 4" Concrete Pad		Yes	Yes
SET BACKS	Septic Tank	>200'	>200'
	Reuse Water	N/A	N/A
	WW Plumbing	>100'	>100'
	Other Sanitary Hazard	None observed	None observed
PUMP	Type	Submersible	Submersible
	Manufacturer Name	Sta-Rite	Sta-Rite
	Model Number	Unknown	Unknown
	Rated Capacity (gpm)	115	150
	Motor Horsepower	7.5	7.5
Well casing 12" above grade?		Yes	Yes
Well Casing Sanitary Seal		Yes	Yes
Raw Water Sampling Tap		Yes	Yes
Above Ground Check Valve		Yes	Yes
Security		Yes	Yes
Well Vent Protection		N/A	N/A

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech/Uni-Dose Capacity 15/12 gpd
 Chlorine Feed Rate 35% & 5570% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant >2.2 Remote > 2.2
 Remote tap location 5061 SE 30th St
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to the hydropneumatic tank.
 Booster Pump Info _____
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H
Capacity (gal)	10,000
Material	Steel
Gravity Drain	Yes
By-Pass Piping	Yes
Protected Openings	Yes
Sight Glass or Level Indicator	Yes
PRV/ARV	PRV
Pressure Gauge	Yes
On/Off Pressure	40/60
Access Secured	Yes
Access Manhole	Yes
Tank Sample Tap Location	On tank
Date of Inspection	2013/06
Date of Cleaning	2013/06

Comments Next tank inspection due 6/2018

DEFICIENCIES:

No deficiencies were noted during this inspection.

MONITORING REMINDER:

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

COMMENTS:

- Contact FRWA (Florida Rural Water Association) at 850-668-2746, or 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.
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 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- 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.]

COMMENTS (continued):

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



Inspector Signature

Viviana Penuela Useche
Printed Name

Environmental Specialist
Title

2-21-18



Reviewer Signature

Christine Daniel
Printed Name

Environmental Manager
Title

3/1/18



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

November 18, 2019

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

Re: Compliance Assistance Offer
Sandy Acres
PW 3421118
Marion County

Dear Mr. Christmas:

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

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

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

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

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

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

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

Sincerely,



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



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

February 4, 2020

Dewaine Christmas, Facility Administrator
Sunshine Utilities of Central Florida, Inc.
10230 SE Hwy 25
Bellevue FL, 34420
SUNSHINEUTL@AOL.COM

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

Dear Mr. Christmas:

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

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Chandler Hammond at 407-897-4313 or via e-mail at Chandler.Hammond@FloridaDEP.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jill Farris".

Jill Farris, Manager
Central District
Florida Department of Environmental Protection



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

November 15, 2019

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

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

Dear Mr. Christmas:

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

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

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

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

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

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

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

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

Sincerely,



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

cc:

Universal Waters, Operator
BLUEJAY2415@AOL.COM



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

February 4, 2020

Dewaine Christmas, Facility Administrator
Sunshine Utilities of Central FL, Inc.
10230 SE Hwy 25
Bellevue FL, 34420
SUNSHINEUTL@AOL.COM

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

Dear Mr. Christmas:

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

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Chandler Hammond at 407-897-4313 or via e-mail at Chandler.Hammond@FloridaDEP.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jill Farris".

Jill Farris, Manager
Central District
Florida Department of Environmental Protection



Florida Department of Environmental Protection

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

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Ryan E. Matthews
Interim Secretary

March 22, 2017

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

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

Dear Mr. Christmas:

Department personnel conducted inspections inspection of the above-referenced facilities on March 16, 2017. Based on the information provided during and following the inspection, the facilities were determined to be in compliance with the Department's rules and regulations. Copies of the inspection reports are attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain these facilities in compliance with state and federal rules. Should you have any questions or comments, please contact Chris Rossing at 407-897-4172 or via e-mail at Chris.Rossing@dep.state.fl.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Sirena Davila".

