Docket No. 060368-WS

Application to Increase Rates and Charges
For a "Class A" Utility
In

Florida

VOLUME 6

Book 5

Containing
Additional Engineering Requirements

Sanitary Survey Water

CMP _____
COM _____
CTR _____
ECR 1
GCL _____
OPC _____
RCA _____
SCR _____
SGA _____
SEC _____
OTH _____

Aqua Utilities Florida, Inc.

Aqua Utilities Florida, Inc.
Sanitary Survey Reports
Water Systems

Book 5

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

January 10, 2005

Mr. Will Fontaine
Aqua Utilities
P.O. Box 490310
Leesburg, FL 34749-0310

OCD-PW-SS-05-0019

Lake County – PW
48 Estates – 3350005
King's Cove – 3350655
Summit Chase – 3354112
Haines Creek – 3350481
Ravenswood – 3351062

Dear Mr. Fontaine:

The Department conducted an inspection of your public water systems on October 26, 2004. This inspection was conducted by Karen Milicic of this office in the presence of Will Fontaine. Copies of the Sanitary Survey Reports are enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

The Department values your continued cooperation in operating and maintaining your water system, and appreciates the assistance provided during the sanitary survey.

If you have any questions concerning this letter, please contact Karen Milicic at the above address or by phone at (407) 894-7555, extension 2226.

Sincerely,

Roberto C. Ansag, Environmental Manager
Drinking Water Compliance/Enforcement

RCA/km
Enclosure

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name 48 ESTATES County Lake PWS ID # 3350005
Plant Location Circle Way, Leesburg, 34788 Phone 352/369-4881
Owner Name Aqua Utilities, Attn: Will Fontaine, Phone 877/369-4880
Owner Address P.O. Box 490310, Leesburg, FL 34749-0310
Contact Person W. Fontaine Title Operator Phone 877/369-4880
This Survey Date 10/26/04 Last Survey Date 12/19/01 Last C.I. Date 11/2/99

PWS TYPE & CLASS

☒ Community (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

☒ Approved system with approval number & date
HRS #B-14855, 6/20/74, cleared 7/21/75
(Additional connections unapproved)
☐ 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
W. Fontaine C-6813, M. Neal C-10027
J. Worrell C-6597
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 3/wk *Actual* 5/wk
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 78
Population Served 273 Basis 10/04 MOR
Average Day (from MORs) .0257 MGD
Max. Day (from MORs) .072 MGD 5/04*
Max-day Design Capacity .0576 gpd
Comments * Exceeded 75% of the max – day
Design capacity for the following months:
5/04, 6/04 and 7/04.

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE

☒ Yes ☐ None ☒ Not Required
Source MPSG50 (propane)
Capacity of Standby (kW) 20
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4
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

Chlorination

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 2" Master
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed

Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☐ Yes ☐ No ☐ N/A
Comments

PWS ID # 3350005
Date 1/10/05

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1973			
Depth Drilled		230'			
Drilling Method		Rotary			
Type of Grout		UNK			
Static Water Level		UNK			
Pumping Water Level		UNK			
Design Well Yield		UNK			
Test Yield		UNK			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		126'			
Diameter (outside casing)		4"			
Material (outside casing)		Steel			
Well Contamination History		None noted			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	65'*			
	Reuse Water	--			
	WW Plumbing	>100'			
	Other Sanitary Hazard	None noted			
PUMP	Type	Submersible			
	Manufacturer Name	Sta-rite			
	Model Number	UNK			
	Rated Capacity (gpm)	80			
	Motor Horsepower	5			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		--			

COMMENTS * Variance request dated 9/25/84.
Provide additional information for "UNK", if available.

PWS ID # 3350005
Date 1/10/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant .52 Remote .82
Remote tap location 34038 S. Haines Creek
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1.
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability Loss of Cl_2 residual Cl_2 leak detection	☐ ☐ ☐	☐ ☐ ☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

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

Tank Type/Number	H/1		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes*		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked			
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments

HIGH SERVICE PUMPS

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

Comments

PWS ID # 3350005
Date 1/10/05

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of inspection!!

Thanks!!

Inspector K Nel Title Env. Specialist I Date 1/10/05

Approved by _____ Title Env. Manager Date _____

Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

Colleen M. Castille
Secretary

October 7, 2005

Mr. Brian Heath, Manager
Aqua Utilities Florida Inc.
P.O. Box 490310
Leesburg, FL 34749

Alachua County – Potable Water
Arredondo Farms Water System; PWS ID: 2010042
Arredondo Estates Water System; PWS ID: 2010041

Dear Mr. Heath:

On September 9, 2005 a sanitary survey was performed at the above referenced facilities with the courteous assistance of Mr. Mark March, operator. I was pleased to find that the two water systems are in good conditions and well operated. The deficiencies observed in the last inspections were corrected.

The only deficiency observed at the Arredondo Estates Water System is that the well concrete pad on Well #2 needs to be repaired. Also, we received various calls last year regarding interruption of water service. Please be sure that this situation is avoided as much as possible in the future.

Based on the inspection and the monitoring data received, both water systems are in compliance with the Florida Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) Title 62.

As a reminder, Lead and Copper (tap sampling) are due for both facilities this year. Please perform the monitoring for lead and copper following the sampling plans, and submit the analysis results to our office as soon as possible.

Enclosed is a copy of the sanitary survey reports for your records. If I maybe of further assistance to you, please contact me at (904) 807-3303. Your cooperation with the Florida Safe Drinking Water Act is appreciated.

Sincerely,

Blanca R. Rodriguez
Potable Water Section

DD:BRR:brr

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name **Arredondo Estates** County Alachua PWS ID # 2010041
Plant Location 6500 SW Archer Rd., east of I-75. Phone 352-435-4020
Owner Name Aqua Utilities Florida Inc., Mr. Brian Heath, Manager Phone 352—787-0980
Owner Address P.O. Box 490310, Leesburg, FL 34749
Contact Person Candice McClure/ Mark March Title office pers./operator Phone 352-303-0718
This Survey Date 9/9/05 Last Survey Date 3/4/03 Last C.I. Date

PWS TYPE & CLASS: Community - (5C)

SERVICE AREA CHARACTERISTICS
Mobile home

Food Service: ☒ Yes ☐ No ☐ N/A

GENERAL INFORMATION
Number of Service Connections 230
Population Served 600 Basis 2.5/conn.
Plant Design Capacity 290,000 gpd
Basis
Average Day (from MORs 60,000 gpd
Max. Day (from MORs 100,000 gpd
Total Storage Capacity 20,000 gallons
Comments two hydroneupmatic tanks

LOCATION
Latitude 29° 36' 20" North
Longitude 82° 24' 56" West
GPS: Y_ Date:
Directions SR 24 (Archer Road), east of I-75

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mr. Mark March, C-8573 cell 352-303-0718
Candice McClure (office pers. 352-435-4020)
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 6 *Actual* 6
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

COMET: SITE ID _____ PROJECT ID _____

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 Diesel Generator
Capacity of Standby (kW) 20
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load 4 hrs/month
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
Disinfection

What additional treatment is needed?
None
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 3" Badger
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 2010041
Survey Date 9/9/05

GROUND WATER SOURCE

Well Number (PWS Identification)		Weii #1	Well #2		
Well Name (System Identification)					
Year Drilled		1962	1968		
Depth Drilled		150'	150'		
Latitutude		29:36:20	29:36:20		
Longitude		82:24:56	82:24:56		
GPS (Y or N) / Date (if applicable)					
Florida Well ID					
Static Water Level		40'	40'		
Actual Yield (if different than rated capacity)					
Strainer					
Length (outside casing)		66'	66'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		steel	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	ok	ok		
	Reuse Water	N/A	N/A		
	WW Plumbing	ok	ok		
	Other Sanitary Hazard				
PUMP	Type	Subm.	Subm.		
	Manufacturer Name	unk	unk		
	Model Number	unk	unk		
	Rated Capacity (gpm)	120	120		
	Motor hosepower	10	10		
Well casing 12" above grade?		yes	yes		
Well Casing Sanitary Seal		ok	ok		
Raw Water Sampling Tap		ok	ok		
Above Ground Check Valve		yes	yes		
Fence/Housing		fence	fence		
Well Vent Protection					

COMMENTS

Previous deficiencies were corrected: well was repaired and it is back in service, area cleaned, well is better protected with fence, piping and tanks were painted, roof of control house was repaired.

