

CITRUS WATERWORKS, INC.

September 20, 2024

FILED 9/30/2024
DOCUMENT NO. 09300-2024
FPSC - COMMISSION CLERK

Office of the Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Docket No. 20240111-WU - Application for grandfather certificate to operate water utility in Citrus County, by Citrus Waterworks, Inc. – Second Response to Staff Deficiency Letter

Dear Commission Clerk,

Citrus Waterworks, Inc. hereby submits its second response to Staff's Deficiency Letter dated August 28, 2024.

COM _____
AFD _____
APA _____
ECO _____
ENG I map _____
GCL _____
IDM _____
CLK _____

1. System Map. Rule 25-30.035(14), F.A.C., requires that the applicant provide a detailed system map showing the existing and proposed lines and treatment facilities, with the territory proposed to be served plotted thereon. No system map was provided in Citrus' application. Please provide the required system map.

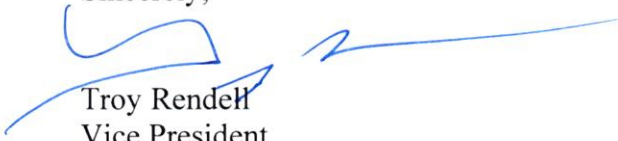
Response: Find enclosed the system map showing the existing lines, water well sites, and service territory.

2. Permits. Rule 25-30.035(16), F.A.C., requires that the applicant provide a copy of all current permits issued by the Department of Environmental Protection (DEP) and water management district. Citrus provided a Change in Ownership notification to DEP and not a permit from DEP. Please provide all current permits from DEP. In addition, please provide a copy of Citrus' consumptive use permit from the Southwest Florida Water Management District (SWFWMD). If Citrus is exempt from SWFWMD's permitting requirements, please provide a statement to that effect and the basis for such exemption.

Response: Please find enclosed the DEP Sanitary Surveys from 2020 which indicate the design capacity of each well at Ellsworth Point and Blackwater Heights.

If you have any further questions or concerns, please do not hesitate to contact me at either trendell@uswatercorp.net or (727) 848-8292.

Sincerely,


Troy Rendell
Vice President
Investor Owned Utilities

RECEIVED-FPSC
2024 SEP 29 PM 1:47
COMMISSION
CLERK



FLORIDA DEPARTMENT OF Environmental Protection

Southwest District Office
13051 North Telecom Parkway #101
Temple Terrace, Florida 33637-0926

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

June 1, 2020

Sunshine Utilities #7, Ellsworth Point
Attn: Dewaine Christmas
10230 East Highway 25
Bellevue, Florida 34420
SUNSHINEUTL@AOL.COM

Re: Compliance Assistance Offer
Sunshine Utilities #7, Ellsworth
Facility ID: 6090523
Citrus County

Dear Mr. Christmas:

A Sanitary Survey was conducted at your facility on May 21, 2020 under the authority of Section 403.061, Florida Statutes (F.S.). During this inspection, possible violations of Chapter 62-550 and 62-555, Florida Administrative Code (F.A.C.) were observed. The purpose of this letter is to offer you compliance assistance as a means of resolving these matters.

Please see the attached inspection report for a full account of Department observations and be advised this Compliance Assistance Offer is part of an agency investigation preliminary to agency action in accordance with Section 120.57(5), F.S. We request you review the items 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 to resolve the issue (see "Recommendations for Corrective Action" 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 offer suggested actions to return to compliance without enforcement.

It is the Department's desire that you are able to document compliance or corrective actions concerning the possible violations identified in the attached inspection report so that this matter can be closed without enforcement. Your failure to respond promptly in writing (or by e-mail) may result in the initiation of formal enforcement proceedings.

Sunshine Utilities, Ellsworth #7
Facility ID: 6090523
Compliance Assistance Letter
Page 2 of 2

The Department appreciates your efforts to maintain this system in compliance with state and federal rules. Should you have any questions or comments, please contact Margaret Dorge at (813) 470-5703, or via e-mail at: Margaret.Dorge@floridaDEP.gov.

Sincerely,



James S. Brock
Environmental Manager
Compliance Assurance Program
SWD District
Florida Department of Environmental Protection

Enclosures: Inspection Report

ec: Kelvin Edun, Operator, UNIVERSALWATERS94@YAHOO.COM
Margaret Dorge, FDEP-SWD, Margaret.Dorge@floridaDEP.gov
James Brock, FDEP-SWD, James.Brock@floridaDEP.gov