Sirena Davila, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Reports

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name LITTLE LAKE WEIR SUBDIVISION County Marion PWS ID # 3420761
Plant Location SE 144th Lane & SE 90th Court, Summerfield, FL 34420 Phone 352/347-8228
Owner Name Sunshine Utilities of Central Florida, Inc. Phone 352/347-8228
Owner Address 10230 East Highway 25, Belleview, FL 34420
Contact Person Dewaine Christmas Title Owner/Office manager Phone 352/347-8228
This Survey Date 3/16/17 Last Survey Date 5/15/14 Last Compliance Inspection Date 10/15/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 106,560 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 385

Population Served 963 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

Days/wk: *Required* 3 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 71,204 gpd

Maximum Day (from MORs) 99,800 gpd 2/16

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Sensus/2" Master

Date Last Calibrated Unknown

RAW WATER SOURCE

GROUND; Number of Wells 2

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Onan Diesel

Capacity of Standby (kW) 80

Switchover: Automatic Manual

Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

Well Pumps Both

High Service Pumps _____

Treatment Equipment All

Satisfy avg. daily demand? Yes No Unknown

Audio-visual alarm? Yes No

Comments Auto-dialer

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 N/A

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 None # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date Unknown

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0263)	2 (AAE0262)		
Year Drilled	Unknown	1980		
Depth Drilled	250'	170'		
Drilling Method	Cable tool	Rotary drill		
Type of Grout	Neat cement	Neat cement		
Static Water Level	Unknown	Unknown		
Pumping Water Level	Unknown	Unknown		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	Unknown		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Black steel		
Length (outside casing)	Unknown	142'		
Diameter (outside casing)	4"	4"		
Material (outside casing)	Unknown	Black iron		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	N/A	N/A	
	Reuse Water	>200'	>200'	
	WW Plumbing	>200'	>200'	
	Other Sanitary Hazard	None observed	None observed	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Unknown	Unknown	
	Model Number	Unknown	Unknown	
	Rated Capacity (gpm)	75	73	
	Motor Horsepower	5	5	
Well casing 12" above grade?	Yes	No*		
Well Casing Sanitary Seal	OK	OK		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Security	Yes	Yes		
Well Vent Protection	N/A	N/A		

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

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-tech (2) Capacity 30 gpd
 Chlorine Feed Rate 60%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant N/A Remote 1.24
 Remote tap location 14150 90th Court
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to the hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H	
Capacity (gal)	5,000	
Material	Steel	
Gravity Drain	Yes	
By-Pass Piping	Yes	
Protected Openings	Yes	
Sight Glass or Level Indicator	Yes	
PRV/ARV	PRV	
Pressure Gauge	Yes	
On/Off Pressure	40/60	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location	On tank	
Date of Inspection	7/13	
Date of Cleaning	7/13	

Comments _____

Chlorine Gas Use Requirements	Chlorine Gas Use		Comments
	YES	NO	
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		
Type		
Make		
Model		
Capacity (gpm)		
Motor HP		
Date Installed		

Comments _____

~~**AERATION (Gases, Fe, & Mn Removal)**~~

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

DEFICIENCIES:

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


MONITORING REMINDER:

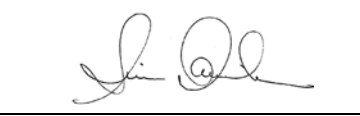
- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2017 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2017, and certification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

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's Signature  Title: Environmental Specialist II Date: 3/20/17

Reviewer's Signature  Title: Environmental Manager Date: 3/21/2017

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SUNLIGHT ACRES SUBDIVISION County Marion PWS ID # 3421520
Plant Location SE 32nd Court, Belleview, FL 34420 Phone 352/347-8228
Owner Name Sunshine Utilities of Central FL, Inc. Phone 352/347-8228
Owner Address 10230 East Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner/Office manager Phone 352/347-8228
This Survey Date 3/16/17 Last Survey Date 5/15/14 Last Compliance Inspection Date 10/17/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 180,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 79

Population Served 198 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

Days/wk: *Required* 3 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 17,453 gpd

Maximum Day (from MORs) 36,200 gpd 11/16

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Sensus

Date Last Calibrated Unknown

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 N/A

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 None # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date Unknown

Comments Plan not on site.

