



# Public Service Commission

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

**DATE:** June 28, 2000

**TO:** Division of Records and Reporting

**FROM:** Patricia Brady, Division of Regulatory Oversight *pb /D*

**RE:** Docket No. 000545-WS, Application for original certificates to operate a water and wastewater utility in Pasco County by Labrador Services, Inc.

Attached for inclusion in the docket file is a copy of the June 19, 2000, letter from Mr. Jeffrey W. James, Department of Environmental Protection (FDEP), to Patricia Brady, Commission staff. The letter indicates the utility's public drinking water supply is currently in compliance with the FDEP's regulations. Attached to the letter is a copy of the FDEP's 4/21/00 Sanitary Survey Report, the utility's 5/30/00 response, and the 1997 reports on unsatisfactory water samples.

**Attachment**

**cc:** Division of Regulatory Oversight (Redemann)  
Division of Legal Services (Brubaker)

- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- LEG \_\_\_\_\_
- OPC \_\_\_\_\_
- PAI \_\_\_\_\_
- RGO \_\_\_\_\_
- SEC   I
- SER \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

0008 | JUL -3 8

FPSC-RECORDS/REPORTING



Jeb Bush  
Governor

# Department of Environmental Protection

Southwest District  
3804 Coconut Palm Drive  
Tampa, Florida 33619

David B. Struhs  
Secretary

June 19, 2000

Pat Brady  
Records and Reporting  
Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, FL 32399-0864

Re: **Docket # 000545-WS**  
**Drinking Water System**  
Forest Lake Estates  
PWS ID #6514842

Dear Mrs. Brady:

This letter is response to your fax regarding the Public Drinking Water Supply System at Forest Lake Estates. Currently, this water system is in compliance with the drinking water regulations of this agency. Enclosed please find the latest inspection report, conducted on 4/21/00. In addition, enclosed is the operator's response to these violations. The allegations concerning the drinking water made by residents appear to be unfounded. The Department has not received a drinking water complaint for this water system since 1995. In July of 1997, there were several unsatisfactory bacteriological samples taken at this water system as part of its required monitoring. Enclosed is a printout of our database results of these samples. All samples since this time have been satisfactory.

If you have any questions or need additional information, please contact me at (813) 744-6100, extension 317.

Sincerely,

Jeffrey W. James  
Environmental Specialist I  
Drinking Water Section

Enclosures

xc: Pasco DOH  
Todd Hiscock

**RECEIVED**

JUN 23 2000

Florida Public Service Commission  
Division of Regulatory Oversight

"More Protection, Less Process"

Printed on recycled paper.

State of Florida  
Department of Environmental Protection  
Southwest District  
**SANITARY SURVEY REPORT**

Plant Name FOREST LAKE ESTATES County PASCO PWS ID # 6514842  
Plant Location 6462 PRESIDENTIAL CIRCLE ZEPHYRHILLS, FL 33540 Phone 813-783-7979  
Owner Name HENRY VIAU Phone SAA  
Owner Address 6429 FOREST LAKE DRIVE ZEPHYRHILLS, FL 33540  
Contact Person TODD HISCOCK Title OPERATOR Phone SAA  
This Survey Date 4/21/00 Last Survey Date 4/27/98 Last C.I. Date 7/15/96

**PWS TYPE & CLASS**

- Community (SD)  
 Non-transient Non-community  
 Non-Community

**PWS STATUS**

- Approved system with approval number & date  
WC 51-168616 1/8/93  
 Unapproved system

**SERVICE AREA CHARACTERISTICS**

SUBDIVISION

Food Service:  Yes  No  N/A

**OPERATION & MAINTENANCE**

Certified Operator:  Yes  No  Not required  
Operator(s) & Certification Class-Number  
TODD HISCOCK C-7992

O & M Log:  Yes  No  Not required  
Operator Visitation Frequency

Hrs/day: Required \_\_\_\_\_ Actual \_\_\_\_\_  
Days/wk: Required 2 Actual 2 WEEK

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 1178  
Population Served 2356 Basis ESTIMATE  
Average Day (from MORs) \_\_\_\_\_ gpd  
Max. Day (from MORs) \_\_\_\_\_ gpd  
Max-day Design Capacity \_\_\_\_\_ gpd  
Comments \_\_\_\_\_

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

**RAW WATER SOURCE**

- GROUND; Number of Wells 2 / 1 POE  
 SURFACE/UDI; Source \_\_\_\_\_  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source \_\_\_\_\_  
Emergency Water Capacity \_\_\_\_\_

**AUXILIARY POWER SOURCE**

- Yes  None  Not Required  
Source KOHLER PROPANE GENERATOR  
Capacity of Standby (kW) 30  
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 GENERATOR IS RUN 1 HOUR PER  
WEEK

**TREATMENT PROCESSES IN USE**

CHLORINATION  
AQUA MAG SEQUESTRANT  
What additional treatment is needed?  
NONE  
For control of what deficiencies?