SANITARY SURVEY REPORT – Small Systems – Chlorine/Aeration / <350 population

SURVEY	Water system: <u>SUNSHINE UTILITIES #7, ELLSWORTH POINT</u>	System PWS #: <u>6090523</u>	Date of survey: <u>05/21/2020</u>	
	Inspector name: <u>MARGARET DORGE</u>	Person(s) contacted: <u>SUNSHINE UTILITIES</u>		
	System type: <u>C</u>	Population: <u>84</u>	Connections: <u>25</u>	Design capacity: <u>0.086 MGD</u>
SYSTEM	System address: <u>11927 N. ELLSWORTH TERRACE</u>	City: <u>DUNNELLON</u>	State: <u>FL</u>	Zip: <u>34433</u>
	System phone: <u>(352) 347-8228</u>	Cell: <u>N/A</u>		
	Fax number: <u>N/A</u>	Email: <u>sunshineutl@aol.com</u>		
OWNER	Owner name: <u>SUNSHINE UTILITIES/DEWAINA CHRISTMAS</u>	Owner title: <u>MANAGER</u>		
	Owner address: <u>10230 EAST HIGHWAY 25</u>	City: <u>BELLEVIEW</u>	State: <u>FL</u>	Zip: <u>34420</u>
	Owner phone: <u>(352) 347-8228</u>	Cell: <u>N/A</u>		
	Fax number: <u>N/A</u>	Email: <u>sunshineutl@aol.com</u>		
OPERATOR	Operator required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)	Operator class & cert. number: <u>C 7459</u>		
	Operator name: <u>KELVIN EDUN</u>	Phone: <u>(352) 288-5150</u>		
	Fax number: <u>N/A</u>	Email: <u>Universalwaters94@yahoo.com</u>		

SOURCE - WELL INFORMATION	Well Name and/or FL Unique Well ID	Well #1	STORAGE FACILITIES	Storage type used: <input checked="" type="checkbox"/> Hydro <input type="checkbox"/> Ground <input type="checkbox"/> Elevated <input type="checkbox"/> Bladder <input type="checkbox"/> N/A		
	Well head sealed? (Pad/conduit/openings)	Yes		Inspections compliant? (annual/5yr)	Yes	
	Well casing 12" above grade?	Yes		Washouts compliant? (every 5 yrs)	Yes	
	Casing vent compliant? (installed, screened)	No-See Deficiencies		Storage capacity compliant? (1/4 max)	Yes	
	Check valve compliant (installed/no leak)?	Yes		HYDRO APPURTENANCES: "X" box below if not compliant, <input type="checkbox"/> PRV <input type="checkbox"/> Gauge <input type="checkbox"/> Sight glass <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input checked="" type="checkbox"/> Compliant		
	Tap Compliant? (Smooth/12" high/precheck)	Yes		GROUND/ELEVATED APPURTENANCES: "X" box below if not compliant, NA <input type="checkbox"/> Hatch <input type="checkbox"/> Vent <input type="checkbox"/> Overflow <input type="checkbox"/> Drain <input type="checkbox"/> Bypass <input type="checkbox"/> Compliant		
	Flow measurable? (if applicable, GPM@psi)	Yes Sensus		Manual or automatic controls?		Automatic
	Flow meter accuracy checked?	Yes		On/Off pressure of pumps?		35 / 55
	Well capacity > maximum day?	Yes		HSP High Service Pumps functional?		N/A
	Setbacks compliant? (hazard type and distance)	Yes		HSP HSP capacity compliant?		N/A
TREATMENT	Name of plant & type of chlorination	Plant 1 / Hypo	MONITORING	Chlorine test kit compliant?	Yes	
	O & M log compliant?	Yes		Chlorine grab sampling compliant?	Yes	
	O & M manual compliant?	Yes		Bacti sampling compliant?	Yes	
	Cl storage compliant? (no organics/acid/sun)	Yes		Chemical sampling compliant?	Yes	
	Chlorinator flow proportionate?	Yes		Lead/copper sampling compliant? (c.p)	Yes	
	Treated sample tap provided?	Yes		DBP monitoring compliant? (c.p)	Yes	
	Cl solution strength?	unknown		MONITORING PLANS: "X" box below if not compliant <input type="checkbox"/> Bacteriological <input checked="" type="checkbox"/> Disinfection By-Products (c.p) <input type="checkbox"/> Lead & Copper (c.p)		
	Solution tank compliant? (covered/etc)	Yes		NSF: "X" box below if not compliant <input type="checkbox"/> Treatment Chemicals/Components <input type="checkbox"/> Storage <input type="checkbox"/> Pipe <input type="checkbox"/> New Meters		
	Antisiphon protection compliant?	Yes		CCC / Plan(C) implemented?		Yes
	Safety: (Gloves/Apron/Eyewash/etc)	N/A		Record keeping compliant?		Yes
GAS CL	Cl room compliant? (separate/ventilation)	N/A	MANAGEMENT	Security measures compliant?	Yes	
	Scales compliant? (installed/functional)	N/A		Plant category and type?	Cat V / Class D	
	Safety: (SCBA/Gloves/Ammonia)	N/A		Operator visits compliant?	Yes	
	Choose type: "X" box below if not compliant N/A <input type="checkbox"/> Screen <input type="checkbox"/> Tray <input type="checkbox"/> Lid <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input type="checkbox"/> Algae Free <input type="checkbox"/> Compliant			Plant checked 5 days/week? (owner/rep)	Yes	
DISTRIBUTION	Flushing of dead ends compliant?	Yes	OPERATOR	MORs submittal compliant?	Yes	
	Valve maintenance compliant?	Yes				
	Distribution PSI compliant? (> 20 PSI)	Yes				
	Chlorine residual above minimum?	Yes				

FIELD SAMPLING RESULTS	Plant Cl (mg/L)	Above 4.00 mg/L	Distribution Cl (mg/L)	Above 4.00 mg/L
TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED? <input type="checkbox"/> Yes (see enclosed TAP information) <input checked="" type="checkbox"/> No TAP recommended at this time				

COMMENTS: Distribution sample taken at a resident outside spigot on N Elbon Point.