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0260)			
Year Drilled	1983			
Depth Drilled	125'			
Drilling Method	Cable tool			
Type of Grout	Neat cement			
Static Water Level	30'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	66'			
Diameter (outside casing)	6"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	N/A		
	Reuse Water	>200'		
	WW Plumbing	>200'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Unknown		
	Model Number	Unknown		
	Rated Capacity (gpm)	150		
	Motor Horsepower	10		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Pulsa-feeder Capacity 15 gpd
 Chlorine Feed Rate 60%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant N/A Remote 1.17
 Remote tap location 13430 SE 32nd Court
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H	
Capacity (gal)	2,000	
Material	Steel	
Gravity Drain	Yes	
By-Pass Piping	Yes	
Protected Openings	Yes	
Sight Glass or Level Indicator	Yes	
PRV/ARV	PRV	
Pressure Gauge	Yes	
On/Off Pressure	40/60	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location	Discharge piping	
Date of Inspection	6/13	
Date of Cleaning	6/13	

Comments _____

Chlorine Gas Use Requirements	Chlorine Gas Use		Comments
	YES	NO	
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		
Type		
Make		
Model		
Capacity (gpm)		
Motor HP		
Date Installed		

Comments _____

AERATION (Gases, Fe, & Mn Removal)

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

DEFICIENCIES:

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

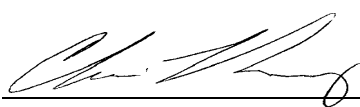
MONITORING REMINDER:

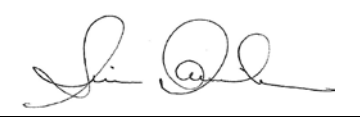
- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2017 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2017, and certification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

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's Signature  Title: Environmental Specialist II Date: 3/20/17

Reviewer's Signature  Title: Environmental Manager Date: 3/21/2017

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

Plant Name BELLEVIEW OAKS ESTATES County Marion PWS ID # 3424621
Plant Location CR 25A and SE 76th Avenue, Belleview, FL 32620 Phone 352/347-8228
Owner Name Sunshine Utilities of Central FL, Inc. Phone 352/347-8228
Owner Address 10230 East Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner/Office manager Phone 352/347-8228
This Survey Date 3/16/17 Last Survey Date 5/15/14 Last Compliance Inspection Date 10/16/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 147,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 84

Population Served 294 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

Days/wk: *Required* 3 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 15,396 gpd

Maximum Day (from MORs) 29,800 gpd 10/16

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Kent

Date Last Calibrated Unknown

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 N/A

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 None # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date Unknown

Comments Plan not on site.

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0255)			
Year Drilled	1983			
Depth Drilled	160'			
Drilling Method	Rotary drill			
Type of Grout	Neat cement			
Static Water Level	30'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	80'			
Diameter (outside casing)	6"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	N/A		
	Reuse Water	>200'		
	WW Plumbing	>200'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Unknown		
	Model Number	Unknown		
	Rated Capacity (gpm)	150		
	Motor Horsepower	10		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech Capacity 30 gpd
 Chlorine Feed Rate 100%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant N/A Remote 0.64
 Remote tap location 7505 SE 114th Lane
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

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

Comments _____

Chlorine Gas Use Requirements	Chlorine Gas Use		Comments
	YES	NO	
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		
Type		
Make		
Model		
Capacity (gpm)		
Motor HP		
Date Installed		

~~Comments _____

 _____~~

~~**AERATION (Gases, Fe, & Mn Removal)**~~

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

DEFICIENCIES:

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


MONITORING REMINDER:


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

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's Signature  Title: Environmental Specialist II Date: 3/20/17

Reviewer's Signature  Title: Environmental Manager Date: 3/21/2017

SANITARY SURVEY REPORT

Plant Name COUNTRY WALK County Marion PWS ID # 3424657
Plant Location SE 60th Terrace and 60th Avenue, Belleview, FL 34420 Phone 352/347-8228
Owner Name Sunshine Utilities of Central FL, Inc. Phone 352/347-8228
Owner Address 10230 East Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner/Office manager Phone 352/347-8228
This Survey Date 3/16/17 Last Survey Date 8/22/14 Last Compliance Inspection Date 10/15/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 132,480 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: Yes No N/A

Number of Service Connections 65

Population Served 189 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Kelvin Edun C-7459