PWS ID # 2010041
Survey Date 9/9/05

CHLORINATION (Disinfection)
Type: Hypo-Chlorination
Make Custom Capacity 15 gpd
Chlorine Feed Rate 50%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.6 Remote 2.5
Remote tap location plant effluent
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points pre-hydro tank
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2	☐	☐	
capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection			
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☒	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

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

Tank Type/Number	H		
Capacity (gal)	20000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass			
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure	30/55		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments
Roof of control room was repaired.
Tanks and piping were painted
Pressure was 42 psig

HIGH SERVICE PUMPS

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

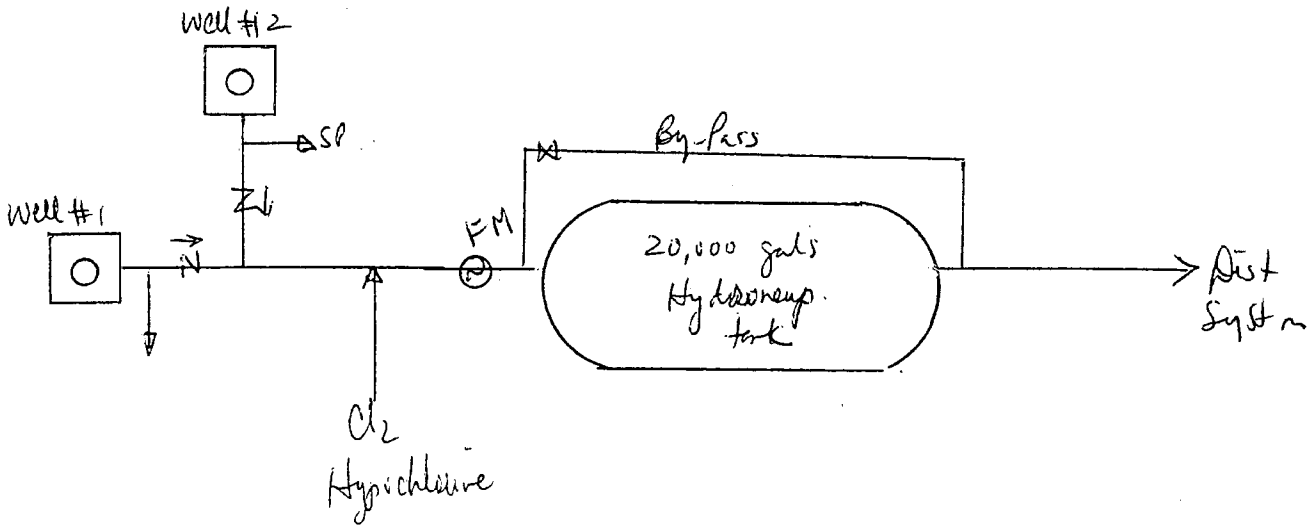
Comments

PWS ID # 2010041
Survey Date 9/9/05

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS			
CONTAMINANT	**Last Sampled**	**Due Date**	**COMMENTS**
Microbiological (Bacteria)	xxxxxxxx	Monthly	distribution samples + 1 from each raw source (distribution number based upon the population served)
Disinfectant Levels	xxxxxxxx	Monthly	field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). **Only report the quarterly averages of the monthly readings.**
Disinfection Byproducts (DBPs)	2004	none in 2005	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.
Nitrate & Nitrite (as N)	2005	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent). **2 quarterly samples required if >3,300 people served.**
Radionuclides	2003	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Secondary Standards	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Lead and Copper	2002	2005	**Samples taken from pre-approved sample plan sites.**
Asbestos	waiver	2011 or waiver	**Samples taken from distribution.** Waiver available if there is no asbestos pipe in the distribution system.

Unless otherwise noted, all samples shall be representative of each source after treatment.

SCHEMATIC:



PWS ID # 2010041
Survey Date 9/9/05

MONITORING VIOLATIONS	MCL VIOLATIONS
none	none

DEFICIENCIES:

1. Needs to repair the concrete pad around Well # 2.

Everything was found in good condition.

Inspector Blanca R. Rodriguez Title Engineer IV Date 10/6/2005

Blanca R. Rodriguez

Approved by John J. Davis, P.G. Title Potable Water Supervisor Date 10/10/05

Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

Colleen M. Castille
Secretary

October 7, 2005

Mr. Brian Heath, Manager
Aqua Utilities Florida Inc.
P.O. Box 490310
Leesburg, FL 34749

Alachua County – Potable Water
Arredondo Farms Water System; PWS ID: 2010042
Arredondo Estates Water System; PWS ID: 2010041

Dear Mr. Heath:

On September 9, 2005 a sanitary survey was performed at the above referenced facilities with the courteous assistance of Mr. Mark March, operator. I was pleased to find that the two water systems are in good conditions and well operated. The deficiencies observed in the last inspections were corrected.

The only deficiency observed at the Arredondo Estates Water System is that the well concrete pad on Well #2 needs to be repaired. Also, we received various calls last year regarding interruption of water service. Please be sure that this situation is avoided as much as possible in the future.

Based on the inspection and the monitoring data received, both water systems are in compliance with the Florida Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) Title 62.

As a reminder, Lead and Copper (tap sampling) are due for both facilities this year. Please perform the monitoring for lead and copper following the sampling plans, and submit the analysis results to our office as soon as possible.

Enclosed is a copy of the sanitary survey reports for your records. If I maybe of further assistance to you, please contact me at (904) 807-3303. Your cooperation with the Florida Safe Drinking Water Act is appreciated.

Sincerely,

Blanca R. Rodriguez
Potable Water Section

HD:BRR:brr

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name **Arredondo Farms** County Alachua PWS ID # 2010042
Plant Location 6500 SW Archer Rd., east of I-75 Phone 352-435-4020
Owner Name Aqua Utilities Florida Inc., Mr. Brian Heath, Manager Phone 352-787-0980
Owner Address 1343 N.E. 17th Road, Ocala, Florida 34470
Contact Person Mark March/Candice McClure Title operator/office pers. Phone 352-303-0718
This Survey Date 9/9/05 Last Survey Date 3/4/03 Last C.I. Date

PWS TYPE & CLASS: Community - (5C)

SERVICE AREA CHARACTERISTICS
Mobile home

Food Service: ☒ Yes ☐ No ☐ N/A

GENERAL INFORMATION
Number of Service Connections 240
Population Served 600 Basis 2.5/conn.
Plant Design Capacity 290,000 gpd
Basis
Average Day (from MORs) 73,207 gpd
Max. Day (from MORs) 128,500 gpd
Total Storage Capacity 10,000 gallons
Comments two hydroneupmatic tanks

LOCATION
Latitude 29° 35' 58" North
Longitude 82° 25' 04" West
GPS: Y_ Date:
Directions SR 24 (Archer Road). About a mile after Pass I-75. Plant is on the left hand side on Archer Road.

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mr. Mark March, C-8573, cell 352-303-0718
Candice McClure, Office pers., 352-435-4020
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 6 *Actual* 6
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

COMET: SITE ID _____ PROJECT ID _____

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 Diesel Generator
Capacity of Standby (kW)
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load 4 hrs/month
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
Disinfection only

What additional treatment is needed?
None
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 3" Badger
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections none noted
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 2010042
Survey Date 9/9/05

GROUND WATER SOURCE

Well Number (PWS Identification)		Well #1	Well #2		
Well Name (System Identification)		East well	West well		
Year Drilled		1970	1978		
Depth Drilled		150'	143'		
Latitutude		29:35:58	29:35:58		
Longitude		82:25:04	82:25:04		
GPS (Y or N) / Date (if applicable)					
Florida Well ID					
Static Water Level		47'	47'		
Actual Yield (if different than rated capacity)					
Strainer		Unk	Unk		
Length (outside casing)		72'	70'		
Diameter (outside casing)		8"	8"		
Material (outside casing)		CT	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	yes	yes		
	Reuse Water	N/A	N/A		
	WW Plumbing	ok	ok		
	Other Sanitary Hazard				
PUMP	Type	Subm.	Subm.		
	Manufacturer Name	unk	unk		
	Model Number	unk	unk		
	Rated Capacity (gpm)	250	300		
	Motor Horsepower	15	15		
Well casing 12" above grade?		yes	yes		
Well Casing Sanitary Seal		ok	ok		
Raw Water Sampling Tap		ok	ok		
Above Ground Check Valve		yes	yes		
Fence/Housing		fence	no		
Well Vent Protection					

COMMENTS _
Plant is well maintained and operated.
Previous deficiencies were corrected: well piping was painted, new raw sample tap was installed.

PWS ID # 2010042
Survey Date 9/9/05

CHLORINATION (Disinfection)
Type: Hypo-Chlorination
Make Custom Capacity 15 gpd
Chlorine Feed Rate 50%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.0 Remote 0.8
Remote tap location plant elfluent/mobile home
DPD Test Kit: ☒ On-site ☐ With operator ☐ None ☐ Not Used Daily
Injection Points pre-hydro tank
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☒	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

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

Tank Type/Number	H	H	
Capacity (gal)	5000	5000	
Material	steel	steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	No	
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	yes		
Protected Openings	yes		
PRV/ARV	Both	PRV	
On/Off Pressure	30/55		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Tanks are in serie, Total vol =10,000 gal
Good conditions.
Pressure was 38 psig, good.