DEFICIENCIES

DEFICIENCY: DISINFECTION BYPRODUCT MONITORING PLAN (DBPP).

REGULATION REFERENCE: FAC 62-550.821 (10)

RECOMMENDED ACTION:

Water systems shall make their monitoring plan available for review during sanitary surveys conducted by the Department and shall submit their monitoring plan if requested by the Department in accordance with FAC 62-550.821. Please prepare a DBPP in accordance with the above referenced rule within 90 days.

DEFICIENCY: IMPROPER CASING VENT.

REGULATION REFERENCE: FAC Rule 62-555.320(8)(c)

RECOMMENDED ACTION:

Provide a proper well casing vent (screen) to prevent suction of insects, rodents, or debris within 30 days. The vent shall terminate in a downturned position, at or above the top of the casing or pitless unit, no less than 12 inches above grade or floor, in a minimum 1 ½ inch diameter opening covered with a 24 mesh, corrosion resistant screen. The pipe connecting the casing to the vent shall be of adequate size to provide rapid venting of the casing.

REMARKS AND RECOMMENDATIONS

Recommendations:

- 1. The chlorine residual was high. The Department recommends lowering the chlorine residual below 4.00 mg/L.

TECHNICAL ASSISTANCE PROVIDERS

FLORIDA RURAL WATER ASSOCIATION
 2970 Wellington Circle W, Suite 101
 Tallahassee FL 32309-6885
 E-Mail: FRWA@frwa.net
 Home Page: <http://www.frwa.net>
 850.668.2746

DIGITAL PHOTOS



Photo 1: Casing Vent with No Screen

INSPECTOR'S SIGNATURE  TITLE ES-II DATE: 05/29/2020

REVIEWED BY  TITLE ENVIRONMENTAL MANAGER DATE: 6/01/2020

From: sunshineuti@aol.com
To: [Dorge, Margaret](#)
Subject: Compliance Inspections for 6090099 and 6090523
Date: Tuesday, June 09, 2020 8:59:38 AM
Attachments: [DISINFECTION BYPRODUCT CITRUS.pdf](#)

Margaret:

I have attached the Disinfection Byproduct plans for both Ellsworth Point and Backwater Heights.

Ellsworth Point - A screen has been installed on the well vent.

Backwater Heights - Well pad has been repaired.

We have also lowered the Cl₂ residual at both plants.

If you have any questions feel free to give me a call.

Thank you,
Dewaine Christmas
Sunshine Utilities

From: sunshineutl@aol.com
To: [Dorge, Margaret](#)
Subject: Fwd: Backwater#2 and Elsworth Point
Date: Wednesday, June 17, 2020 10:46:50 AM

-----Original Message-----

From: Marc Boucher <mrcboucher38@yahoo.com>
To: sunshineutl@aol.com <sunshineutl@aol.com>
Sent: Tue, Jun 9, 2020 8:45 am
Subject: Backwater#2 and Elsworth Point



[Sent from Yahoo Mail on Android](#)



FLORIDA DEPARTMENT OF Environmental Protection

Southwest District Office
13051 North Telecom Parkway #101
Temple Terrace, Florida 33637-0926

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

June 17, 2020

Sunshine Utilities #7, Ellsworth Point
Attn: Dewaine Christmas
10230 East Highway 25
Belleview, Florida 34420
sunshineutl@aol.com

Re: Compliance Assistance Offer
Sunshine Utilities #7, Ellsworth Point
Facility ID: 6090523
Citrus County

Dear Mr. Christmas:

Department personnel conducted a Sanitary Survey of the above-referenced system on May 21, 2020. Based on the information provided following the inspection, the system was determined to be in compliance. 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 system. Should you have any questions or comments, please contact Margaret Dorge at (813) 470-5703, or via e-mail at: Margaret.Dorge@floridadep.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "JSB".

James S. Brock
Environmental Manager
Compliance Assurance Program
SWD District
Florida Department of Environmental Protection

Enclosures: Inspection Report

ec: Margaret Dorge, FDEP-SWD, Margaret.Dorge@floridaDEP.gov
James Brock, FDEP-SWD, James.Brock@floridaDEP.gov
Kelvin Edun, Operator, UNIVERSALWATERS94@YAHOO.COM