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

Days/wk: *Required* 3 *Actual* 3

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 17,374 gpd

Maximum Day (from MORs) 27,100 gpd 5/16

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 2" Master

Date Last Calibrated Unknown

RAW WATER SOURCE

GROUND; Number of Wells 1

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

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 _____

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 N/A

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 None # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date Unknown

Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0261)			
Year Drilled	1985			
Depth Drilled	140'			
Drilling Method	Combination			
Type of Grout	Neat cement			
Static Water Level	60'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	105'			
Diameter (outside casing)	4"			
Material (outside casing)	Black steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	N/A		
	Reuse Water	>200'		
	WW Plumbing	>200'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Unknown		
	Model Number	Unknown		
	Rated Capacity (gpm)	150		
	Motor Horsepower	10		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Chem-Tech Capacity 15 gpd
 Chlorine Feed Rate 40%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant N/A Remote 0.53
 Remote tap location 12463 SE 60th Terrace
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

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

Comments _____

Chlorine Gas Use Requirements	Chlorine Gas Use		Comments
	YES	NO	
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		
Type		
Make		
Model		
Capacity (gpm)		
Motor HP		
Date Installed		

Comments _____

~~**AERATION (Gases, Fe, & Mn Removal)**~~

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

DEFICIENCIES:

- No deficiencies were noted during this inspection.


MONITORING REMINDER:

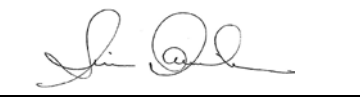
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- Monitoring schedules are available on the Central District's Drinking Water Website.
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COMMENTS:

- 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.]
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- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:
 - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
 - The failure of a public water system to comply with applicable disinfection requirements; or
 - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

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Inspector’s Signature  Title: Environmental Specialist II Date: 3/20/17

Reviewer’s Signature  Title: Environmental Manager Date: 3/20/2017

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name HILLTOP AT LAKE WEIR County Marion PWS ID # 3424662
Plant Location SE 125th Place and CR 25, Belleview, FL 34420 Phone 352/347-8228
Owner Name Sunshine Utilities of Central FL, Inc. Phone 352/347-8228
Owner Address 10230 East Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Owner/Office manager Phone 352/347-8228
This Survey Date 3/16/17 Last Survey Date 8/22/14 Last Compliance Inspection Date 10/15/01

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5C

MAX-DAY DESIGN CAPACITY: 313,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Hypochlorination

SERVICE AREA CHARACTERISTICS

Subdivision/Mobile home park

Food Service: Yes No N/A

Number of Service Connections 179

Population Served 448 Basis Operator

OPERATION & MAINTENANCE LOG: Yes

Location Water treatment plant

Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:

Kelvin Edun C-7459

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

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

Non-consecutive Days? Yes No N/A

Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A

Data missing from MORs? No Yes N/A

Average Day (from MORs) 48,584 gpd

Maximum Day (from MORs) 104,000 gpd 11/16

Comments _____

Flow Measuring Device Flow Meter

Meter Size & Type 4" Kent / 4" Sensus

Date Last Calibrated Unknown

RAW WATER SOURCE

GROUND; Number of Wells 2

PURCHASED from PWS ID # _____

Emergency Water Source _____

Emergency Water Capacity _____

STANDBY POWER SOURCE: Yes

Source Generac Generator

Capacity of Standby (kW) 45

Switchover: Automatic Manual

Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

Well Pumps Both

High Service Pumps _____

Treatment Equipment All

Satisfy avg. daily demand? Yes No Unknown

Audio-visual alarm? Yes No

Comments _____

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 N/A

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 None # Tested N/A

WWTP RPZ N/A Date Tested N/A

Written Plan Yes Date Unknown

Comments Plan not on site.