HIGH SERVICE PUMPS

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

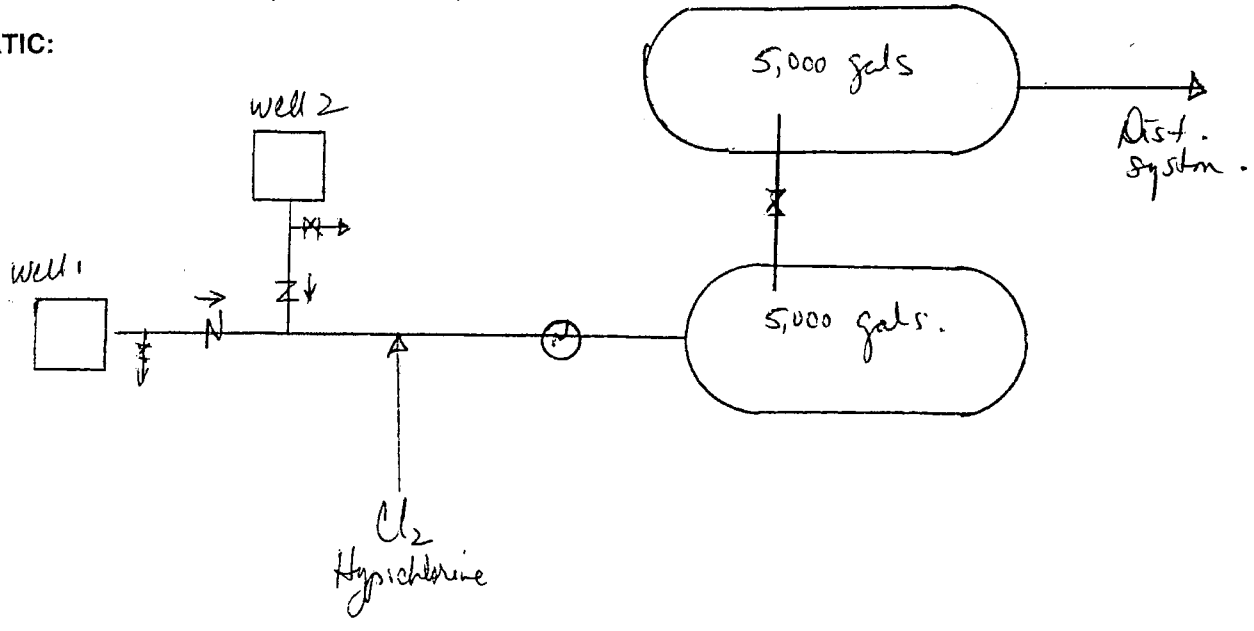
Comments

PWS ID # 2010042
Survey Date 9/9/05

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS			
CONTAMINANT	**Last Sampled**	**Due Date**	**COMMENTS**
Microbiological (Bacteria)	xxxxxxxx	Monthly	distribution samples + 1 from each raw source (distribution number based upon the population served)
Disinfectant Levels	xxxxxxxx	Monthly	field readings (i.e. one taken with each microbiological sample that is taken from the distribution system). **Only report the quarterly averages of the monthly readings.**
Disinfection Byproducts (DBPs)	2004	none in 2005	Total Trihalomethanes (TTHMs) & Haloacetic Acids (HAA5s) taken in accordance with your D/DBPR Monitoring Plan.
Nitrate & Nitrite (as N)	2005	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Inorganic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Volatile Organic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Synthetic Organic Contaminants	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent). **2 quarterly samples required if >3,300 people served.**
Radionuclides	2003	2009	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Secondary Standards	2003	2006	Taken from each Point of Entry to the distribution system (i.e. from each plant's effluent)
Lead and Copper	2002	2005	**Samples taken from pre-approved sample plan sites.**
Asbestos	waiver	2011 or waiver	**Samples taken from distribution.** Waiver available if there is no asbestos pipe in the distribution system.

Unless otherwise noted, all samples shall be representative of each source after treatment.

SCHEMATIC:



PWS ID # 2010042
Survey Date 9/9/05

MONITORING VIOLATIONS	MCL VIOLATIONS
none	none

DEFICIENCIES:

Facility was found in good condition.

Inspector Blanca R. Rodriguez Title Engineer IV Date 10/6/2005

Blanca R. Rodriguez

Approved by John J. Davis, P.G. Title Potable Water Supervisor Date 10/10/05

John J. Davis, P.G.

Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

David B. Struhs
Secretary

March 4, 2004

Mr. Craig Anderson
Florida Water Services
Post Office Box 609520
Orlando, Florida 32860

Dear Mr. Anderson:

Putnam County – Potable Water
Beechers Point Subdivision
PWS ID: 2540070

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courteous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. This system is a consecutive water system providing no additional treatment for water purchased from the Town of Welaka Water Treatment Plant, PWS ID: 2544392. I was pleased to find that the facility is in good operating condition and well maintained. Based on this survey and our records, the Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated there-under, Florida Administrative Code (FAC) Title 62.

Bacteriological monitoring is due on a monthly basis. Two samples are taken from the distribution system. Bacteriological sampling results have been satisfactory since the last sanitary survey in 2001. Monitoring for Disinfection Byproducts will be required for this system per the sampling plan. Chemical sampling is not required for the consecutive system.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me at Annalise.Stahlman@dep.state.fl.us or (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely:

Annalise M. Stahlman
Environmental Specialist

Correspondence File
EUC:BRR:AMS:ams

Enclosure: Sanitary Survey Dated 3/3/04

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name BEECHER'S POINT SUBDIVISION County Putnam PWS ID # 2540070
Plant Location Front Street off CR 309, Welaka, Florida Phone 386-329-1122
Owner Name Florida Water Services (Attn: Mr. Craig Anderson) Phone 407-880-0058
Owner Address Post Office Box 609520, Orlando, Florida 32860
Contact Person Mr. Paul Thompson Title Lead Operator, FWS Phone 386-329-1122
This Survey Date 3/3/04 Last Survey Date 2/9/01 Last C.I. Date

PWS TYPE & CLASS: Community - (4D)

SERVICE AREA CHARACTERISTICS
Residential
Consecutive System, Purchased water from City of Welaka
Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 72
Population Served 149 Basis estimate
Plant Design Capacity N/A gpd
Basis consecutive system
Average Day (from MORs) 3,787 gpd
Max. Day (from MORs) 4,600 gpd
Total Storage Capacity gallons
Comments data based on January 2004 MOR

LOCATION
Latitude 29° 28' 31.0" North
Longitude 81° 40' 24.0" West
GPS: No Date:
Directions US 17 south to CR 309, right on Elm St. Left on Front Street

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Paul Thompson, A-7251
Donald Holcomb, A-5091
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
Days/wk: *Required* 2 *Actual* 5
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
complete logs in mailbox at facility

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
☐ GROUND; Number of Wells
☐ SURFACE/UDI; Source
☒ PURCHASED from PWS ID # 2544392
☐ 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
Consecutive System - No Treatment
What additional treatment is needed?
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type Rockwell Meter, 6"
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections none noted
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments satisfactory

PWS ID # 2540070
Survey Date 3/3/04

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None

DEFICIENCIES:

The equipment at this consecutive system appears to be in good operating condition.

Inspector Annalise M. Stahlman — Title Environmental Specialist II — Date 3/4/04

Approved by Blanca R. Rodriguez — Title Engineer IV — Date 3/4/04

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name CARLTON VILLAGE County Lake PWS ID # 3350152
Plant Location Lot 11, Oakridge Road, Lady Lake Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/29/04 Last Survey Date 10/3/01 Last C.I. Date 8/24/99

PWS TYPE & CLASS
- ☒ Community (5C)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date
  As-built, 1/3/56, HRS #3545, 7/24/59
  WC35-262568, 1/10/95, WC35-272041, cl 4/28/97
- ☐ 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
B. Heath C-5824, W. Fontaine C-6813, J. Worrell C-6597, G. Kissick C-7846,
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 6 *Actual* 6
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 189
Population Served 662 Basis 3/04 MOR
Average Day (from MORs) 41,790 gpd
Max. Day (from MORs) 78,020 gpd 5/03
Max-day Design Capacity .288 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

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 Onan generator (propane)
Capacity of Standby (kW) 40
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
- ☒ Well pumps All
- ☐ High Service Pumps
- ☒ Treatment Equipment All

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

TREATMENT PROCESSES IN USE
Chlorination

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" McCrometer on each well
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments 4" Neptune compound meter located on discharge line from plant.

PWS ID # 3350152
Date 5/6/04

GROUND WATER SOURCE

Well Number		2(Plt)	3		
Year Drilled		UNK	1995		
Depth Drilled		325'	350'		
Drilling Method		Rotary	Rotary		
Type of Grout		UNK	UNK		
Static Water Level		UNK	56'		
Pumping Water Level		UNK	67.63'		
Design Well Yield		UNK	UNK		
Test Yield		UNK	700 gpm		
Actual Yield (if different than rated capacity)		UNK	UNK		
Strainer		UNK	UNK		
Length (outside casing)		170'	120'/ 210'		
Diameter (outside casing)		8"	20"/ 12"		
Material (outside casing)		Black Steel	Black Steel		
Well Contamination History		None noted	None noted		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>200'	>200'		
	Reuse Water	--	--		
	WW Plumbing	>200'	>200'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Goulds	Goulds		
	Model Number	200L20	200L20		
	Rated Capacity (gpm)	200	200		
	Motor Horsepower	20	20		
Well casing 12" above grade?		No-Accepted	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		--	--		

COMMENTS Provide additional information for "UNK", if available.

PWS ID # 3350152
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity 30* gpd
Chlorine Feed Rate (1)
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.3 Remote 1.1
Remote tap location 40020 Gray's Airport Rd.
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info
Comments *2 - 15 gpd chlorinators
1) Well #2- 80%, Well #3 - 80% stroke rate.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

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

Tank Type/Number	H/1		
Capacity (gal)	6,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments

HIGH SERVICE PUMPS

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

Comments

PWS ID # 3350152
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies at the time of the inspection. Overall, the plant looked good.

Inspector K Nt Title Env. Specialist I Date 5/6/04

Approved by Roberto C. Gm Title Env. Manager Date 5/7/04

Department of
Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

RECEIVED
SEP 18 2006
By

September 7, 2006

OCD-PW-SS-06-1031 9/18/06

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, Florida 34748

Attention: Jack Lihvarcik, President

Jerry
Good project to have Patrick work on. [illegible] we need to outsource repairs
JHL

Seminole County - PW
Chuluota Water System
PWS ID Number 3590186

Dear Mr. Lihvarcik:

The Department conducted a sanitary survey of the above-referenced public water system on August 29, 2006. This inspection was conducted by Kim Dodson and Nathan Hess, in the presence of Bob Ansag and Bill Trendel, both of Aqua Utilities Florida. A copy of the sanitary survey report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed on pages 7-13 of the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code (F.A.C.)* Rules 62-550, 62-555, 62-560 and 62-602.

Correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than October 16, 2006**.

Please be advised that enforcement action is forthcoming for failure to comply with maximum contaminant level for total trihalomethanes.

If you have any questions, please contact Nathan Hess at the above address or by phone at (407) 893-3318, extension 2276.

Sincerely,

Kim Dodson

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/nh
Enclosures

cc: Jerry Connolly, Aqua Utilities Florida, Inc. [EMAIL: gpconnolly@aquaamerica.com
mjoreilly@aquaamerica.com]
Jim Collins, Seminole County Health Department
Echo Goodner, DEP Drinking Water Compliance/Enforcement
Nathan Hess, DEP Drinking Water Compliance/Enforcement
Kenny Davis, DEP Drinking Water Compliance

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

PLANT #1

GENERAL INFORMATION

System Name CHULUOTA WATER SYSTEM WTP #1 County Seminole PWS ID # 3590186-1
Plant Location 118 E 7th Street, Chuluota, FL 32766 Phone
Owner Name Aqua Utilities Florida, Inc. Phone 610-645-1026
Owner Address 762 Lancaster Avenue, Bryn Mawr, PA 19010
Contact Person Jerry P. Connolly Title Manager of Operations Phone 352-787-0980
This Survey Date 8/29/06 Last Survey Date 6/29/04 Last C.I. Date 7/23/98

PWS TYPE & CLASS

☒ Community (4C)

PWS STATUS

☒ Approved system with approval number & date
12/20/61 5331-18150

SERVICE AREA CHARACTERISTICS

Residential

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
William Trendel C-6411
Terry McCarthy C-4617

O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 6 *Actual* 6
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
Maximum-day design capacities reported on MOR's differ from Department records.

Number of Service Connections *1,307
Population Served *4,574 Basis Operator
Average Day (from MORs) 68,927 gpd
Max. Day (from MORs) 128,000 gpd 5/06 MOR
Max-day Design Capacity 720,000 gpd
Comments *System-wide

RAW WATER SOURCE

☒ GROUND; Number of Wells 2
☐ PURCHASED from PWS ID #
☒ Emergency Water Source Interconnect w/ WTP #2
Emergency Water Capacity 720,000 gpd

AUXILIARY POWER SOURCE

☒ Yes ☐ None ☐ Not Required
Source Diesel
Capacity of Standby (kW) 105
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
☒ Well pumps All
☒ High Service Pumps All
☒ Treatment Equipment All
Satisfy average-day demand? ☒Yes ☐No ☐Unk
Comments No audio-visual alarm system
Generator had a small fuel spill prior to inspection.

TREATMENT PROCESSES IN USE

Aeration, hypochlorination, iron sequestration - Aquadene orthopolyphosphate dosage 1.0 mg/l.
What additional treatment is needed?
Chloramination
For control of what deficiencies?
Disinfection byproducts

DISTRIBUTION SYSTEM

Flow Measuring Device *Flow Meter
Meter Size & Type McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed.
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments *Wells individually metered – no finished water meter.

Plant Name WTP #1
Plant PWS ID # 3590186-1
Date 8/29/06

GROUND WATER SOURCE

Well Number		1	2		
Year Drilled		1961	1966		
Depth Drilled		240'	235'		
Drilling Method		Unknown	Unknown		
Type of Grout		Unknown	Unknown		
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	Unknown		
Length (outside casing)		122'	128'		
Diameter (outside casing)		10"	8"		
Material (outside casing)		Steel	Steel		
Well Contamination History		No	No		
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	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	Above ground	diesel fuel	storage tank	
PUMP	Type	Vertical turbine	Vertical turbine		
	Manufacturer Name	Goulds	Goulds		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	250	500		
	Motor Horsepower	60	Unknown		
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		
Fence/Housing		Yes	Yes		
Well Vent Protection		N/A	N/A		

COMMENTS Well #1 was out of service at time of inspection. Provide update on status when problem is diagnosed. No well vents on wells #1 and #2. Well pumps run simultaneously.

Plant Name WTP #1
Plant PWS ID # 3590186-1
Date 8/29/06

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make (3) Stenner Capacity 85 gpd
Chlorine Feed Rate 20 to 25 gpd.
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.03 Remote 0.66
Remote tap location 803 Mazurka St.
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Into top of GST.
Booster Pump Info
Comments System is currently using free chlorine to maintain disinfection. A **temporary** change to free chlorine was approved by the Department in July 2004.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability Loss of Cl_2 residual Cl_2 leak detection	☐ ☐ ☐	☐ ☐ ☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Capacity 500 gpm
Aerator Condition *Unknown
Bloodworm Presence *Unknown
Visible Algae Growth *Unknown
Protective Screen Condition *Unknown
Comments Per operator, aerators are inspected monthly and cleaned 3 times per year. *Tank not climbed at time of inspection.

AMMONIATION
Make (2) Stenner Capacity 40 gpd
Injection Points Into top of GST.
Comments ***This process is currently NOT in use.*** 18% aqueous ammonia. 12/2003 conversion to aqueous ammonia cleared - 59-0080853-016. Maximum use rate aqueous ammonia not to exceed 14mg/l. Proposed ratio 4.5 parts chlorine to 1.0 part ammonia. Chloramines cleared for service in August 2000 as corrective action for maximum contaminant level violations for total trihalomethanes.

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

Tank Type/Number	G1	H1	
Capacity (gal)	100,000	10,000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	No	Yes	
Fittings for Sight Glass	N/A	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	N/A	Unknown	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments Both tanks exhibit extensive corrosion. The dates of last cleaning and inspection are unknown.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Centrifugal	Centrifugal	
Make	Goulds	Goulds	
Model	Unknown	Unknown	
Capacity (gpm)	450	500	
Motor HP	25	25	

Comments

Plant Name WTP #2
Plant PWS ID # 3590186-2
Date 8/29/06

PLANT #2

GENERAL INFORMATION

System Name CHULUOTA WATER SYSTEM WTP #2 County Seminole PWS ID # 3590186-2
Plant Location Brumley Road, Chuluota, FL 32766 Phone
Owner Name Aqua Utilities of Florida, Inc. Phone 610-645-1026
Owner Address 762 Lancaster Avenue, Bryn Mawr, PA 19010
Contact Person Jerry P. Connolly Title Manager of Operations Phone 352-787-0980
This Survey Date 8/29/06 Last Survey Date 6/29/04 Last C.I. Date 7/23/98

PWS TYPE & CLASS

☒ Community (4C)

PWS STATUS

☒ Approved system with approval number & date
WC59-263422 cleared 8/15/96

☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Residential

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
William Trendel C-6411
Terry McCarthy C-4617
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 6 *Actual* 6
Non-consecutive Days? ☐ Yes ☐ No ☒ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☐ No ☒ Yes ☐ N/A
*Maximum-day design capacity reported on MORs differs from that in Department records.

Number of Service Connections *1,307
Population Served *4,574 Basis Operator
Average Day (from MORs) 386,701 gpd
Max. Day (from MORs) 653,700 gpd 5/06 MOR
Max-day Design Capacity 1,080,000 gpd
Comments *System-wide

RAW WATER SOURCE

☒ GROUND; Number of Wells 2
☐ PURCHASED from PWS ID #
☐ Emergency Water Source Interconnect w/ WTP #2
Emergency Water Capacity 720,000 gpd

AUXILIARY POWER SOURCE

☒ Yes ☐ None ☐ Not Required
Source Diesel
Capacity of Standby (kW) Unknown
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
☒ Well pumps All
☒ High Service Pumps All
☒ Treatment Equipment All
Satisfy average-day demand? ☐Yes ☐No ☒Unk
Comments No audio-visual alarm system.
Provide specifications for newly installed generator.

TREATMENT PROCESSES IN USE

Aeration, hypochlorination, iron sequestration - Aquadene orthopolyphosphate dosage 1.0 mg/l.
What additional treatment is needed?
Chloramination
For control of what deficiencies?
Disinfection byproducts

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Wells individually metered - no finished water meter.

Plant Name WTP #2
Plant PWS ID # 3590186-2
Date 8/29/06

GROUND WATER SOURCE

Well Number		3	5		
Year Drilled		1987	2002		
Depth Drilled		218'	250'		
Drilling Method		Cable tool	Rotary		
Type of Grout		Unknown	Neat cement		
Static Water Level		30.2'	31'		
Pumping Water Level		55'	52'		
Design Well Yield		500 gpm	500 gpm		
Test Yield		800 gpm	550 gpm		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Open hole	Open hole		
Length (outside casing)		122'	40'		
Diameter (outside casing)		10"	18"		
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	Vertical turbine	Vertical turbine		
	Manufacturer Name	Floserve	Fairbanks Morse		
	Model Number	Unknown	10M7000		
	Rated Capacity (gpm)	500	500		
	Motor Horsepower	20	25		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		No*	Yes		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Yes	Yes		
Well Vent Protection		N/A	N/A		

COMMENTS There are no well vents on wells #3 and #5. *The concrete base/pump head interface is not properly sealed on well #3; the concrete base is broken around the pump head.

Plant Name WTP #2
Plant PWS ID # 3590186-2
Date 8/29/06

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make (2) Stenner Capacity 85 gpd
Chlorine Feed Rate 20-25 gpd
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.0 Remote 0.67
Remote tap location 390 Lake Lenelle
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Into top of GST2.
Booster Pump Info
Comments System is currently using free chlorine to maintain disinfection. Department records do not show a permit in place for this type of treatment.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability Loss of Cl_2 residual Cl_2 leak detection	☐ ☐ ☐	☐ ☐ ☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Capacity 1300 & 650 gpm
Aerator Condition Good
Bloodworm Presence Unknown
Visible Algae Growth No
Protective Screen Condition Good
Comments Per operator, aerators are inspected monthly and cleaned 3 times per year.