SANITARY SURVEY REPORT – Small Systems – Chlorine/Aeration / <350 population

SURVEY	Water system: <u>SUNSHINE UTILITIES #7, ELLSWORTH POINT</u> System PWS #: <u>6090523</u> Date of survey: <u>05/21/2020</u>
	Inspector name: <u>MARGARET DORGE</u> Person(s) contacted: <u>SUNSHINE UTILITIES</u>
	System type: <u>C</u> Population: <u>84</u> Connections: <u>25</u> Design capacity: <u>0.086 MGD</u> Storage capacity: <u>500</u>
SYSTEM	System address: <u>11927 N. ELLSWORTH TERRACE</u> City <u>DUNNELLON</u> State <u>FL</u> Zip <u>34433</u>
	System phone: <u>(352) 347-8228</u> Cell: <u>N/A</u>
	Fax number: <u>N/A</u> Email: <u>sunshineut1@aol.com</u>
OWNER	Owner name: <u>SUNSHINE UTILITIES/DEWAINA CHRISTMAS</u> Owner title: <u>MANAGER</u>
	Owner address: <u>10230 EAST HIGHWAY 25</u> City: <u>BELLEVUE</u> State <u>FL</u> Zip <u>34420</u>
	Owner phone: <u>(352) 347-8228</u> Cell: <u>N/A</u>
	Fax number: <u>N/A</u> Email: <u>sunshineut1@aol.com</u>
OPERATOR	Operator required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable) Operator class & cert. number: <u>C 7459</u>
	Operator name: <u>KELVIN EDUN</u> Phone: <u>(352) 288-5150</u>
	Fax number: <u>N/A</u> Email: <u>Universalwaters94@yahoo.com</u>

SOURCE - WELL INFORMATION	Well Name and/or FL Unique Well ID	Well #1	
	Well head sealed? (Pad/conduit/openings)	Yes	
	Well casing 12" above grade?	Yes	
	Casing vent compliant?(installed, screened)	No-See Deficiencies	
	Check valve compliant (installed/no leak)?	Yes	
	Tap Compliant? (Smooth/12" high/precheck)	Yes	
	Flow measurable? (if applicable, GPM@psi)	Yes Sensus	
	Flow meter accuracy checked?	Yes	
	Well capacity > maximum day?	Yes	
	Setbacks compliant?(hazard type and distance)	Yes	
TREATMENT	Name of plant & type of chlorination	Plant 1 / Hypo	
	O & M log compliant?	Yes	
	O & M manual compliant?	Yes	
	Cl storage compliant? (no organics/acid/sun)	Yes	
	Chlorinator flow proportionate?	Yes	
	Treated sample tap provided?	Yes	
	HYPO CL	Cl solution strength?	unknown
		Solution tank compliant?(covered/etc)	Yes
		Antisiphon protection compliant?	Yes
	GAS CL	Safety: (Gloves/Apron/Eyewash/etc)	N/A
Cl room compliant?(separate/ventilation)		N/A	
Scales compliant? (installed/functional)		N/A	
AERATE	Safety: (SCBA/Gloves/Ammonia)	N/A	
	Choose type: "X" box below if not compliant <input type="checkbox"/> Screen <input type="checkbox"/> Tray <input type="checkbox"/> Lid <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input type="checkbox"/> Algae Free <input type="checkbox"/> Compliant	N/A	
DISTRIBUTION	Flushing of dead ends compliant?	Yes	
	Valve maintenance compliant?	Yes	
	Distribution PSI compliant? (> 20 PSI)	Yes	
	Chlorine residual above minimum?	Yes	

STORAGE FACILITIES	Storage type used: <input checked="" type="checkbox"/> Hydro <input type="checkbox"/> Ground <input type="checkbox"/> Elevated <input type="checkbox"/> Bladder <input type="checkbox"/> N/A	
	Inspections compliant? (annual/5yr)	Yes
	Washouts compliant? (every 5 yrs)	Yes
	Storage capacity compliant?(1/4 max)	Yes
HYDRO	APPURTENANCES: "X" box below if not compliant, <input type="checkbox"/> PRV <input type="checkbox"/> Gauge <input type="checkbox"/> Sight glass <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input checked="" type="checkbox"/> Compliant	
	GROUND REVEALED APPURTENANCES: "X" box below if not compliant . NA <input type="checkbox"/> Hatch <input type="checkbox"/> Vent <input type="checkbox"/> Overflow <input type="checkbox"/> Drain <input type="checkbox"/> Bypass <input type="checkbox"/> Compliant	
PUMPS/CONTROLS	Manual or automatic controls?	Automatic
	On/Off pressure of pumps?	35 / 55
	HSP	High Service Pumps functional?
HSP capacity compliant?		N/A
MONITORING	Chlorine test kit compliant?	Yes
	Chlorine grab sampling compliant?	Yes
	Bacti sampling compliant?	Yes
	Chemical sampling compliant?	Yes
	Lead/copper sampling compliant?(c,p)	Yes
	DBP monitoring compliant? (c,p)	Yes
MANAGEMENT	MONITORING PLANS: "X" box below if not compliant <input type="checkbox"/> Bacteriological <input checked="" type="checkbox"/> Disinfection By-Products (c,p) <input type="checkbox"/> Lead & Copper (c,p)	
	NSF: "X" box below if not compliant <input type="checkbox"/> Treatment Chemicals/Components <input type="checkbox"/> Storage <input type="checkbox"/> Pipe <input type="checkbox"/> New Meters	
	CCC / Plan(C) implemented?	Yes
	Record keeping compliant?	Yes
	Security measures compliant?	Yes
OPERATOR	Plant category and type?	Cat V / Class D
	Operator visits compliant?	Yes
	Plant checked 5 days/week? (owner/rep)	Yes
	MORs submittal compliant?	Yes

FIELD SAMPLING RESULTS	Plant Cl (mg/L)	Above 4.00 mg/L	Distribution Cl (mg/L)	Above 4.00 mg/L
TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED?	<input type="checkbox"/> Yes (see enclosed TAP information)		<input checked="" type="checkbox"/> No TAP recommended at this time	

COMMENTS: Distribution sample taken at a resident outside spigot on N Elbon Point.



