ORIGINAL

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November 2, 2004

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COMMISSION
CLERK

Blanca Bayo, Div. of the Commission Clerk
and Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

In re: Application of Indiantown Company, Inc. for Increased Water and Wastewater Rates in Martin County - Docket No. 040450-WS

Dear Ms. Bayo:

On October 18, 2004, Tim Devlin, Director of Economic Regulation, noted two deficiencies in the data filed by Indiantown Company, Inc., in its rate filing.

In order to obtain a filing date, the company herewith submits a response to the itemized deficiencies by filing a detailed map in compliance with Rule 25–30.440(1)(a), F. A. C., and the most recent DEP Community Public Water System Sanitary Survey, dated September 17, 2002, in compliance with Rule 25-30.440(5), F. A. C.

Please let us know if you have any further questions.

Sincerely,

David B. Erwin

DBE:jm

Copy: Trish Merchant
Bart Fletcher
Jeff Leslie
Jim Hewitt
Robert Nixon

CMP
COM
CTR
ECR map
GCL 1
OPC 1
MMS
RCA 1
SCR
SEC 1
OTH

DOCUMENT NUMBER-DATE
11808 NOV-2 04
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Southeast District

COMMUNITY PUBLIC WATER SYSTEM
SANITARY SURVEY - INSPECTION REPORT

Name INDIANTOWN County Martin PWS ID # 4430667

Plant Location 15851 SW Farms Road Indiantown 34956 Phone 772.597.2121

Owner Name Indiantown Company, Inc. Phone

Owner Address P. O. Box 397 Indiantown 34956

Contact Person James Hewitt jimh@itstelecom.net Title Superintendent Phone 772.597.2201

Date 9/17/02 Last Inspection Date\Type 4/4/02 01 Photos Taken

Inspected by: J. Toney Others present: Jim Hewitt

Insp. Result: In w/D___ ***COMET:*** *SITE ID* _____ *PROJECT ID* _____ Inspection type: **SS** 01 02 03

SERVICE AREA CHARACTERISTICS

Residents: _____ Total _____ Seasonal

Other licensed activities (*List Agency and number*)
042396-WC issued 11/5/99

Other DEP permitted facilities (*Program \ permit#*)

# of Serv. Connects _____ (ERCs)
Population Served 5433 (/ ERC)
Average Day (*from MORs*) _____ gpd
Max. Day (*from MORs*) 883 tgpd
Max-day Design Capacity 1.296 mgpd
% of Design Capacity (*from MORs*) 68
Comments

OPERATION & MAINTENANCE

____ Certified Operator(s) \ Level-ID# \ Shift
James Hewitt B3821 :Lead Operator
Dean Smiley B5715 Earl Maine C4644
Ernie Watson C8649 Don Johnson B2816
Plant Category/Class 3C
Hrs/day: *Required* 6 *Actual* 8
Days/wk: *Required* 5+2wev ***Actual*** 5+2 (4hr)
weekend visits

RAW WATER SOURCES

☒GROUND ☐SURFACE ☐PURCHASED ☐EMERGENCY
Wells: 8 Adequate Supply? _____
2,3, & 4 not used

TREATMENT PROCESSES\CHEMICALS IN USE

☐Ammoniation ☐ Fluoridation ☒ **Chlorination** _____
☒ **Aeration** ☒ **Filtration** ☐ Acrylamide \ Epichlorohydrin
☐ Coagulation ☐Odor\Taste control ☐ Softening _____
☐ Stabilization ☒**Corrosion Control** ☐ Membrane _____

Additional treatment needed:

FACILITY COMPLIANCE AREAS EVALUATED

I - In Compliance; M - Marginal; O - Out of Compliance; R - Return to Compliance; N - Not evaluated

☐ Raw Supply - Page ____	☐ Filtration\Softening - Page ____	☐ Distribution\CCCP - Page ____
☐ Disinfection - Page ____	☐ Storage - ____ -Page ____	☐ Operation\Maint. - Page ____
☐ Filtration - Page ____	☐ Emergency\Auxiliary - Page ____	☐ Records\Monitoring - Page ____
☐ Ion Exchange Page ____	☐ Other ____ -Page ____	☐ Other ____ -Page ____