AMMONIATION
Make (2) Stenner Capacity 40 gpd
Injection Points Into GST.
Comments ***This process is currently NOT in use.*** 18% aqueous ammonia. 12/2003 conversion to aqueous ammonia cleared - 59-0080853-017. Maximum use rate aqueous ammonia not to exceed 14 mg/l. Proposed ratio 4.5 parts chlorine to 1.0 part ammonia. Chloramines cleared for service in August 2000 as corrective action for maximum contaminant level violations for total trihalomethanes.

STORAGE FACILITIES
(G) Ground (H) Hydropneumatic

Tank Type/Number	G1	G2	H
Capacity (gal)	50,000	300,000	10,000
Material	Concrete	Concrete	Steel
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	N/A	N/A	Yes
Sight Glass or Level Indicator	Yes	Yes	Yes
Fittings for Sight Glass	N/A	N/A	Yes
Protected Openings	Yes	Yes	Yes
PRV/ARV	N/A	N/A	PRV
On/Off Pressure	N/A	N/A	Unknown
Access Padlocked	Yes	Yes	Yes

Comments G1 is out of service and has not been inspected. Hydropneumatic tank sight glass needs to be cleaned/replaced. The dates of last cleaning and and inspection are unknown.

HIGH SERVICE PUMPS

Pump Number	1	2	3
Type	Centrifugal	Centrifugal	Centrifugal
Make	Worthington	Worthington	Worthington
Model	3LR-9	3LR-9	T641
Capacity (gpm)	500	500	500
Motor HP	30	30	30
Date Installed	1996	1996	2003
Maintenance	OK	OK	OK

Comments HSPs limiting factor.

System Name: Chuluota Water System
PWS ID # 3590186
Date 8/29/06

DEFICIENCIES:

1. **Failure to comply with the maximum contaminant level (MCL) for total trihalomethanes (TTHMs).** Treatment processes approved as corrective action for MCL violations of TTHMs have been taken offline.

   The ultimate concern of the public water system supervision program is the quality of water for human consumption when the water reaches the consumers. [Rule 62-550.300, F.A.C.]

   Public water systems shall take necessary corrective action approved by the Department to meet all applicable MCLs, MRDLs, and treatment technique requirements. [Rule 62-550.300, F.A.C.]

   The Department shall be notified within 48 hours of receiving results that are not in compliance with an MCL or MRDL (except for violations of the microbiological, nitrate, or nitrite MCL and acute violations of the MRDL for chlorine dioxide), and notify the public in accordance with Rule 62-560.410, F.A.C. [Rule 62-550.500(8), F.A.C.]

   Results of test measurement or analysis shall be reported to the Department within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

2. **Failure to obtain written approval from the Department for discontinuing use of ammonia feed facilities.** The Department was notified of the temporary conversion to free chlorine to address water quality issues in the distribution system in July 2004. The conversion to chloramines was cleared in August 2000 as corrective action for MCL violations of TTHMs.

   Prior to discontinuing use of any existing drinking water treatment, suppliers of water shall obtain written approval from the Department. Each request for approval shall be submitted in writing to the appropriate Department of Environmental Protection District Office 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 in Part III of this chapter, including applicable requirements in the engineering references listed in Rule 62-555.330, F.A.C. Additionally, each request for approval to discontinue use of existing drinking water treatment facilities, each request for approval to change drinking water treatment chemicals shall include assurance of continuing compliance with applicable primary or secondary drinking water standards. [Rule 62-555.520(1)(b), F.A.C.]

3. **Failure to implement a cross-connection control program.**

   Community water systems, and all public water systems that have service areas also served by reclaimed water systems regulated under Part III of Chapter 62-610, F.A.C., shall establish and implement a routine cross-connection control program to detect and control cross-connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in *Recommended Practice for Backflow Prevention and Cross-Connection Control*, AWWA Manual M14, as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.360(2), F.A.C.]

   Upon discovery of a prohibited cross-connection, public water systems shall either eliminate the cross-connection by installation of an appropriate backflow prevention device acceptable to the Department or shall discontinue service until the contaminant source is eliminated. [Rule 62-555.360(3), F.A.C.]

System Name: Chuluota Water System
PWS ID # 3590186
Date 8/29/06

DEFICIENCIES (continued):

We need to provide [illegible]

4. **Failure to provide an audio-visual alarm system for standby power.**

   At each site where standby power is required the supplier of water shall provide by December 31, 2005, an audio-visual alarm system that is activated in the event any power source fails. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby- powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. [Rule 62-555.350(14)(f), F.A.C.]

I thought we did manuals for our systems?

5. **Failure to provide an operation and maintenance manual.**

   Suppliers of water shall provide an operation and maintenance manual for each of their drinking water treatment plants by no later than December 31, 2005, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection. [Rule 62-555.350(13), F.A.C.]

6. **Failure to provide totalizing flow meters to measure the net quantity of finished drinking water.**

   All water treatment plants that are connected to a community water system shall be equipped with a totalizing flow meter to measure the net quantity of finished drinking water, excluding any filter backwash water, produced at the plant each day. [Rule 62-555.320(16), F.A.C.]

   *REPEAT VIOLATION

Can we get our Chemical provider to remove the containers?

7. **Failure to properly store and/or remove unused ammonium hydroxide.** Drums of ammonium hydroxide have been kept at the plants since the ammonia feed was taken offline in 2004. Storage facilities at water treatment plant #1 do not have ventilation, and a drum is stored in direct sunlight at water treatment plant #2.

   Ammonium hydroxide storage facilities shall be equipped in accordance with Sections 5.4.1 and 5.4.5.2, Recommended Standards for Water Works.

   Aqua ammonia feed pumps and storage shall be enclosed and separated from other operating areas. The aqua ammonia room shall be equipped as in Section 5.4.1 with the following changes:

   a. A corrosion resistant, closed, unpressurized tank shall be used for bulk storage, vented through an inert liquid trap to a high point outside and an incompatible connector or lockout provisions shall be made to prevent accidental addition of other chemicals to the storage tank.

   b. The storage tank shall be fitted either with cooling/refrigeration and/or with provision without opening the system to dilute and mix the contents with water to avoid conditions where temperature increases cause the ammonia vapor pressure over the aqua ammonia to exceed atmospheric pressure.

   c. An exhaust fan shall be installed to withdraw air from high points in the room and makeup air shall be allowed to enter at a low point.

System Name: Chuluota Water System
PWS ID # 3590186
Date 8/29/06

DEFICIENCIES (continued):

d. The aqua ammonia feed pump, regulators, and lines shall be fitted with pressure relief vents discharging outside the building away from any air intake and with water purge lines leading back to the headspace of the bulk storage tank.

e. The aqua ammonia shall be conveyed direct from storage to the treated water stream injector without the use of a carrier water stream unless the carrier stream is softened.

f. The point of delivery to the main water stream should be placed in a region of rapid, preferably turbulent, water flow.

g. Provisions should be made for easy access for removal of calcium scale deposits from the injector.

h. Provision of a modestly-sized scrubber capable of handling occasional minor emissions should be considered.

[Section 5.4.5.2, Recommended Standards for Water Works]

Water Treatment Plant #1

8. **Failure to maintain finished-drinking-water storage tanks.** The finished-drinking-water storage tanks exhibit corrosion, and the maintenance on the ground storage tank as indicated in the 2004 inspection report provided by Adirondack Engineering Services, Inc. has not been completed. The tank inspection conducted by Adirondack did not evaluate the condition and thickness of the tank roof and interior steel surfaces. The tank inspection report also stipulated that the assessment "...does not extend beyond the year 2005 without the necessary recommended cleaning, in-depth inspection, and maintenance."

   Provide results of inspections for structural and coating integrity for the ground storage and hydropneumatic tanks, and provide a schedule for necessary maintenance identified during the tank inspection process. Ensure proper disinfection and bacteriological evaluations are conducted in accordance with 62-555.340, F.A.C.

   Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

   All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

System Name: Chuluota Water System
PWS ID # 3590186
Date 8/29/06

DEFICIENCIES (continued):

9. **Failure to provide security for the wells and drinking water treatment plant.** The gate is broken in several locations and there is a large gap where the gate closes.

Is this budgeted to be replaced?

Wellheads shall be enclosed by fences with lockable access gates, housed in lockable buildings or enclosures, or otherwise protected against tampering, vandalism, and sabotage. [Rule 62-555.315(1), F.A.C.]

Drinking water treatment or pumping facilities shall be enclosed by fences with lockable access gates, housed in lockable buildings or enclosures, or otherwise protected to prevent tampering, vandalism, and sabotage. Finished-drinking-water storage facilities shall be enclosed by fences with lockable access gates, shall have lockable access openings and lockable cages or enclosures obstructing access to ladders, or shall be otherwise protected to prevent tampering, vandalism, and sabotage. [Rule 62-555.320(5), F.A.C.]

10. **Failure to provide well vents on wells #1 and #2.**

Should be simple condition

Well pumps installed on or after August 28, 2003, except those installed under a construction permit for which the Department received a complete application before August 28, 2003, shall pump from a well that is vented to the atmosphere unless the well pump is a packer-type jet pump, the well casing also serves as well pump suction piping, the well is a flowing artesian well, there is no appreciable drawdown in the well, or the supplier of water provides justification for not venting the well to the atmosphere. All well vents shall terminate at least 12 inches above the 100-year flood elevation and, in coastal areas subject to flooding by wave action, at least 12 inches above the 100-year wave-action elevation. New or altered well vents shall be designed and constructed in accordance with Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.320(8)(c), F.A.C.]