DEFICIENCIES

DEFICIENCY: DISINFECTION BYPRODUCT MONITORING PLAN (DBPP).

REGULATION REFERENCE: FAC 62-550.821 (10)

RECOMMENDED ACTION:

Water systems shall make their monitoring plan available for review during sanitary surveys conducted by the Department and shall submit their monitoring plan if requested by the Department in accordance with FAC 62-550.821. Please prepare a DBPP in accordance with the above referenced rule within 90 days.

DBP sampling plan was sent to the Department on June 9, 2020. No further action.

DEFICIENCY: IMPROPER CASING VENT.

REGULATION REFERENCE: FAC Rule 62-555.320(8)(c)

RECOMMENDED ACTION:

Provide a proper well casing vent (screen) to prevent suction of insects, rodents, or debris within 30 days. The vent shall terminate in a downturned position, at or above the top of the casing or pitless unit, no less than 12 inches above grade or floor, in a minimum 1 ½ inch diameter opening covered with a 24 mesh, corrosion resistant screen. The pipe connecting the casing to the vent shall be of adequate size to provide rapid venting of the casing.

Photo was sent to the Department on June 9, 2020 of the casing vent screen. No further action.

REMARKS AND RECOMMENDATIONS

Recommendations:

1. The chlorine residual was high. The Department recommends lowering the chlorine residual below 4.00 mg/L.

TECHNICAL ASSISTANCE PROVIDERS

FLORIDA RURAL WATER ASSOCIATION
2970 Wellington Circle W, Suite 101
Tallahassee FL 32309-6885
E-Mail: FRWA@frwa.net
Home Page: <http://www.frwa.net>
850.668.2746

DIGITAL PHOTOS



Photo 1: Casing Vent with No Screen



INSPECTOR'S SIGNATURE  TITLE ES-II DATE: 05/29/2020

REVIEWED BY _____ TITLE _____ DATE: _____



FLORIDA DEPARTMENT OF Environmental Protection

Southwest District Office
13051 North Telecom Parkway #101
Temple Terrace, Florida 33637-0926

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Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

June 1, 2020

Sunshine Utilities #7, Ellsworth Point
Attn: Dewaine Christmas
10230 East Highway 25
Bellevue, Florida 34420
SUNSHINEUTL@AOL.COM

Re: Compliance Assistance Offer
Sunshine Utilities #6, Backwater Heights
Facility ID: 6090099
Citrus County

Dear Mr. Christmas:

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1. Describe what you have done to resolve the issue (see "Recommendations for Corrective Action" 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 offer suggested actions to return to compliance without enforcement.

It is the Department's desire that you are able to document compliance or corrective actions concerning the possible violations identified in the attached inspection report so that this matter can be closed without enforcement. Your failure to respond promptly in writing (or by e-mail) may result in the initiation of formal enforcement proceedings.

Sunshine Utilities, Backwater Heights #6
Facility ID: 6090099
Compliance Assistance Letter
Page 2 of 2

The Department appreciates your efforts to maintain this system in compliance with state and federal rules. Should you have any questions or comments, please contact Margaret Dorge at (813) 470-5703, or via e-mail at: Margaret.Dorge@floridaDEP.gov.

Sincerely,



James S. Brock
Environmental Manager
Compliance Assurance Program
SWD District
Florida Department of Environmental Protection

Enclosures: Inspection Report

ec: Kelvin Edun, Operator, UNIVERSALWATERS94@YAHOO.COM
Margaret Dorge, FDEP-SWD, Margaret.Dorge@floridaDEP.gov
James Brock, FDEP-SWD, James.Brock@floridaDEP.gov



SANITARY SURVEY REPORT – Small Systems – Chlorine/Aeration / <350 population

Water system: SUNSHINE #6, BACKWATER HEIGHTS System PWS #: 6090099 Date of survey: 05/21/2020
Inspector name: MARGARET DORGE Person(s) contacted: SUNSHINE UTILITIES
System type: C Population: 267 Connections: 107 Design capacity: 100,000 Storage capacity: 2,500
System address: 5335 WEST BLADE LANE City: DUNNELLON State: FL Zip: 34433
System phone: (352) 347-8228 Cell: N/A
Fax number: N/A Email: sunshineut1@aol.com
Owner name: SUNSHINE UTILITIES / DEWAINIE CHRISTMAS Owner title: MANAGER
Owner address: 10230 EAST HIGHWAY 25 City: BELLEVIEW State: FL Zip: 34420
Owner phone: (352) 347-8228 Cell: N/A
Fax number: N/A Email: sunshineut1@aol.com
Operator required? [X] Yes [] No (If "No", Operator sections not applicable) Operator class & cert. number: C 7459
Operator name: KELVIN EDUN Phone: (352) 288-5150
Fax number: N/A Email: universalwaters94@yahoo.com