RAW WATER SOURCE INVENTORY Facility: Indiantown_____ PWS ID# 4430667_____

Date 9/17/02_____

GROUND WATER SOURCE Total Number of wells __8____

WELL INVENTORY INFORMATION				
Well Number \ Description		1/2/3	4/5/6	7/8
Well Location: Latitude		wells 2/3/4 not used	wells 1,5,6 operate together	wells 7,8 operate together
Well Location: Longitude *(Method det.)*				
Year Constructed		1989/1983/1987	1958/1974/1975	1990/1990
Permit # \ Agency				
Depth Drilled \ Drilling Method		135/130/120 rotary	115/125/125 driven	120/125 rotary
Inner Casing: Length \ Diameter \ Material				
Outer Casing: Length \ Diameter \ Material		85/105/85X8"	115(10)/125(8)/125(8	70(16/8)/85(18/8)
Depth of Grout		85/0/85	0/0/0	70/85
Static Water Level		23/-/19		16.8/13.1
Pumping Water Level				26.8/29.75
Design Well Yield				
Actual Yield (if different than rated capacity)				
PUMP	Type (lubrication)	sub	sub	sub
	Manufacturer Name \ Model			
	Rated Capacity (gpm)	450/100/140	60/130/200	425(310)/430(290)
	Motor Horsepower \ Auxiliary power	20/10/7.5	5/7.5/7.5	20/20

	INSPECTION RESULTS (check deficiencies for correction)			
1	*Satisfactory Well History*	yes	yes	yes
2	***Sufficient Distance from Sanitary Hazards***	entire wellfield subject to	contamination from nearby	petroleum contamination sites
3	*Site not subject to Innundation \ UDI*	yes	yes	yes
4	*Unused \ Unapproved well(s) abandoned*	n/a	n/a	n/a
5	*6' X 6' X 4" Concrete Pad (Centered)*	generally yes but older wells	may have pads slightly	less than 6x6
6	*Well casing \ seal: 12" above grade*	yes	yes	yes
7	*Satisfactory Sanitary Seal*	yes	yes	yes
8	*Pump Suction Line above grade \ protected*	n/a	n/a	n/a
9	*Pump Discharge: pressure gauge \ meter*	yes	yes	yes
10	*Discharge valves: check \ shutoff \ waste*	yes	yes	yes
11	*Sample Tap: pressurized \ representative*	yes	yes	yes
12	*Sample Tap: smooth-nosed \ down-facing*	yes	yes	yes
13	*Well Vent: screened \ downward facing*	not downfacing	not downfacing	not downfacing
14	*Provision for disinfection \ level measurement*	yes	yes	yes
15	*Satisfactory maintenance \ physical condition*	yes	yes	yes
16	*Adequate Protection from vandalism\ weather*	yes	yes	yes
17	*Adequate # wells \ auxiliary power provided*	yes	yes	yes

DISINFECTION Facility: Indiantown PWS ID # 4430667

CHLORINATION: Pre Post Hypo **Gas** Other: **Date 9/17/02**

Chemical Supplier: **Avg. amount of Cl_2 gas used**

Certification: Remote tap location

Cl Feed Rate Capacity (gpd) Injection Points

Model Booster Pump Info

Chlorine Actuated by: Chlorine Residuals: Plant Remote

Reference	YES	NO	N/A	
	X			Chlorination exists and is operable
	X			Chlorine is dosed and proportional to flow
				Adequate chlorine residual (0.2 mg/L Free; 0.6 mg/L Total)
	X			A detention tank of adequate volume is provided [_____ gal.]
	X			Piping of the detention tank is adequate to prevent shortcircuiting
	X			Approved chemicals, coatings and hoses are in use
	X			A DPD method test kit is onsite
Gas Chlorination requirements				
	X			Gas chlorine cylinders are properly secured/chained upright
	X			Scales for weighing chlorine consumption are provided
	X			Automatic switch-over for the gas cylinders is provided
	X			Required Dual Chlorination provided
	X			Standby chlorinators/booster pump exists for every 5 or fraction
	X			Wrench fitted to valve stem of cylinder in use
	X			Leak detection is provided for gas system (e.g. ammonia bottle)
	X			An audible alarm and warning light for loss of chlorination capability is provided
	X			Adequate cross ventilation (e.g. floor level fan)
	X			An adequate air-pack (SCBA)/emergency response contract is provided
	X			Chemical warning signs are posted
				Spare chlorinator parts are provided
	X			Chlorination housing/protection is adequate

Comments:

STORAGE FACILITIES

Facility: Indiantown PWS ID # 4430667

Date 9/17/02

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

Tank Type/Number	C	H	G	Settler		
Capacity (gal)	127,000	10,000	500,000	53,000		
Material						
Gravity Drain	N/A	Yes	Yes			
By-pass Piping	Yes	Yes	Yes			
Pressure Gauge	n/a	Yes	n/a			
PRV/ARV						
On/Off Pressure		60/80				
Level Indicator	Yes	Yes	Yes			
Protected Openings	Yes	n/a	Yes			
Access Padlocked						
Height to Bottom of Elevated Tank						
Height to Max. Water Level						
Physical Condition						
Age						
Last serviced (date)						

Comments: _____

HIGH SERVICE PUMPS

Pump Number	1/2/3	backwash	
Type			
Make			
Model			
Capacity (gpm)	900	1250	
Motor HP	50	75	
Date Installed			
Maintenance			

Comments: _____

AUXILIARY POWER SOURCE *(serves over 350 people)*

☐ Yes ☐ None ☐ Not Required

Source / Capacity(kW) 250 + old 45 kw

Switchover: ☒ **Automatic** ☐ Manual

Standby Plan: ☐ No ☐ Yes ____

Logbook: ☐ No ☒ **Yes** __4_ *(hrs./month oper. under loa*

What equipment does it operate?

- ☒ Well pumps 1-4
- ☒ High Service Pumps
- ☐ Treatment Equipment
- ☐ Other

Satisfy 1/2 max-day demand? ☒Yes ☐No ☐Unk

Comments: In combination with storage generator operates 1 hr/ week under load

Reference	YES	NO	N/A	
		X		A satisfactory air compressor (oil-free) is employed for pressure vessels
				Satisfactory Float switches employed (Non-Mercury)
		X		All inspection items above satisfactory (_____)

FILTRATION \ SOFTENING

Facility: Indiantown PWS ID # 4430667

Date 9/17/02

FILTRATION 2 UNITS _____
DIMENSION
Type ☐Sand ☐ Greensand ☐Carbon ☐ Dual Media

Length of Filter Runs 48-72 hrs
Type of Filter Media sand
Is media visible? _____ Clean after BW? _____
Filter Rate 2 gpm/sf BW Rate ~25 gpm/sf
Filter Capacity 648,000 gpd each
Cracks/Cementation/Channeling _____
Effluent Stability _____ Algae Growth _____
Turbidity in clearwell? _____
Head Loss Gauge _____

Comments: _____

SOFTENING *(Ca/Mg Hardness Removal)*

Chemical Precipitation Process:
Chemicals Used _____

Nature of Floc _____
Sludge Blanket Appearance _____
Is settling OK? _____
Excessive carry-over? _____
Secondary Precipitation _____
Effluent Stability _____
Recarbonation Type _____
Sludge Recirculation Used _____

Comments: _____

ION Exchange Process: _____ UNITS _____ DIM.

Make _____ Model _____
Capacity _____
Grade of Salt for Regeneration _____
Backwash Effluent Destination _____

Comments: _____

REVERSE OSMOSIS *(Dissolved Solids Removal)*

Make _____ Pressure _____
No. of Modules _____ Permeate Cap. _____
Blend Rate (GPM) _____
Chemicals Used _____
Waste-to-product Ratio _____
Pre-treatment _____
Effluent Quality: TDS (mg/L) _____
Waste Disposal Site _____
IW Permit # & Expir. Date _____

Comments

Reference	YES	NO	N/A	
FILTRATION				
	X			Filters are operable
	X			Backwash is disposed of properly, at least 100' from wells
	X			Individual filters can be bypassed
	X			Sample taps are located at the filter influent and effluent lines
			X	Chlorine injection and the detention tank follow carbon filters
	X			Rate of flow controllers are provided on each filter
	X			Continuous monitoring turbidimeters are provided
	X			All inspection items above satisfactory (_____)
SOFTENING				
			X	Spent brine\reject is disposed of properly, at least 100' from wells
			X	A bypass with proportioning valve is provided for blending
			X	Sample taps are located at the softener influent & effluent
			X	Sample tap is provided for blended water.
			X	Softeners have bypass piping
			X	Sludge disposal satisfactory [Location: _____]

			X	All inspection items above satisfactory (_____)

