

ORIGINAL

State of Florida



# Public Service Commission

-M-E-M-O-R-A-N-D-U-M-

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**DATE:** October 4, 1999  
**TO:** Division of Records and Reporting  
**FROM:** Patricia Brady, Division of Water and Wastewater *pb* *BSM*  
**RE:** Docket No. 980731-WS, Application for certificate to provide water and wastewater service in Charlotte County by Hunter Creek Utilities, LLC.

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Attached is a copy of the September 22, 1999 transmittal to Mr. John Leonette, owner of Hunter Creek Utilities, LLC, from the Department of Environmental Protection's (DEP's) of its August 18, 1999 Sanitary Survey Report. The report lists deficiencies which appear to be in violation of the utility's Consent Order with DEP and, hence, subject to stipulated penalties in the amount of \$25.00 per day. Please place a copy in the docket file. Thank you.

**Attachment**

cc: Division of Legal Services (Crossman, Redemann)

- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG \_\_\_\_\_
- MAS \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- SEC   1
- WAW \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

12225 OCT-7 99

FPSC-RECORDS/REPORTING



Jeb Bush  
Governor

# Department of Environmental Protection

COPY

South District  
P.O. Box 2549  
Fort Myers, Florida 33902-2549

David B. Struhs  
Secretary

September 22, 1999

Mr. John Leonette  
River's Edge  
1601 Hunter Creek Drive  
Punta Gorda, Florida 33982

Re: Charlotte County - PW  
River's Edge  
PWS I.D. Number: 5084074  
Sanitary Survey Report  
OGC Case No. 99-0544-08-PW

Dear Mr. Leonette:

Enclosed is your copy of the recently completed Sanitary Survey Report for the referenced public drinking water system.

The deficiency listed in the Report may be a violation of Rules 62-550 and 62-555, F.A.C. Please correct the deficiency in accordance with the requirements of Consent Order OGC Case Number 99-0544-08-PW. Please note that you may be subject to stipulated penalties in the amount of \$25.00 per day for each day the requirements of the Consent Order are not met.

Recommendations are included in the Report. Recommendations are not requirements of State law. They are provided as guidelines towards optimizing water treatment plant operation.

If you have any questions concerning this report or the requirements of the Consent Order, please contact me at the letterhead address or call 941-332-6975. All correspondence must include the system name and PWS I.D. number.

Sincerely,



Louis P. LeMaire  
Engineer III

LPL/kdm

Enclosures

cc: Mr. Dominick Petrizzo  
Mr. Tom E. Keys  
Mr. Allen Slater  
Ms. Barbara Griffith  
Mr. Frederick Esposito, P.E.

"More Protection, Less Process"

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State of Florida  
Department of Environmental Protection  
South District - Fort Myers Office  
**SANITARY SURVEY REPORT**

Plant Name RIVERS EDGE County Charlotte PWS ID # 5084074  
 Plant Location 113 Hunters Creek Drive Phone 941-637-5757  
 Owner Name John Leonette Phone 941-637-5757  
 Owner Address 1601 Hunter Creek Drive, Punta Gorda, FL 33982  
 Contact Person Allen Slater; Bill Mulcomery Title Operator; Maint. Mgr. Phone (888)287-4604  
 This Survey Date 8/18/99 Last Survey Date 8/15/96 Last C.I. Date 7/9/98

**PWS TYPE & CLASS**

- Community
- Non-transient Non-community
- Non-Community

**PWS STATUS**

- Approved system with approval number & date  
WC08-194653
- Unapproved system

**SERVICE AREA CHARACTERISTICS**

Residential Community  
 Food Service:  Yes  No  N/A

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
 Operator(s) & Certification Class-Number  
Allen Slater "C" 6801

O & M Log:  Yes  No  Not required

Operator Visitation Frequency  
 Hrs/day: Required 1 Actual 1  
 Days/wk: Required 5 Actual 5  
 Non-consecutive Days?  Yes  No  N/A  
 MORs submitted regularly?  Yes  No  N/A  
 Data missing from MORs?  No  Yes  N/A

Number of Service Connections 42  
 Population Served 84 Basis X2  
 Average Day (from MORs) 5,000 gpd  
 Max. Day (from MORs) 12,000 gpd  
 Max-day Design Capacity 45,000 gpd  
 Comments \_\_\_\_\_

**RAW WATER SOURCE**

- GROUND; Number of Wells 2
- SURFACE/UDI; Source \_\_\_\_\_
- PURCHASED from PWS ID # \_\_\_\_\_
- Emergency Water Source \_\_\_\_\_  
 Emergency Water Capacity \_\_\_\_\_

**AUXILIARY POWER SOURCE**

- Yes  None  Not Required
- Source \_\_\_\_\_
- Capacity of Standby (kW) \_\_\_\_\_
- Switchover:  Automatic  Manual
- Standby Plan:  Yes  No
- Hrs Operated Under Load \_\_\_\_\_
- What equipment does it operate?  
 Well pumps \_\_\_\_\_  
 High Service Pumps \_\_\_\_\_  
 Treatment Equipment \_\_\_\_\_
- Satisfy 1/2 max-day demand?  Yes  No  Unk
- Comments \_\_\_\_\_