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1 (AAE0264)	2 (AAI5708)		
Year Drilled	1984	2005		
Depth Drilled	224'	210'		
Drilling Method	Combination	Combination		
Type of Grout	Neat cement	Neat cement		
Static Water Level	Unknown	80'		
Pumping Water Level	Unknown	Unknown		
Design Well Yield	Unknown	Unknown		
Test Yield	Unknown	Unknown		
Actual Yield (if different than rated capacity)	Unknown	Unknown		
Strainer	Unknown	Unknown		
Length (outside casing)	101'	113'		
Diameter (outside casing)	4"	6"		
Material (outside casing)	Black steel	Black steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	N/A	N/A	
	Reuse Water	>200'	>200'	
	WW Plumbing	>200'	>200'	
	Other Sanitary Hazard	None	None	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Grundfos	
	Model Number	Unknown	230S150-4	
	Rated Capacity (gpm)	190	245	
	Motor Horsepower	15	15	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	OK	OK		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Security	Yes	Yes		
Well Vent Protection	N/A	Yes		

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make (2) Chem-Tech Capacity 30 gpd
 Chlorine Feed Rate 80%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant N/A Remote >2.2
 Remote tap location 12282 SE 100th Court
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H	
Capacity (gal)	10,000	
Material	Steel	
Gravity Drain	Yes	
By-Pass Piping	Yes	
Protected Openings	Yes	
Sight Glass or Level Indicator	Yes	
PRV/ARV	PRV	
Pressure Gauge	Yes	
On/Off Pressure	45/65	
Access Secured	Yes	
Access Manhole	Yes	
Tank Sample Tap Location	Discharge piping	
Date of Inspection	7/13	
Date of Cleaning	7/13	

Comments _____

Chlorine Gas Use Requirements	Chlorine Gas Use		Comments
	YES	NO	
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		
Type		
Make		
Model		
Capacity (gpm)		
Motor HP		
Date Installed		

Comments _____

AERATION (Gases, Fe, & Mn Removal)

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

DEFICIENCIES:

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


MONITORING REMINDER:

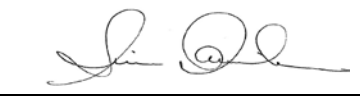
- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2017 results have not been received.
- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2017, and certification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

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's Signature  Title: Environmental Specialist II Date: 3/20/17

Reviewer's Signature  Title: Environmental Manager Date: 3/20/2017



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

August 18, 2020

Dewaine Christmas, Owner
SE 32nd Court
Belleview, FL 34420
sunshineutl@aol.com

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

Dear Mr. Christmas:

An inspection was conducted at your facility on July 28, 2020 under the authority of Section 403.091, Florida Statutes (F.S.) . During this inspection, potential non-compliance with the requirements under Chapter 403, F.S., Chapter 62-555.350, Florida Administrative Code (F.A.C.), and Chapter 62-602.650, F.A.C. were observed. The purpose of this letter is to offer you compliance assistance as a means of resolving this/these matter(s).

Please see the attached inspection report for a full account of Department observations and recommendations. We request you review the item(s) of concern noted in the attached inspection report and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should either:

1. Describe what you have done or provide a time schedule to address the items of concern noted in the attached report (see "Deficiencies" section of the report)
2. Provide information that either mitigates the concerns or demonstrates them to be invalid, or
3. Arrange for one of our inspectors to visit your facility to discuss the item(s) of concern.

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

Please address your response and any questions to Ellia Ruggiero of the Central District Office at 407-897-4168 or via e-mail at Ellia.Ruggiero@floridadep.gov We look forward to your cooperation with this matter.

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

Sincerely,

David Smicherko

David Smicherko, Manager
Central District
Florida Department of Environmental Protection

Enclosure: Inspection Report (with attachments)

cc: Ellia Ruggiero Ellia.Ruggiero@floridadep.gov
David Smicherko David.Smicherko@floridadep.gov

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

Plant Name SUNLIGHT ACRES SUBDIVISON County Marion PWS ID # 3421520
Plant Location SE 32nd Court, Belleview, FL 34420 Phone 352-347-8228
Owner Name Sunshine Utilities of Central Florida, Inc Phone 352-347-8228
Owner Address 10230 E Highway 25, Belleview, FL 34420-5531
Contact Person Dewaine Christmas Title Operator Phone 352-347-8228
This Survey Date 7/28/2020 Last Survey Date 5/15/2015 Last Compliance Inspection Date N/A

PWS TYPE: Community

PLANT CATEGORY & CLASS: 5D

MAX-DAY DESIGN CAPACITY: 180,000 gpd

PWS STATUS: Approved

TREATMENT PROCESSES IN USE

Chlorination

SERVICE AREA CHARACTERISTICS

Subdivision
Food Service: Yes No N/A
Number of Service Connections 79
Population Served 198 Basis Owner