Provisions shall be made for venting the well casing to atmosphere. The vent shall terminate in a downturned position, at or above the top of the casing or pitless unit in a minimum 1½-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. [Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C.]

Water Treatment Plant #2

11. **Failure to maintain well #3.** The concrete base is broken around the pump head at well #3.

Simple condition to have repaired.

Properly seal openings between the base and pump head to prevent contaminants from entering the well at the upper terminal.

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

System Name Chuluota Water System
PWS ID # 3590186
Date 8/29/06

DEFICIENCIES (continued):

12. **Failure to provide well vents on wells #3 and #5.**

Simple resolution to have them installed

Well pumps installed on or after August 28, 2003, except those installed under a construction permit for which the Department received a complete application before August 28, 2003, shall pump from a well that is vented to the atmosphere unless the well pump is a packer-type jet pump, the well casing also serves as well pump suction piping, the well is a flowing artesian well, there is no appreciable drawdown in the well, or the supplier of water provides justification for not venting the well to the atmosphere. All well vents shall terminate at least 12 inches above the 100-year flood elevation and, in coastal areas subject to flooding by wave action, at least 12 inches above the 100-year wave-action elevation. New or altered well vents shall be designed and constructed in accordance with Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.320(8)(c), F.A.C.]

Provisions shall be made for venting the well casing to atmosphere. The vent shall terminate in a downturned position, at or above the top of the casing or pitless unit in a minimum 1½-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. [Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C.]

13. **Failure to maintain hydropneumatic tank sight glass in good operating condition.** The sight glass needs to be cleaned or replaced.

Hire contractor

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

COMMENTS/REMINDERS:

14. Provide information pertaining to the status of any actions taken, or planned, in response to recommendations raised by the Hartman and Associates report dated September 24, 2004, including upgrades to the distribution system piping.

15. Well #1 was out of service at the time of inspection. The Department was notified on September 1 that the well pump will have to be pulled and repaired. Ensure proper disinfection and bacteriological evaluation/survey in accordance with 62-555.315(6)(a) through (e), F.A.C. prior to placing the well back in service.

No supplier of water shall alter or replace underground portions of, or abandon, any public water system well without first obtaining a permit from the appropriate water management district or delegated permitting authority if such a permit is required under Chapter 62-532, F.A.C. In addition, no supplier of water shall introduce a new source of water into any public water system; alter, or discontinue use of, any public water system components other than wells (but including well pumping equipment and appurtenances); or alter the type of chemicals being used to treat drinking water without first obtaining a construction permit or written approval from the Department if such a permit or such approval is required under subsection 62-555.520(1), F.A.C., or first submitting written notification to the Department if such notification is required under subsection 62-555.520(1), F.A.C. [Rule 62-555.350(9), F.A.C.]

System Name Chuluota Water System
PWS ID # 3590186
Date 8/29/06

COMMENTS/REMINDERS (continued):

Wells shall be disinfected to inactivate any microbiological contaminant that may have been introduced into the wells during construction, repair, or maintenance and to allow the true microbiological character of well water to be determined through a bacteriological survey. [Rule 62-555.315(6), F.A.C.]

Suppliers of water shall describe in monthly operation reports all emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components other than water service lines. [Rule 62-555.350(10)(e), F.A.C.]

Well pumps installed on or after August 28, 2003 shall pump from a well that is vented to the atmosphere unless the well pump is a packer-type jet pump, the well casing also serves as well pump suction piping, the well is a flowing artesian well, there is no appreciable drawdown in the well, or the supplier of water provides justification for not venting the well to the atmosphere. All well vents shall terminate at least 12 inches above the 100-year flood elevation and, in coastal areas subject to flooding by wave action, at least 12 inches above the 100-year wave-action elevation. New or altered well vents shall be designed and constructed in accordance with Section 3.2.7.5 in *Recommended Standards for Water Works* as incorporated into Rule 62-555.330, F.A.C. [Rule 62-555.320(8)(c), F.A.C.]

16. Upon converting back to chloramines for disinfection, it will be necessary to conduct lead and copper tap sampling for two consecutive six-month periods. If the lead and copper action levels are not exceeded during the two consecutive six-month periods, the system will return to reduced monitoring.

17. The population served has been updated in Department records. Please note the following changes to monitoring requirements:

    a. Five monthly distribution bacteriological samples are now required. Update and submit a copy of the coliform sampling plan.

    b. 40 samples are required for lead and copper tap sampling (20 while on reduced monitoring). In addition, three designated sampling sites from the distribution system will be required for water quality parameters. Submit a new lead and copper tap sampling plan for review and approval prior to sampling.

18. Due to growth and expansion of the service area, re-evaluate the MRT sites to ensure they are representative of the distribution system and update the Disinfectant/Disinfection Byproduct Rule Monitoring Plan if necessary.

19. Update the permitted maximum-day operating capacities reported on MOR's. Water treatment plant #1 is permitted for 720,000 GPD, and water treatment plant #2 is permitted for 1,080,000 GPD. The combined system total is 1,800,000 GPD.

20. Provide the specifications for the new generator at water treatment plant# 2.

21. Ensure Hach CL 17 chlorine analyzers are calibrated in accordance with DEP SOP FT 1900 (copy enclosed).

System Name Chuluota Water System
PWS ID # 3590186
Date 8/29/06

COMMENTS/REMINDERS (continued):

22. The Department advises developing a plan for early detection of nitrifying bacteria activity in the distribution system to avoid water quality issues. Regular monitoring for dissolved oxygen, nitrate, nitrite, pH, and heterotrophic plate counts is advised. The Hartman and Associates report also includes recommendations under the heading "Process Issues associated with Chloramination."

23. Provide dates of last cleaning and inspection for all finished drinking water storage tanks. A document explaining some requirements for tank maintenance is enclosed.

24. Maintain *all* records on site and available for twenty-four hour inspection. This includes *complete* O&M logs, O&M Manual, Emergency Preparedness Plan, Up-to-date map of distribution system and any other records required by Chapters 62-550, 62-555, 62-560, and 62-602 of Florida Administrative Code (F.A.C.).

Monitoring Reminders:

From Each Plant

1. Primary Inorganics (includes nitrate and nitrite) (Due by 12/31/2006)
2. Secondary Contaminants (Due by 12/31/2006)
3. Volatile Organic Contaminants (Due by 12/31/2006)
4. Synthetic Organic Contaminants (2 quarters, due 9/30/2006 and 12/31/2006)
5. Radiologicals (Gross Alpha and Radium 228 due in 2008)

From Distribution

1. TTHM (Quarterly until further notice, July – September 2006, October – December 2006, etc…)
2. HAA5 (July - September 2006)
3. Lead and Copper (Please note changes due to population size) (June – September 2006)
4. Monthly Bacteriological (1 raw sample per well and a total of 5 distribution samples)

Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

Inspector _____ Title Environmental Specialist I Date 8/31/06

Approved by _____ Title Environmental Manager Date 9/8/06

RESPONSE FORM

Please provide any changes to the following:

PWS ID Number: 3590186

PWS Name: **Chuluota Water System**

Mailing Address: _____

Date: _____

Business Name: _____

Owner(s) Name: _____

Mailing Address: _____

Phone Number(s): _____

FAX #: _____

E-MAIL ADDRESS: _____

Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803

Attention: Nathan Hess, Environmental Specialist

In response to the Department's **Sanitary Survey Report** for the subject public water system dated August 29, 2006 the following actions were done to correct the listed deficiencies:

Deficiency Item No.	Corrective Action Done	Date Done

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: _____

Name of PWS Owner/Representative: _____
(Please Type or Print)

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name EAST LAKE HARRIS ESTATES County Lake PWS ID # 3350322
Plant Location 13319 Woodland Drive, Astatula Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/28/04 Last Survey Date 10/4/01 Last C.I. Date 6/6/00

PWS TYPE & CLASS
- ☒ Community (5D)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date
  WC35-6957, 3/26/64
  WC35-257007, 11/7/94, cleared 6/9/95
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Residential

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
B. Heath C-5824, W. Fontaine C-6813, J. Worrell C-6597, G. Kissick C-7846,
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 3 *Actual* 6
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 172
Population Served 429 Basis 3/04 MOR
Average Day (from MORs) 19,964 gpd
Max. Day (from MORs) .038 MGD 5/03
Max-day Design Capacity .144 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
- ☒ GROUND; Number of Wells 1
- ☐ SURFACE/UDI; Source
- ☐ PURCHASED from PWS ID #
- ☒ Emergency Water Source Friendly Center
  Emergency Water Capacity .072 MGD

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source Olympia (Propane)
Capacity of Standby (kW) 75
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4 hrs/mo.
What equipment does it operate?
- ☒ Well pumps All
- ☐ High Service Pumps
- ☒ Treatment Equipment All

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

TREATMENT PROCESSES IN USE
Chlorination
Aqua-Dene for corrosion control
What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 3" Precision
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Interconnected with PWS ID No. 3350426 Friendly Center.

PWS ID # 3350322
Date 5/6/04

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1964			
Depth Drilled		200'			
Drilling Method		UNK			
Type of Grout		UNK			
Static Water Level		UNK			
Pumping Water Level		UNK			
Design Well Yield		UNK			
Test Yield		UNK			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		116'			
Diameter (outside casing)		6"			
Material (outside casing)		Black Iron			
Well Contamination History		None noted			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	>100'			
	Reuse Water	--			
	WW Plumbing	>100'			
	Other Sanitary Hazard	(1)			
PUMP	Type	Submersible			
	Manufacturer Name	Goulds			
	Model Number	UNK			
	Rated Capacity (gpm)	200			
	Motor Horsepower	15			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		--			

COMMENTS 1)Little Lake Harris is 100' west of well.
Provide additional information for "UNK", if available.