Table with columns: Well Name and/or FL Unique Well ID, Well #1, Well #2. Rows include: Well head sealed?, Well casing 12" above grade?, Casing vent compliant?, Check valve compliant?, Tap Compliant?, Flow measurable?, Flow meter accuracy checked?, Well capacity > maximum day?, Setbacks compliant?, Name of plant & type of chlorination, O & M log compliant?, O & M manual compliant?, Cl storage compliant?, Chlorinator flow proportionate?, Treated sample tap provided?, Cl solution strength?, Solution tank compliant?, Antisiphon protection compliant?, Safety: (Gloves/Apron/Eyewash/etc), Cl room compliant?, Scales compliant?, Safety: (SCBA/Gloves/Ammonia), Choose type: "X" box below if not compliant, Flushing of dead ends compliant?, Valve maintenance compliant?, Distribution PSI compliant?, Chlorine residual above minimum?

Storage type used: [X] Hydro [] Ground [] Elevated [] Bladder [] N/A
Inspections compliant? (annual/5yr) Yes
Washouts compliant? (every 5 yrs) Yes
Storage capacity compliant? (1/4 max) Yes
HYDRO APPURTENANCES: "X" box below if not compliant, [] PRV [] Gauge [] Sight glass [] Bypass [] Drain [X] Compliant
GROUND/ELEVATED APPURTENANCES: "X" box below if not compliant, NA [] Hatch [] Vent [] Overflow [] Drain [] Bypass [] Compliant
Manual or automatic controls? Automatic
On/Off pressure of pumps? Plant #1: 45/55 Plant #2: unk/unk
HSP High Service Pumps functional? N/A
HSP HSP capacity compliant? N/A
Chlorine test kit compliant? Yes
Chlorine grab sampling compliant? Yes
Bacti sampling compliant? Yes
Chemical sampling compliant? Yes
Lead/copper sampling compliant?(C,P) Yes
DBP monitoring compliant?(C,P) Yes
MONITORING PLANS: "X" box below if not compliant [] Bacteriological [X] Disinfection By-Products (C,P) [] Lead & Copper (C,P)
NSF: "X" box below if not compliant [] Treatment Chemicals/Components [] Storage [] Pipe [] New Meters
CCC / Plan(C) implemented? Yes
Record keeping compliant? Yes
Security measures compliant? Yes
Plant category and type? Cat V / Class D
Operator visits compliant? Yes
Plant checked 5 days/week? (owner/rep) Yes
MORs submittal compliant? Yes

FIELD SAMPLING RESULTS Plant Cl (mg/L) Well #1 above 4.0 / Well #2 1.97 Distribution Cl (mg/L) 2.18 mg/L
TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED? [] Yes (see enclosed TAP information) [X] No TAP recommended at this time

COMMENTS: Distribution sample was taken at a resident's outside spigot on Cougar Lane.



DEFICIENCIES

DEFICIENCY: WELL #1 NOT PROPERLY SEALED. SEE PHOTO 1 BELOW.

REGULATION REFERENCE: FAC Rule 62-555.320 (8)(a) 1., and 62-532.500(3)(b) 5., and/or 62-532.500(3)(c),

RECOMMENDED ACTION:
Seal the well within 60 days.

DEFICIENCY: DISINFECTION BYPRODUCT MONITORING PLAN (DBPP).

REGULATION REFERENCE: FAC 62-550.821 (10)

RECOMMENDED ACTION:
Water systems shall make their monitoring plan available for review during sanitary surveys conducted by the Department and shall submit their monitoring plan if requested by the Department in accordance with FAC 62-550.821. Please prepare a DBPP in accordance with the above referenced rule within 90 days.

REMARKS AND RECOMMENDATIONS

Remarks / Recommendations

1. The records were located at Plant #1.
2. The chlorine residual was high. The Department recommends lowering the chlorine residual below 4.00 mg/L.


TECHNICAL ASSISTANCE PROVIDERS

FLORIDA RURAL WATER ASSOCIATION
2970 Wellington Circle W, Suite 101
Tallahassee FL 32309-6885
E-Mail: FRWA@frwa.net
Home Page: <http://www.frwa.net>
850.668.2746

DIGITAL PHOTOS



Photo 1: Well #1 Well Pad

INSPECTOR'S SIGNATURE  TITLE ES-II DATE: 05/29/2020

REVIEWED BY  TITLE ENVIRONMENTAL MANAGER DATE: 6/01/2020

From: sunshineut@aol.com
To: [Dorge, Margaret](#)
Subject: Compliance Inspections for 6090099 and 6090523
Date: Tuesday, June 09, 2020 8:59:38 AM
Attachments: [DISINFECTION BYPRODUCT CITRUS.pdf](#)

Margaret:

I have attached the Disinfection Byproduct plans for both Ellsworth Point and Backwater Heights.