OPERATION & MAINTENANCE LOG: Yes

Location WTP
Comments _____

CERTIFIED OPERATOR: Yes

Operator(s) & Certification Class-Number:
Kelvin Edun C-0007459

Hrs/day: *Required* Visit *Actual* Visit
Days/wk: *Required* 3 *Actual* 3
Non-consecutive Days? Yes No N/A
Comments _____

MONTHLY OPERATION REPORTS (MORs)

MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Average Day (from MORs) 15,329 gpd
Maximum Day (from MORs) 53,700 gpd 10/2019
Comments _____

Flow Measuring Device Flow Meter
Meter Size & Type 2" Sensus
Date Last Calibrated Unknown*

RAW WATER SOURCE

GROUND; Number of Wells 1
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

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 _____

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 None # Tested N/A
WWTP RPZ N/A Date Tested N/A
Written Plan N/A Date N/A
Comments _____

GROUND WATER SOURCE

Well Number (Florida Unique Well ID #)	1(AAE0260)			
Year Drilled	1983			
Depth Drilled	125'			
Drilling Method	Cable Tool			
Type of Grout	Neat Cement			
Static Water Level	30'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	66'			
Diameter (outside casing)	6"			
Material (outside casing)	Black Steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	N/A		
	Reuse Water	>200'		
	WW Plumbing	>200'		
	Other Sanitary Hazard	None		
PUMP	Type	Submersible		
	Manufacturer Name	Unknown		
	Model Number	Unknown		
	Rated Capacity (gpm)	150		
	Motor Horsepower	10		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	Yes			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	N/A			

COMMENTS _____

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Pulsa Feeder Capacity 30 gpd
 Chlorine Feed Rate 60% stroke
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 2.2 Remote 1.9
 Remote tap location 13437 SE 32nd Court
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatics tank
 Booster Pump Info N/A
 Comments _____

STORAGE FACILITIES

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

Tank Type/Number	H1		
Capacity (gal)	2,000		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	No		
PRV/ARV	PRV		
Pressure Gauge	Yes		
On/Off Pressure	Yes		
Access Secured	40/60		
Access Manhole	Yes		
Tank Sample Tap Location	Yes		
Date of Inspection	06/2013		
Date of Cleaning	06/2013		

Chlorine Gas Use Requirements	Chlorine Gas Use Requirements		Comments
	YES	NO	
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"/>	

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

AERATION (Gases, Fe, & Mn Removal)

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

HIGH SERVICE PUMPS

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

Comments _____

DEFICIENCIES:

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
No record that the calibration of the finished-drinking-water flow meter has been checked.	62-555.350(2)	The calibration of finished-drinking-water flow meters should be checked at least once every 5 years.		No
Finished drinking water tank(s) has been inspected by a licensed engineer but not within the required 5-year time period.	62.555.350(2)	Have future tank inspections completed at least once every 5 years.		No

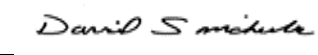
MONITORING REMINDER:

- Monitoring schedules are available on the Central District’s FTP site: <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

Ellia Ruggiero
Printed Name

Environmental Specialist
Title

7/28/2020
Date

Reviewer Signature

David Smicherko
Printed Name

Environmental Manager
Title

8/18/2020
Date



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

September 4, 2020

Dewaine Christmas, Owner
SE 32nd Court
Bellevue, FL 34420
sunshineutl@aol.com

Re: Return to Compliance
Sunlight Acres Subdivision
PW Facility ID #3421520
Marion County

Dear Mr. Christmas:

Department personnel conducted an inspection of the above-referenced facility on July 28, 2020. Based on the information provided during and following the inspection, the facility is now determined to be in compliance with the Department's rules and regulations. Any 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 Ellia Ruggiero at 407-897-4168 or via e-mail at Ellia.Ruggiero@floridadep.gov.

Sincerely,

David Smicherko

David Smicherko, Manager
Central District
Florida Department of Environmental Protection

cc: Ellia Ruggiero Ellia.Ruggiero@floridadep.gov
David Smicherko David.Smicherko@floridadep.gov