**DISTRIBUTION SYSTEM**

Flow Measuring Device Flow Meter  
Meter Size & Type RAINBIRD, MUESCO  
Backflow Prevention Devices:  Yes  No  
Cross-connections NONE OBSERVED  
Written Cross-connection Control Program: Yes  
Coliform Sampling Plan:  Yes  No  N/A  
Comments C.C.C. PLAN 3/11/97

**GROUND WATER SOURCE**

Well Number	1	2		
Year Drilled	1989	1982		
Depth Drilled	780'	530'		
Drilling Method		CABLE		
Type of Grout	CEMENT	CEMENT		
Static Water Level		12'		
Pumping Water Level		24'		
Design Well Yield				
Test Yield		200		
Actual Yield (if different than rated capacity)				
Strainer				
Length (outside casing)	100'	77'		
Diameter (outside casing)	10"	6"		
Material (outside casing)	STEEL	STEEL		
Well Contamination History				
Is inundation of well possible?	NO	NO		
6' X 6' X 4" Concrete Pad	YES	YES		
SET BACKS	Septic Tank			
	Reuse Water			
	WW Plumbing			
	Other Sanitary Hazard			
PUMP	Type	TURBINE	SUBMERSIBLE	
	Manufacturer Name	U.S. MOTOR	GOULD	
	Model Number	R03P357	R010R-2	
	Rated Capacity (gpm)			
	Motor Horsepower	40 H.P.	10 H.P.	
Well casing 18" above grade?	YES	NO		
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	NO VENT	NO VENT		

**COMMENTS** PLEASE PROVIDE ANY MISSING INFORMATION IF POSSIBLE

CONCRETE APRONS HAVE CRACKS

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make \_\_\_\_\_ Capacity \_\_\_\_\_ gpd  
 Chlorine Feed Rate \_\_\_\_\_  
 Avg. Amount of Cl<sub>2</sub> gas used \_\_\_\_\_ N/A  
 Chlorine Residuals: Plant 0.5 Remote 0.2  
 Remote tap location O.S.T. WWTP  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points PRIOR TO HYDRO. TANK  
 Booster Pump Info 1 hp F & W  
 Comments SYSTEM EQUIPPED WITH AN  
AUTO DIALER

**STORAGE FACILITIES**

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

Tank Type/Number	G-1		
Capacity (gal)	34,000		
Material	STEEL		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	No		
Fittings for Sight Glass	No		
Protected Openings	Yes		
PRV/ARV	N/A		
On/Off Pressure	N.A.		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N.A.		
Height to Max. Water Level	N.A.		

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

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

**AERATION (Gases, Fe, & Mn Removal)**

Type \_\_\_\_\_ Capacity \_\_\_\_\_  
 Aerator Condition \_\_\_\_\_  
 Bloodworm Presence \_\_\_\_\_  
 Visible Algae Growth \_\_\_\_\_  
 Protective Screen Condition \_\_\_\_\_  
 Comments \_\_\_\_\_

**HIGH SERVICE PUMPS**

Pump Number	1	2	3
Type	TURBINE	CENTR	CENTR
Make	US MOTOR	NOT READABLE	BALDO R
Model			
Capacity (gpm)			
Motor HP	20	1/2	2
Date Installed			
Maintenance			

Comments PROVIDE INFORMATION  
LEAK AT HIGH SERVICE PUMPS

MONITORING VIOLATIONS	MCL VIOLATIONS
	NONE IN 1999 TO DATE

**DEFICIENCIES:**

1) CONCRETE APRONS AROUND WELLS CRACKED 62-555.350(1)  
 SEAL CRACKED PADS

2) NO WRITTEN AUXILIARY POWER PLAN 62-555.320(6)(e)  
 SUBMIT PLAN TO THE DEPARTMENT THAT DETAILS HOW THE SYSTEM MEETS  
 THE REQUIREMENTS OF CHAPTER 62-555.320(6)