PWS ID # 3350322
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☒ Gas ☐ Hypo
Make Regal Capacity 50 ppd
Chlorine Feed Rate 12 ppd
Avg. Amount of Cl_2 gas used .5 ppd
Chlorine Residuals: Plant 1.2 Remote .9
Remote tap location Blowoff @ Zinnia & PA
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info 1 hp Goulds model no. B2510
Comments Required to have leak detection.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☒	<10 lbs/day
Auto-switchover	☐	☒	
Alarms:			
Loss of Cl_2 capability	☒	☐	
Loss of Cl_2 residual	☐	☒	
Cl_2 leak detection	☐	☒	
Scale	☒	☐	
Chained Cylinders	☒	☐	
Reserve Supply	☐	☒	(1)
Adequate Air-pak	☒	☐	
Sign of Leaks	☐	☒	
Fresh Ammonia	☒	☐	
Ventilation	☒	☐	
Room Lighting	☒	☐	
Warning Signs	☒	☐	
Repair Kits	☒	☐	
Fitted Wrench	☒	☐	
Housing/Protection	☒	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments 1) Stored at WWTP.

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

Tank Type/Number	H/1		
Capacity (gal)	3,500		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3350322
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Overall, the plant was in good condition.

Keep up the good work!!

Inspector K Tuh Title Env. Specialist I Date 5/6/04

Approved by Roberto C. Cruz Title Env. Manager Date 5/7/04

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name FERN TERRACE SUBDIVISION County Lake PWS ID # 3350370
Plant Location 300 North Fern Drive, Leesburg Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/28/04 Last Survey Date 10/3/01 Last C.I. Date 8/24/99

PWS TYPE & CLASS
☒ Community (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
HRS #4668, 1/16/62, B-4668-A, 11/27/73, cleared 10/17/74, WC35-192001- iss. 2/22/91, cl. 6/26/92
☐ 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
B. Heath C-5824, W. Fontaine C-6813, J. Worrell C-6597, G. Kissick C-7846,
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 3 *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 123
Population Served 288 Basis per MOR
Average Day (from MORs) 34,101 gpd
Max. Day (from MORs) 74,100 gpd 9/03
Max-day Design Capacity .1296 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source Katolight Generator (propane)
Capacity of Standby (kW) 40
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
☒ Well pumps All
☐ High Service Pumps
☒ Treatment Equipment All
Satisfy 1/2 max-day demand? ☒Yes ☐No ☐Unk
Comments

TREATMENT PROCESSES IN USE
Chlorination

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

Received

MAY 1 2 2004

Environmental Services

PWS ID # 3350370
Date 5/6/04

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1960			
Depth Drilled		160'			
Drilling Method		UNK			
Type of Grout		UNK			
Static Water Level		UNK			
Pumping Water Level		UNK			
Design Well Yield		UNK			
Test Yield		UNK			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		107'			
Diameter (outside casing)		3"			
Material (outside casing)		Black Steel			
Well Contamination History		Some			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	>100'-accepted*			
	Reuse Water	--			
	WW Plumbing	<100'-accepted			
	Other Sanitary Hazard	None observed			
PUMP	Type	Submersible			
	Manufacturer Name	Goulds			
	Model Number	20045			
	Rated Capacity (gpm)	180			
	Motor Horsepower	15			
Well casing 12" above grade?		No-Accepted			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		Yes			

COMMENTS Provide additional information for "UNK", if available.
*Accepted per letter dated 9/23/93.

PWS ID # 3350370
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity * gpd
Chlorine Feed Rate 55% -15 gpd, 100% -7 gpd
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.2 Remote 1.0
Remote tap location 204 Bentbough hydrant
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info
Comments * 2 - chlorinators - 15 gpd and 7 gpd.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability Loss of Cl_2 residual Cl_2 leak detection	☐ ☐ ☐	☐ ☐ ☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

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

Tank Type/Number	H/1		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3350370
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of inspection. Overall, the plant looked good.

Inspector [signature] Title Env. Specialist I Date 5/6/04

Approved by [signature] Title Env. Manager Date 5/7/04

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name FRIENDLY CENTER S/D County Lake PWS ID # 3350426
Plant Location 25701 Monroe Street, Astatula Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0100
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/28/04 Last Survey Date 10/4/01 Last C.I. Date 6/6/00

PWS TYPE & CLASS
☒ Community (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
LCHD B14757, 1/17/74
WC35-257007, issued 11/7/94, cleared 3/6/96
☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Residential

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
B. Heath C-5824, W. Fontaine C-6813, J. Worrell C-6597, G. Kissick C-7846,
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* _____ *Actual* _____
Days/wk: *Required* 6 *Actual* 6
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 30
Population Served 71 Basis per MOR
Average Day (from MORs) 370 gpd
Max. Day (from MORs) 21,550 gpd 5/03
Max-day Design Capacity .072 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☒ Emergency Water Source E. Lake Harris
Emergency Water Capacity .144 MGD

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
Chlorination

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 3" McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Interconnected with East Lake Harris - PWS ID No. 3350322, .144 MGD.

PWS ID # 3350426
Date 10/15/01

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1973			
Depth Drilled		260"			
Drilling Method		UNK			
Type of Grout		UNK			
Static Water Level		13' 4"			
Pumping Water Level		UNK			
Design Well Yield		UNK			
Test Yield		100 gpm			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		160'			
Diameter (outside casing)		4"			
Material (outside casing)		Black Iron			
Well Contamination History		(1)			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes(2)			
SET BACKS	Septic Tank	100'			
	Reuse Water	--			
	WW Plumbing	87'(2)			
	Other Sanitary Hazard	None noted			
PUMP	Type	Submersible			
	Manufacturer Name	Sta-rite			
	Model Number	CP4H2-8			
	Rated Capacity (gpm)	100			
	Motor Horsepower	7.5			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		--			

COMMENTS 1) Exceeded toulene 12/93. 2) Accepted per letter dated 6/5/89.
Provide additional information for "UNK", if available.

PWS ID # 3350426
Date 10/15/01

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity *14 gpd
Chlorine Feed Rate 10% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.0 Remote 1.6
Remote tap location _____
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & by-pass.
Booster Pump Info _____
Comments *Has 2 - 7 gpd chlorinators.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

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

Tank Type/Number	H/1		
Capacity (gal)	3,500		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3350426 53
Date 10/15/01

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of inspection.

Overall, the plant looked good!! Keep up the good work!!

Inspector KML Title Env. Specialist I Date 5/6/04

Approved by Roberto C. Gomez Title Env. Manager Date 5/7/04

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, MD, MSPH, PhD
Secretary

August 23, 2006

CS/Gibsonia Estates
PWS: Id. No. 6530079

AUG 28 2006

Dennis Mulldun
Gibsona Estates
6960 Professional Parkway Ste.400
Sarasota, FL 34240

Dear Mr. Mulldun:

A sanitary survey of your water system conducted on August 23, 2006 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code.*

Deficiencies are listed below:

1. The check valve is not working. Chapter 62-555.350(2) requires that all public water system components be maintained in good operating condition so that the components may function as intended. The pressure gauge must be repaired or replaced

2. The operation and maintenance manual was not available for review during the sanitary survey. Chapter 62-555.350(13) states that the supplier of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual must be kept updated and shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this section.

3. The drinking water distribution map was not available for review during the sanitary survey. Chapter 62-555.350(14) states that the supplier of water shall have an up-to-date map of the drinking water distribution system. The map must show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems. Please submit a copy of the map to this office.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing**. If the deficiencies cannot be corrected within

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director

the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 extension 1137.

Sincerely,

Henry Taghiof
Engineering Specialist III

HT/clg

Cc: Steve Fuller

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name GRAND TERRACE SUBDIVISION County Lake PWS ID # 3354697
Plant Location 33713 Terra Court, Eustis Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/28/04 Last Survey Date 10/4/01 Last C.I. Date 8/24/99

PWS TYPE & CLASS
☒ Community (5C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
WC35-2113, 5/27/88, cleared 5/5/89
WC35-263079, 6/23/95, cleared 8/11/95
☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Residential

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
B. Heath C-5824, W. Fontaine C-6813, J. Worrell C-6597, G. Kissick C-7846
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 6 *Actual* 6
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 111
Population Served 260 Basis per MOR`
Average Day (from MORs) .035 MGD
Max. Day (from MORs) .0815 MGD 5/03
Max-day Design Capacity .432 MGD
Comments

COMET: SITE ID PROJECT ID

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ 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 If population exceeds 350, facility will be required to have a generator & extra well.

TREATMENT PROCESSES IN USE
Chlorination
Aqua-Dene for corrosion control
What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 6" McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 3354697
Date 5/6/04

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1973			
Depth Drilled		840'			
Drilling Method		UNK			
Type of Grout		UNK			
Static Water Level		35'			
Pumping Water Level		UNK			
Design Well Yield		UNK			
Test Yield		UNK			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		680'			
Diameter (outside casing)		8"			
Material (outside casing)		Steel			
Well Contamination History		None noted			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	>200'			
	Reuse Water	--			
	WW Plumbing	>100'			
	Other Sanitary Hazard	None observed			
PUMP	Type	Submersible			
	Manufacturer Name	UNK			
	Model Number	UNK			
	Rated Capacity (gpm)	600			
	Motor Horsepower	40			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		Yes			

COMMENTS Provide additional information for "UNK", if available.