Ellsworth Point - A screen has been installed on the well vent.

Backwater Heights - Well pad has been repaired.

We have also lowered the Cl2 residual at both plants.

If you have any questions feel free to give me a call.

Thank you,
Dewaine Christmas
Sunshine Utilities

From: sunshineutl@aol.com
To: [Dorge, Margaret](#)
Subject: Fwd: Backwater#2 and Elsworth Point
Date: Wednesday, June 17, 2020 10:46:50 AM

-----Original Message-----

From: Marc Boucher <mrcboucher38@yahoo.com>
To: sunshineutl@aol.com <sunshineutl@aol.com>
Sent: Tue, Jun 9, 2020 8:45 am
Subject: Backwater#2 and Elsworth Point





FLORIDA DEPARTMENT OF Environmental Protection

Southwest District Office
13051 North Telecom Parkway #101
Temple Terrace, Florida 33637-0926

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

June 17, 2020

Sunshine Utilities #6, Backwater Heights
Attn: Dewaine Christmas
10230 East Highway 25
Bellevue, Florida 34420
sunshineutl@aol.com

Re: Compliance Assistance Offer
Sunshine Utilities #6, Backwater Heights
Facility ID: 6090099
Citrus County

Dear Mr. Christmas:

Department personnel conducted a Sanitary Survey of the above-referenced system on May 21, 2020. Based on the information provided following the inspection, the system was determined to be in compliance. 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 system. Should you have any questions or comments, please contact Margaret Dorge at (813) 470-5703, or via e-mail at: Margaret.Dorge@floridadep.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "JS Brock".

James S. Brock
Environmental Manager
Compliance Assurance Program
SWD District
Florida Department of Environmental Protection

Enclosures: Inspection Report

cc: Margaret Dorge, FDEP-SWD, Margaret.Dorge@floridaDEP.gov
James Brock, FDEP-SWD, James.Brock@floridaDEP.gov
Kelvin Edun, Operator, UNIVERSALWATERS94@YAHOO.COM

<https://floridadep.gov/>



SANITARY SURVEY REPORT – Small Systems – Chlorine/Aeration / <350 population

SURVEY	Water system: <u>SUNSHINE #6, BACKWATER HEIGHTS</u>	System PWS #: <u>6090099</u>	Date of survey: <u>05/21/2020</u>
	Inspector name: <u>MARGARET DORGE</u>	Person(s) contacted: <u>SUNSHINE UTILITIES</u>	
	System type: <u>C</u>	Population: <u>267</u>	Connections: <u>107</u>
	Design capacity: <u>100,000</u>	Storage capacity: <u>2,500</u>	
SYSTEM	System address: <u>5335 WEST BLADE LANE</u>	City: <u>DUNNELLON</u>	State: <u>FL</u> Zip: <u>34433</u>
	System phone: <u>(352) 347-8228</u>		Cell: <u>N/A</u>
	Fax number: <u>N/A</u>		Email: <u>sunshineut1@aol.com</u>
OWNER	Owner name: <u>SUNSHINE UTILITIES / DEWAIN CHRISTMAS</u>		Owner title: <u>MANAGER</u>
	Owner address: <u>10230 EAST HIGHWAY 25</u>	City: <u>BELLEVIEW</u>	State: <u>FL</u> Zip: <u>34420</u>
	Owner phone: <u>(352) 347-8228</u>		Cell: <u>N/A</u>
	Fax number: <u>N/A</u>		Email: <u>sunshineut1@aol.com</u>
OPERATOR	Operator required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)	Operator class & cert. number: <u>C 7459</u>	
	Operator name: <u>KELVIN EDUN</u>	Phone: <u>(352) 288-5150</u>	
	Fax number: <u>N/A</u>	Email: <u>universalwaters94@yahoo.com</u>	

SOURCE - WELL INFORMATION	Well Name and/or FL Unique Well ID	Well #1	Well #2
		Well head sealed? (Pad/conduit/openings)	NO
	Well casing 12" above grade?	Yes	Yes
	Casing vent compliant?(installed, screened)	Yes	Yes
	Check valve compliant (installed/no leak)?	Yes	Yes
	Tap Compliant? (Smooth/12" high/precheck)	Yes	Yes
	Flow measurable? (if applicable, GPM@psi)	Yes	Yes
	Flow meter accuracy checked?	Yes	Yes
	Well capacity > maximum day?	Yes	Yes
	Setbacks compliant?(hazard type and distance)	Yes	Yes
TREATMENT	HYPO CL	Plant 1 / Hypo	Plant 2 / Hypo
	Name of plant & type of chlorination		
	O & M log compliant?	Yes	Yes
	O & M manual compliant?	Yes	Yes
	Cl storage compliant? (no organics/acid/sun)	Yes	Yes
	Chlorinator flow proportionate?	Yes	Yes
	Treated sample tap provided?	Yes	Yes
	Cl solution strength?	unknown	unknown
GAS CL	Solution tank compliant?(covered/etc)	Yes	Yes
	Antisiphon protection compliant?	Yes	Yes
	Safety: (Gloves/Apron/Eyewash/etc)	N/A	N/A
AERATE	Cl room compliant?(separate/ventilation)	N/A	N/A
	Scales compliant? (installed/functional)	N/A	N/A
	Safety: (SCBA/Gloves/Ammonia)	N/A	N/A
DISTRIBUTION	Choose type: "X" box below if not compliant	N/A	
	<input type="checkbox"/> Screen <input type="checkbox"/> Tray <input type="checkbox"/> Lid <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input type="checkbox"/> Algae Free <input type="checkbox"/> Compliant		
	Flushing of dead ends compliant?	Yes	
	Valve maintenance compliant?	Yes	
	Distribution PSI compliant? (> 20 PSI)	Yes	
Chlorine residual above minimum?	Yes		