**TREATMENT PROCESSES IN USE**

Reverse Osmosis; Degassifier; Caustic; Sulfuric Acid  
 What additional treatment is needed?  
Improved membranes  
 For control of what deficiencies?  
High radiologicals

**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter  
 Meter Size & Type Displacement or Velocity  
 Backflow Prevention Devices:  Yes  No  
 Cross-connections \_\_\_\_\_  
 Written Cross-connection Control Program: Yes  
 Coliform Sampling Plan:  Yes  No  N/A  
 Comments Plant - 58  
Remote - 55 psi

COMET: SITE ID \_\_\_\_\_ PROJECT ID \_\_\_\_\_

PWS ID # 5084074  
 Date 8/18/99

**GROUND WATER SOURCE**

Well Number		1	2	
Year Drilled		1980	1980	
Depth Drilled		230'	230'	
Drilling Method		Rotary	Rotary	
Type of Grout		Cement	Cement	
Static Water Level		3'	3'	
Pumping Water Level		---	---	
Design Well Yield		---	---	
Test Yield		---	---	
Actual Yield (if different than rated capacity)		---	---	
Strainer		---	---	
Length (outside casing)		125'	125'	
Diameter (outside casing)		4"	4"	
Material (outside casing)		PVC	PVC	
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	No	No	
	Reuse Water	No	No	
	WW Plumbing	No	No	
	Other Sanitary Hazard	None	None	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Goulds	Goulds	
	Model Number	45T03	45T03	
	Rated Capacity (gpm)	50 GPM	40 GPM	
	Motor Horsepower	---	---	
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	
Fence/Housing		Yes	Yes	
Well Vent Protection		Yes	Yes	

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PWS ID # 5084074  
Date 8/18/99

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make Stenner Capacity 50 gpd  
 Chlorine Feed Rate ---  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant 1.4 Remote 0.9  
 Remote tap location Clubhouse  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points \_\_\_\_\_  
 Booster Pump Info \_\_\_\_\_  
 Comments \_\_\_\_\_

**STORAGE FACILITIES**

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

Tank Type/Number	H	G (6)	
Capacity (gal)	5,000	5,000	
Material	Steel	Concrete	
Gravity Drain	Yes	No	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	N/A	
Sight Glass or Level Indicator	Yes	N/A	
Fittings for Sight Glass	Yes	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	PRV	N/A	
On/Off Pressure	Yes	N/A	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

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 <sub>2</sub> capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl <sub>2</sub> residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl <sub>2</sub> 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 Degassifier Capacity \_\_\_\_\_  
 Aerator Condition OK  
 Bloodworm Presence None observed  
 Visible Algae Growth No  
 Protective Screen Condition OK  
 Comments \_\_\_\_\_

**HIGH SERVICE PUMPS**

Pump Number	1	2	
Type	Cent.	Cent.	
Make	Jacuzzi	Jacuzzi	
Model	15-DB3	15-DB3	
Capacity (gpm)	290	290	
Motor HP	---	---	
Date Installed	1992	1992	
Maintenance	Monthly	Monthly	

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PWS ID # 5084074Date 8/18/99**DEFICIENCIES:**

- 1) The radionuclides are exceeding the Maximum Contaminant Levels (MCL).

**RECOMMENDATIONS:**

1. Many computer systems and software programs are not capable of recognizing certain dates after December 31, 1999, and will fail to process those dates or read dates in the year 2000 as if those dates represent the year 1900. The resulting failures could incapacitate essential utility systems.


The American Water Works Association recommends that water utilities do the following:

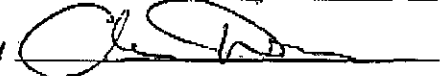
- a) Assess your utility's vulnerability - computer hardware, computer programs, SCADA systems, controllers for valves, pumps, and other equipment that may depend on embedded computer chips.
- b) Check with suppliers to see if their processes are Y2K compliant, how long have they been compliant, and if they are providing replacement parts that are Y2K compliant.
- c) Determine what needs to be replaced or can be upgraded and establish priorities for action.
- d) Check out systems, equipment, and programs used by employees who work at home.
- e) Include a clause requiring Y2K compliance in all contracts with product and service suppliers.
- f) Evaluate insurance coverage.
- g) Document Y2K compliance efforts.

2. The overall condition of the WTP is adequate. Please continue your preventive maintenance program, and continually paint portions and clean the area of the Water Treatment System. "The supplier of water shall maintain in good condition all equipment," Rule F.A.C. 62-555.350(1).

3. The Department recommends Monthly inspections of all Finished Water Storage Tanks. We frequently observe debris, insects, frogs etc. in the storage tanks.

We believe that it would be a good practice to climb these tanks monthly, check all screening, hatchways, and open for a look at the water inside to evaluate the cleanliness of the product.

Inspector: Louis LeMaire  Title Engineer III Date 9/22/99

Reviewed by  Title P.E. III Date 9/24/99