3) NO BACTERIOLOGICAL SAMPLING PLAN 62-550.518(1)  
 SUBMIT PLAN TO THE DEPARTMENT

4) CHLORINE GAS CYLINDERS SHOULD BE LABELED AS FULL OR EMPTY

5) THERE IS A LEAK AT THE HIGH SERVICE PUMPS  
 REPAIR LEAK

6) THE OVERFLOW LINE FROM THE STORAGE TANK HAS A LARGE AMOUNT OF  
 SEDIMENT AT THE SCREEN AT THE BOTTOM OF THE PIPE  
 THIS NEEDS TO BE CLEANED

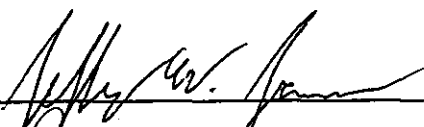
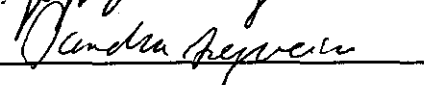
7) AT THE TIME OF INSPECTION, THE POLYPHOSPHATE FEED PUMP APPEARED TO BE INOPERATIVE. TODD HISCOCK REPLACED THIS PUMP DURING THE INSPECTION.

8) PROVIDE THE DEPARTMENT INFORMATION ON THE TYPE AND LOCATION OF BREATHING APPARATUS USED FOR CHLORINE GAS EMERGENCIES

9) RECOMMEND INSTALLING A SPLASH PAD FOR THE WELL BLOW OFF LINE

10) THE pH AND THE POLYPHOSPHATE CONCENTRATION MUST BE MEASURED EVERY TWO WEEKS AND THIS INFORMATION SENT TO THE DEPARTMENT

PAGE THREE OF THE MONTHLY OPERATION REPORT FORM MUST ONLY BE SUBMITTED FOR THE MONTH OF DECEMBER.

Inspector  Title Env. Specialist I Date 4/21/00  
Approved by  Title Env. Specialist III Date 5/2/00

## Labrador Services



P.O. Box 1206 ♦ Zephyrhills, Florida 33539  
Phone (813) 780-7364 ♦ Fax (352) 567-0858

D.E.P.

JUN 05 2000

Southwest District Tampa

May 30, 2000

D.E.P  
3804 Coconut Palm Drive  
Tampa, Florida 33619

Attention: Jeffrey W. James

Re: Your letter To: Forest Lake Estates, Dated 5/3/2000  
Regarding Deficiencies  
**Our Response**

Dear Mr. James;  
Please be advised that we are addressing your letter dated 5/3/2000 as follows:

### Deficiencies:

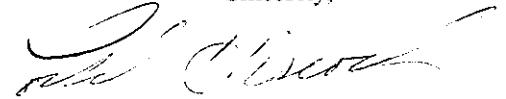
1. Concrete aprons around wells cracked. Seal cracked pads.  
Answer: Have been sealed with a polymer coating as of 5/15/2000
2. No written Auxiliary Plan:  
Answer: See attached:
3. No Bacteriological Sampling Plan.  
Answer: See attached.
4. Chlorine Gas Cylinders should be labeled as full or empty:  
Answer: has been completed as of 5/14/2000.
5. Leak at High Service Pump.  
Answer: Completed 5/24/2000, by Rays Pump Service.
6. Sediment in the overflow line of the Storage Tank.  
Answer: Screen was removed, cleaned and Re-attached.
7. Polyphosphate pump appeared inoperative.  
Answer: Todd Hiscock replaced this pump during inspection.
8. Provide the Department with information on the type and location of breathing Apparatus.  
Answer: Scott Air Pak; located next to High Service Pump.
9. Recommend installing a splash pad for the well blow off line.  
Answer: By 6/9/2000, we plan to have diffuse line finished which will remove or stop standing water in the well area.



10. The pH and Polyphosphate concentration must be measured every two weeks and this information sent into the Department.

Answer: pH measured every week and is and has been reported weekly. Polyphosphate measurements has been added to weekly report.

Sincerely,

A handwritten signature in black ink, appearing to read "Todd Hiscock", written in a cursive style.

Todd Hiscock

Phone (813) 780-7364  
Fax (352) 567-0858

May 30, 2000

## **AUXILIARY POWER PLAN**

Auxiliary Power Plan for FOREST LAKE ESTATES

The Forest Lake Water Plant is equipped with an in-place auxiliary power source. A Kohler Propane Generator that is equipped with an automatic transfer switch. The generator is equipped with a constant voltage output/continuous duty battery charger. The generator provides ample voltage for chlorination and operates computer for pump and well supplies.