STORAGE FACILITIES	HYDRO	GROUND ELEVATED	
	Storage type used: <input checked="" type="checkbox"/> Hydro <input type="checkbox"/> Ground <input type="checkbox"/> Elevated <input type="checkbox"/> Bladder <input type="checkbox"/> N/A		
Inspections compliant? (annual/5yr)		Yes	
Washouts compliant? (every 5 yrs)		Yes	
Storage capacity compliant?(3/4 max)		Yes	
APPURTENANCES: "X" box below if not compliant,			
<input type="checkbox"/> PRV <input type="checkbox"/> Gauge <input type="checkbox"/> Sight glass <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input checked="" type="checkbox"/> Compliant			
APPURTENANCES: "X" box below if not compliant . N/A			
<input type="checkbox"/> Hatch <input type="checkbox"/> Vent <input type="checkbox"/> Overflow <input type="checkbox"/> Drain <input type="checkbox"/> Bypass <input type="checkbox"/> Compliant			
PUMPS/CONTROLS	Manual or automatic controls?	Automatic	
	On/Off pressure of pumps?	Plant #1: 45/55 Plant #2: unk/unk	
	HSP	High Service Pumps functional?	N/A
	HSP capacity compliant?	N/A	
MONITORING	Chlorine test kit compliant?	Yes	
	Chlorine grab sampling compliant?	Yes	
	Bacti sampling compliant?	Yes	
	Chemical sampling compliant?	Yes	
	Lead/copper sampling compliant?(c,P)	Yes	
DBP monitoring compliant? (c,P)	Yes		
MANAGEMENT	MONITORING PLANS: "X" box below if not compliant		
	<input type="checkbox"/> Bacteriological <input checked="" type="checkbox"/> Disinfection By-Products (c,P) <input type="checkbox"/> Lead & Copper (c,P)		
	NSF: "X" box below if not compliant		
	<input type="checkbox"/> Treatment Chemicals/Components <input type="checkbox"/> Storage <input type="checkbox"/> Pipe <input type="checkbox"/> New Meters		
CCC / Plan(C) implemented?	Yes		
Record keeping compliant?	Yes		
Security measures compliant?	Yes		
OPERATOR	Plant category and type?	Cat V / Class D	
	Operator visits compliant?	Yes	
	Plant checked 5 days/week? (owner/rep)	Yes	
	MORs submittal compliant?	Yes	

FIELD SAMPLING RESULTS	Plant Cl (mg/L)	Well #1 above 4.0 / Well #2 1.97	Distribution Cl (mg/L)	2.18 mg/L
TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED?	<input type="checkbox"/> Yes (see enclosed TAP information)		<input checked="" type="checkbox"/> No TAP recommended at this time	

COMMENTS: Distribution sample was taken at a resident's outside spigot on Cougar Lane.



DEFICIENCIES

DEFICIENCY: WELL #1 NOT PROPERLY SEALED. SEE PHOTO 1 BELOW.

REGULATION REFERENCE: FAC Rule 62-555.320 (8)(a) 1., and 62-532.500(3)(b) 5., and/or 62-532.500(3)(c),

RECOMMENDED ACTION:
Seal the well within 60 days.

Photo submitted of the Well #1 pad sealed on June 9, 2020. No further action.

DEFICIENCY: DISINFECTION BYPRODUCT MONITORING PLAN (DBPP).

REGULATION REFERENCE: FAC 62-550.821 (10)

RECOMMENDED ACTION:
Water systems shall make their monitoring plan available for review during sanitary surveys conducted by the Department and shall submit their monitoring plan if requested by the Department in accordance with FAC 62-550.821. Please prepare a DBPP in accordance with the above referenced rule within 90 days.

Email with DBP monitoring plan submitted on June 9, 2020. No further action.

REMARKS AND RECOMMENDATIONS

Remarks / Recommendations

1. The records were located at Plant #1.
2. The chlorine residual was high. The Department recommends lowering the chlorine residual below 4.00 mg/L.


TECHNICAL ASSISTANCE PROVIDERS

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DIGITAL PHOTOS



Photo 1: Well #1 Well Pad

INSPECTOR'S SIGNATURE  TITLE ES-II DATE: 05/29/2020



REVIEWED BY _____ TITLE _____ DATE: _____