OPERATION & MAINTENANCE

Facility: Indiantown_____ PWS ID # 4430667____

Date 9/17/02_____

Reference	YES	NO	N/A	
	X			Adequate operation and maintenance logbook maintained and secured
	X			Adequate operator coverage is logged [*see cover page*]
	X			Routine Maintenance, daily chemical usage recorded
	X			Calibration logbooks maintained for analytical equipment
	X			Monthly Operational Reports (MORs) satisfactory (*see comments below*)
	X			*Satisfactory Process performance records retained for treatment employed
	X			Abnormal Events properly recorded and reported for system (MORs, logbook, DEP)
	X			Plant is protected from weather, tampering & vandalism
	X			All electrical wiring is in proper conduit
	X			Finished sample tap is provided: 12"above ground, smooth-nosed & downfacing
	X			Has device to measure pumpage of finished water [timeclock / meter]
		X		Meter has bypass
	X			Meter is routinely calibrated [Last calibration Date: _____]
	X			A distribution system pressure gauge exists and is operable [Location: _____
	X			**Permit has plant rating [yes: _1.296 Mgpd; no: file implies _____ gpd]**
	X			MDF on MOR's is less than plant rating. [_____ **Gpd for** _____, 19___]

Comments: _____

_____

_____

As certified on Part II of submitted Monthly Operating Reports:** ***Process performance records shall be kept for the following treatment processes:
Coagulation/flocculation *records should include source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates.*
Sedimentation *records should include process effluent turbidity and sludge volume produced.*
Filtration *records should include process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates.*
Lime-soda ash softening *records should include source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration.*
Ion exchange softening *records should include feed and bypass flows, blend rate, and salt and brine used.*
Nanofiltration and reverse osmosis *records should include feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity.*
Electrodialysis *records should include polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps.*

DISTRIBUTION SYSTEM \ CROSS CONNECTION CONTROL PROGRAM

Reference	YES	NO	N/A	
	X			A cross connection control program is on file
	X			Required Backflow prevention devices present
	X			A Coliform Sampling plan is maintained
				A distribution flushing\maintenance program is
	X			An Asbestos Monitoring Plan has been submitted

Comments:_____

_____

_____

TREATMENT PROCESSES

Facility: Indiantown PWS ID # 4430667

Date 9/17/02

AERATION (*Natural\Forced Draft, Packed Tower*)

Type CASCADE Capacity 900 gpm

Proper Maintenance\Screening

Comments:

OTHER TASTE/ODOR CONTROL PROCESSES

Explain:

AMMONIATION

Make Capacity

Injection Points

Comments:

COAGULATION (*Turbidity Removal*)

Chemicals Used

Condition of Floc

Is settling OK?

Comments:

STABILIZATION

Effluent S.I. Is pH control done?

Chemical Used

Injection Point

pH Range of Effluent

Comments:

FLUORIDATION

Chemical Used Strength

Corrosion Noted Plugging Noted

Feeder Make/Model

High Level Ventilation (acid)

Acid carboys/day tank vented outside

Designated Electrical Outlet (acid)

Analytical Testing Equipment

Anti-siphon Valves

Residual Range

Point of Application

Emergency Eyewash

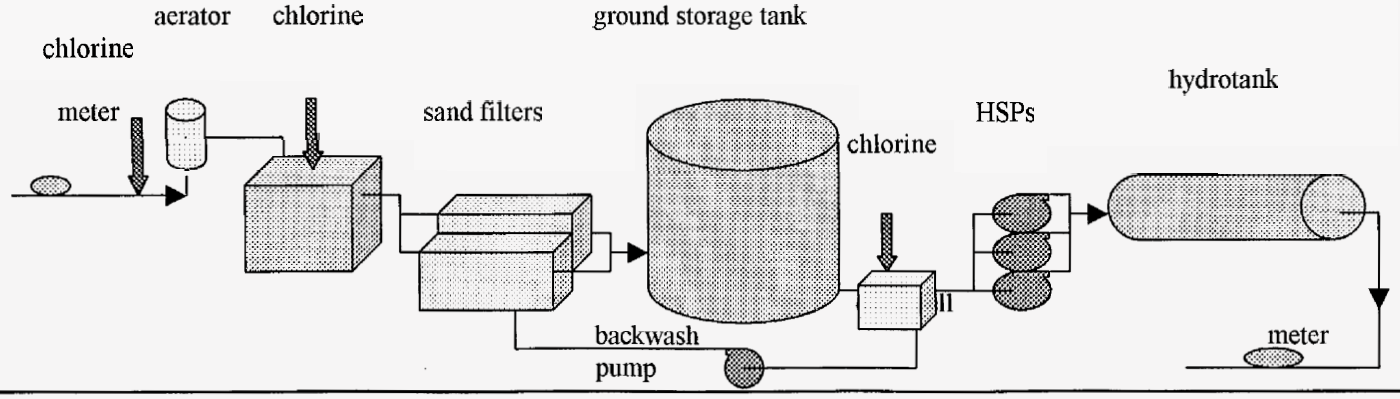
Comments:

ADDITIVES/CHEMICALS

Meets NSF 60 & 61

Chemical Inventory: Name \ Mfr. \ Cert. # \ Storage

Treatment schematic



RECORDS \ MONITORING Facility: Indiantown_____ PWS ID # 4430667

Date 9/17/02

Reference	YES	NO	N/A	
	X			Records \ Reports are retained on premises for inspection
	X			Public Notice\Boil water advisory forms are retained on premises
	X			Adequate bacteriological monitoring is provided. [Qtr. , **Mo.**, _____]
	X			Chemical monitoring is current. If no, check & indicate due date:
				☐ Nitrate\ Nitrite _____ ☐ Primary Inorganics _____
				☐ Volatile Organics _____ ☐ Turbidity _____
				☐ Pesticides\PCBs _____ ☐ Secondaries _____
				☐ Radionuclides _____ ☐ Unregulated Organics _____
				☐ Trihalomethanes _____ ☐ Lead/Copper _____
				☐ Other _____
	X			No monitoring violations documented over the last 12 months [_____]
	X			System is in compliance with all MCL's [No: _____]
	X			Required analyses are reported in acceptable format [_____]
	X			WTP is permitted [HRS/DEP No:_____ , **dated:**_____] see comment
				System conforms with permit
	X			PWS has been updated per this inspection
	X			The system appears to be properly classified as a [NC , NTNC , **C**]

Comments: (include pertinent compliance history)
Permit includes:

_____

_____

_____

COMPLIANCE MONITORING
COMMUNITY PUBLIC WATER SYSTEMS

CONTAMINANT	PWS Screen	# Samples Required	Sampling Location	C > 3300			C ≤ 3300		
				Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	024	1 2	Each well Distribution	monthly			monthly		
Volatile Organics	028	*(Note A)*	*(Note H)*	*(Notes A, 1)*			*(Notes A, 2)*		
Pesticides & PCBs	029	*(Notes B, E)*	*(Note H)*	3 years *(Note 1)*			3 years *(Note 2)*		
Nitrate & Nitrite (as N)	030	1	POE	annually			annually		
Inorganics	030	1	POE	3 years *(Note 1)*			3 years *(Note 2)*		
Asbestos	030	1 *(Note F)*	Distribution	9 years *(Note 7)*			9 years *(Note 8)*		
Secondaries	031	1	POE	3 years *(Note 1)*			3 years *(Note 2)*		
Radionuclides	033	*(Note C)*	POE	3 years *(Note 1)*			3 years *(Note 2)*		
Group I UOCs (OMIT)	035	*(Notes B, E, G)*	POE	*(Note 4)*			*(Note 5)*		
Group II UOCs (OMIT)	034	1 *(Notes E,G)*	POE	3 years *(Note 1)*			3 years *(Note 2)*		
Group III UOCs (OMIT)	036, 037	1 *(Note G)*	POE	*(Note 4)*			*(Note 5)*		
Lead and Copper	047	*(Note D)*	---	---			---		
TTHM (≥ **10,000** persons)	027	4/plant	Distribution	Quarterly			N/A	N/A	N/A

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

RECORDS \ MONITORING Facility: Indiantown_____ PWS ID # 4430667___

Date 9/17/02_____

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.

Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.

Note D Contact the Southeast District's Drinking Water Program at (561) 681-6760 or contact the Florida Rural Water Association.

Note E Contact the Southeast District's Drinking Water Program at (561) 681-6760, to obtain an application for reduced monitoring.

Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.

Note H First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

FREQUENCY:

Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)

Note 2 Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)

Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)

Note 4 First year of the first three-year compliance period (i.e. calendar year 1996)

Note 5 Second year of the first three-year compliance period (i.e. calendar year 1997)

Note 6 Third year of the first three-year compliance period (i.e. calendar year 1998)

Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)

Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)

Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

Facility: Indiantown PWS ID # 4430667

Date 9/17/02

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

1. Generator is run 1 hour per week, not 4 hours continously as required. (will be corrected. See attached memo from Jim Hewitt.)
2. Algae growing in aerator. (scheduled maintenance will correct this.)
3. Hydro tank compressor oil needs to be changed to vegetable oil. (See memo from J. Hewitt)
4. Security of several wells is suspect due to remote isolated locations.

Inspector _____ Title ESII Date _____

Approved by _____ Title _____ Date _____