Once the automatic transfer switch is activated, either by simulation or actual power failure the generator and Kohler Propane Generator and will start up immediately. The generator will run all pumps t the water plant and provide peak flow.

The water plant will ensure it's compliance with F.A.C. Rule 17-335-320. During each week of every month the Water Plant will simulate a power failure. Auxiliary power will berun under load for a minimum of 4 continuous hours. this will ensure dependability of all equipment.

## Auxiliary Power Plan

**\* Components operate by Auxiliary power.**

**Components: 1) 40 horse turbine well**

**1) 10 horse submersive well**

**2) 10 horse high service pumps.**

**1) 20 horse high service pump.**

**All chlorine & feed equipment**

**\* Capacity of water system under auxiliary power.  
Complete.**

**\* Maintenance schedule for auxiliary power units.  
weekly check, checking all fluids & battery -run under  
load- weekly.**

**\* Procedures for activation of auxiliary power.  
electric auto switch over.**

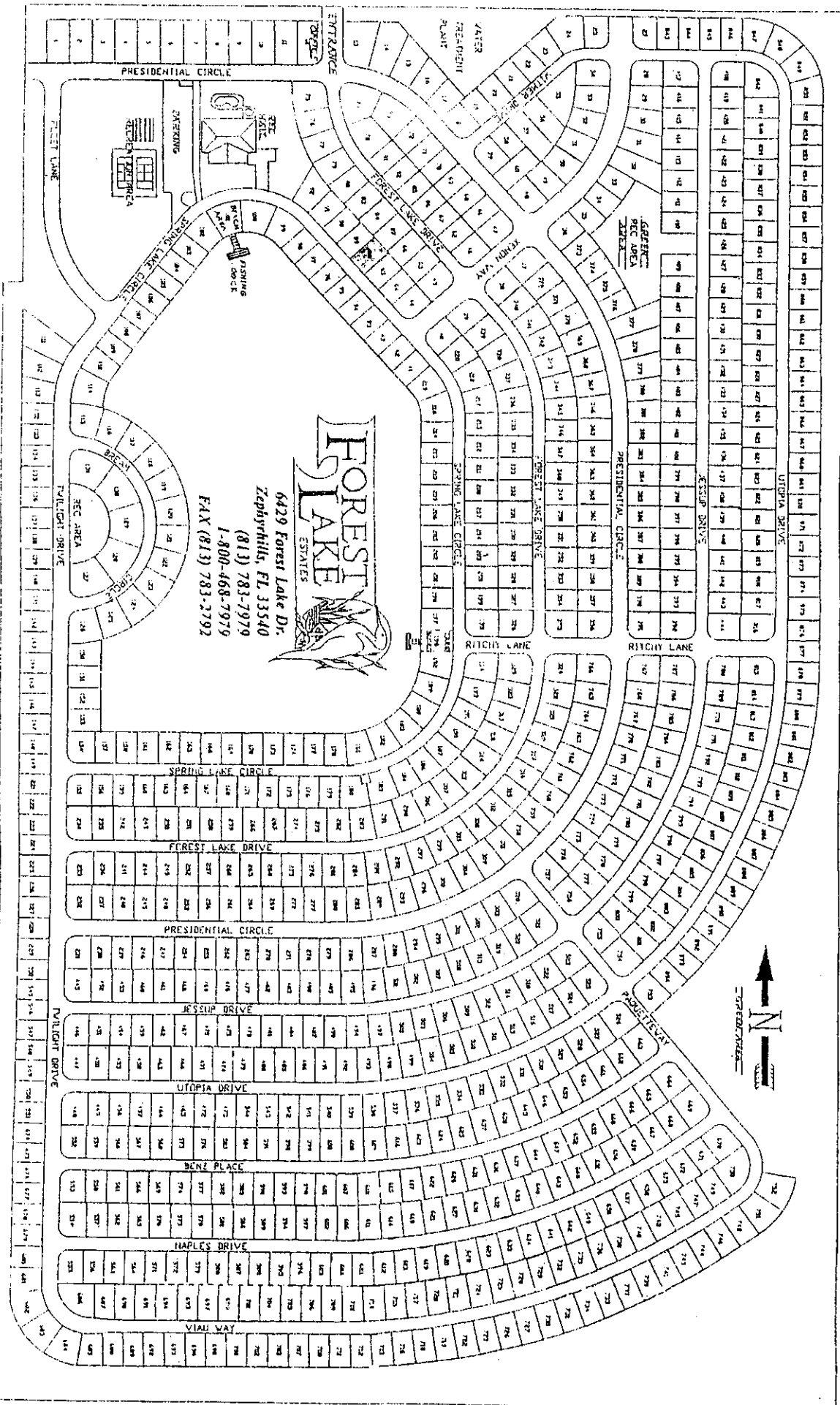
**\* Staff availability and responsibilities.  
24 hours per day, 7 days per week. / overseeing of  
operation of water plant.**

**\* Procedures for restoring power to system.  
Auto switch over 5 minutes after power restored- auto  
switch over reverts to incoming power.**

**Bacterial Sampling Plan:**  
**System Name: Forest Lake Estates**  
**PWS ID#: 6514842**  
**System Type: Community 5D**  
**Number of Service Connections: 1178**

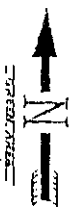
**Sample sites**

- A. Well 1**
- B. Well 2**
- C. Lot 88- Springlake Circle**
- D. Lot 663- corner of Paquette and Benz**
- E. Alt. Lot 887-Utopia and Richie**
- F. Alt. Lot 184-Springlake Circle**



**FOREST LAKE**  
ESTATES

6429 Forest Lake Dr.  
Zephyrhills, FL 33540  
(813) 783-7979  
1-800-468-7979  
FAX (813) 783-2392



DRINKING WATER PROGRAM  
 MICROBIOLOGICAL DISPLAY SUMMARY

#SAMPLES REQ: 002

MAILING NAME: FOREST LAKE ESTATES

ACTIVE

COMMUNITY

SAMP DT MM/DD/YY	COMPL. MM/DD	NO. TAKEN	SAMP RSLT	(F/E /O/N)	SAMP TYPE	SAMP NO.	LINK TO	REMARKS
11/01/97	11/97	2			D-			
10/01/97	10/97	1			R-			WELL 1
10/01/97	10/97	2			D-			
09/01/97	09/97	2			R-			
09/01/97	09/97	5			D-			
08/01/97	08/97	2			R-			08/11 AND 8/6 SMPLS
08/01/97	08/97	6			D-			RANDOM RECKS
08/07/97	07/97		0	N	S-	5984		DIST LOT 803
08/07/97	07/97		0	N	S-	5983		DIST LOT 802
08/07/97	07/97		0	N	S-	5982		DIST LOT 805
07/31/97	07/97		1	0	C-U	6329	5803	DIST LOT 805
07/31/97	07/97		1	0	C-U	6328	5803	DIST LOT 802
07/31/97	07/97		1	0	C-O	6327	5803	DIST LOT 803

MORE SAMPLES ON FILE? YES

SCREEN ACTION B

TRANSMIT HERE ==>

DRINKING WATER PROGRAM  
 MICROBIOLOGICAL DISPLAY SUMMARY

#SAMPLES REQ: 002

MAILING NAME: FOREST LAKE ESTATES

ACTIVE

COMMUNITY

SAMP DT MM/DD/YY	COMPL. MM/DD	NO. TAKEN	SAMP RSLT	(F/E /O/N)	SAMP TYPE	SAMP NO.	LINK TO	REMARKS
07/31/97	07/97		1	0	R-	6326	5801	WELL #1 RAW
07/31/97	07/97		1	0	C-U	6325	5804	DIST LOT 857
07/31/97	07/97		0	N	C-U	6324	5804	DIST LOT 855
07/31/97	07/97		0	N	C-O	6323	5804	DIST LOT 856
07/31/97	07/97		999	0	S-	6322	5802	WELL #2 RAW
07/31/97	07/97		0	N	R-	6321	5801	WELL #1 RAW
07/29/97	07/97		1	0	D-	5804		DIST LOT 856
07/29/97	07/97		1	0	D-	5803		DIST LOT 803
07/29/97	07/97		999	0	S-	5802		WELL #2 RAW
07/29/97	07/97		1	0	R-	5801		WELL #1 RAW
06/01/97	06/97	2			R-			
06/01/97	06/97	2			D-			
05/01/97	05/97	2			R-			

MORE SAMPLES ON FILE? YES

SCREEN ACTION N\_\_ TRANSMIT HERE ==> \_\_