PWS ID # 3354697
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity 60* gpd
Chlorine Feed Rate 50% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.7 Remote 1.2
Remote tap location Grand Is shores & bristol FH
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & by-pass
Booster Pump Info
Comments *2 - 30 gpd chlorinators

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

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

Tank Type/Number	H/1		
Capacity (gal)	6,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments Sand & re-paint H/1, check structural integrity prior to painting.
Repair/ replace by-pass piping severely corroded.
Parts on site for repair to by-pass piping.

HIGH SERVICE PUMPS

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

Comments

PWS ID # 3354697
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

1. Check tank H/1 structural integrity prior to sanding and re-painting the tank.
2. Repair/ replace by-pass piping severely corroded. Note: parts on site for repair of by-pass.

Inspector _____ Title Env. Specialist I Date 5/6/04

Approved by Roberto C. Quiroz Title Env. Manager Date 5/7/04

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

January 10, 2005

Mr. Will Fontaine
Aqua Utilities
P.O. Box 490310
Leesburg, FL 34749-0310

OCD-PW-SS-05-0019

Lake County – PW
48 Estates – 3350005
King's Cove – 3350655
Summit Chase – 3354112
Haines Creek – 3350481
Ravenswood – 3351062

Dear Mr. Fontaine:

The Department conducted an inspection of your public water systems on October 26, 2004. This inspection was conducted by Karen Milicic of this office in the presence of Will Fontaine. Copies of the Sanitary Survey Reports are enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

The Department values your continued cooperation in operating and maintaining your water system, and appreciates the assistance provided during the sanitary survey.

If you have any questions concerning this letter, please contact Karen Milicic at the above address or by phone at (407) 894-7555, extension 2226.

Sincerely,

Roberto C. Ansag, Environmental Manager
Drinking Water Compliance/Enforcement

RCA/km
Enclosure

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name HAINES CREEK MHP County Lake PWS ID # 3350481
Plant Location 34834 Haines Creek Road, Leesburg, 34788 Phone 352/369-4881
Owner Name Aqua Utilities, Attn: Will Fontaine Phone 877/369-4880
Owner Address P.O. Box 490310, Leesburg, FL 34749-0310
Contact Person W. Fontaine Title Operator Phone 877/369-4880
This Survey Date 10/26/04 Last Survey Date 12/19/01 Last C.I. Date 7/23/99

PWS TYPE & CLASS
☒ Community (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
HRS #3976 dated 2/11/60
☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Mobile Home Park
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
W. Fontaine C-6813, M. Neal C-10027
J. Worrell C-6597
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 3 *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 109
Population Served 229 Basis 10/04 MOR
Average Day (from MORs) .0173 MGD
Max. Day (from MORs) .042 MGD 4/04
Max-day Design Capacity .0648 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☒ Not Required
Source MPSG50 (propane)
Capacity of Standby (kW) 20
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4
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
Chlorination
What additional treatment is needed?
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 2" Master Meter
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 3350481
Date 1/10/05

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1960			
Depth Drilled		270'			
Drilling Method		UNK			
Type of Grout		UNK			
Static Water Level		UNK			
Pumping Water Level		UNK			
Design Well Yield		UNK			
Test Yield		UNK			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		170'			
Diameter (outside casing)		4"			
Material (outside casing)		Steel			
Well Contamination History		None noted			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	~180'			
	Reuse Water	--			
	WW Plumbing	<100'-Accepted			
	Other Sanitary Hazard	None noted			
PUMP	Type	Submersible			
	Manufacturer Name	F & W			
	Model Number	UNK			
	Rated Capacity (gpm)	90			
	Motor Horsepower	5			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		No*			
Fence/Housing		Yes			
Well Vent Protection		--			

COMMENTS

Provide additional information for "UNK", if available.

PWS ID # 3350481
Date 1/10/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 34 gpd
Chlorine Feed Rate 40%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.41 Remote 1.40
Remote tap location 34850 Learn Road
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 and By-pass.
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

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

Tank Type/Number	H/1	H/2*	
Capacity (gal)	1,500	5,000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	Yes	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	Yes	Yes	
Protected Openings	Yes	N/A	
PRV/ARV	PRV	N/A	
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments H/2 is off-line and not in service at this time.

HIGH SERVICE PUMPS

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

Comments

PWS ID # 3350481
Date 1/10/05

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies!!

Keep up the good work!!!

Inspector _____ Title Env. Specialist I Date 1/10/05

Approved by _____ Title Env. Manager Date _____

Docket No. 060368-WS

Application to Increase Rates and Charges

For a "Class A" Utility
In

Florida

Missing Report: Sanitary Survey Report

For: Harmony Homes

Aqua Utilities Florida, Inc.

Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

David B. Struhs
Secretary

March 5, 2004

Mr. Craig Anderson
Florida Water Services
Post Office Box 609520
Orlando, Florida 32860

Dear Mr. Anderson:

Putnam County – Potable Water
Hermit's Cove WTP
PWS ID: 2540482

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courteous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. The purpose of this letter is to inform you, as a supplier of water, of deficiencies with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated there under, Florida Administrative Code (FAC) Title 62, which were observed as a result of the inspection. It is also intended to assist you in achieving comprehensive compliance with state and federal drinking water regulations by recommending corrective actions.

1. Rule 62-555.350, F.A.C. requires all suppliers of water to maintain the plant in good operating and physical condition. Please repair the following deficiencies noted under this rule:
    a. At the time of this inspection, it was noted that there was algae growing in the aerator. Please clean and disinfect the aerator to prevent further algal growth and possible contamination.

The Department is requesting a written response from you, regarding the inspection noted above, within 15 days from receipt of this letter. The response should include a realistic proposal for corrective actions that timely addresses all of the referenced deficiencies. A follow-up inspection will be performed soon after the allowed response time (30 days from receipt of this letter) to observe that corrective actions have been taken towards all priority items.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me at Annalise.Stahlman@dep.state.fl.us or (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely:

Annalise M. Stahlman
Environmental Specialist

EDC/BRR:AMS:ams

Enclosure: Sanitary Survey Dated 3/3/04

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name HERMIT'S COVE WTP County Putnam PWS ID # 2540482
Plant Location County Road 309 B, Satsuma, Florida Phone 386-329-1122
Owner Name Florida Water Services (Attn: Mr. Craig Anderson) Phone 407-880-0058
Owner Address Post Office Box 609520, Orlando, Florida 32860
Contact Person Mr. Paul Thompson Title Lead Operator, FWS Phone 386-329-1122
This Survey Date 3/3/04 Last Survey Date 6/19/01 Last C.I. Date 8/1/02

PWS TYPE & CLASS: Community - (4C)

SERVICE AREA CHARACTERISTICS
Residential Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 186
Population Served 641 Basis estimate
Plant Design Capacity 130,000 gpd
Basis well pump capacity
Average Day (from MORs) 26,087 gpd
Max. Day (from MORs) 34,300 gpd
Total Storage Capacity 26,800 gallons
Comments Based on January 2004 MOR data

LOCATION
Latitude 29° 34' 47.39" North
Longitude 81° 40' 24.47" West
GPS: Yes Date: 7/16/97
Directions US 17 South, West on CR 309 B, plant is on left after River Villas

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Paul Thompson, A-7251
Donald Holcomb, A-5091
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
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
Complete operations, maintenance, & equipment logs and sampling plans at the facility.

COMET: SITE ID _____ PROJECT ID _____

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 Generac Generator (natural gas fuel)
Capacity of Standby (kW) 30
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4 hrs/mo.
What equipment does it operate?
☒ Well pumps
☒ High Service Pumps
☒ Treatment Equipment
Satisfy 1/2 max-day demand? ☒ Yes ☐ No ☐ Unk
Comments Model # 91A03548-S

TREATMENT PROCESSES IN USE
Hypo-chlorination and Aeration

What additional treatment is needed?
None
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" Turbine McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections none noted
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Satisfactory

PWS ID # 2540482
Survey Date 3/3/04

GROUND WATER SOURCE

Well Number (PWS Identification)		2540482	2540482		
Well Name (System Identification)		1	2		
Year Drilled		Unknown	2002		
Depth Drilled		166'	166'		
Latitutude		29:34:47.399 N	29:34:47.399 N		
Longitude		81:40:24.475 W	81:40:24.475 W		
GPS (Y or N) / Date (if applicable)		Yes, 7/16/97	No		
Florida Well ID		AAC1855	AAC1855		
Static Water Level		Artesian	Artesian		
Actual Yield (if different than rated capacity)					
Strainer		Unknown	Unknown		
Length (outside casing)		100'	100'		
Diameter (outside casing)		4"	4"		
Material (outside casing)		Steel	Steel		
Well Contamination History		None	None		
Is Inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		OK	OK		
SET BACKS	Septic Tank	200'	200'		
	Reuse Water				
	WW Plumbing				
	Other Sanitary Hazard				
PUMP	Type	Centrifugal	Centrifugal		
	Manufacturer Name	Goulds	Goulds		
	Model Number	3BF25035	3BF25035		
	Rated Capacity (gpm)	150	150		
	Motor Horsepower	5	5		
Well casing 12" above grade?		OK	OK		
Well Casing Sanitary Seal		OK	OK		
Raw Water Sampling Tap		OK – smooth	OK – smooth		
Above Ground Check Valve		OK	OK		
Fence/Housing		Secure	Secure		
Well Vent Protection		Not required	Not required		

COMMENTS The wells appear to be in good condition.

PWS ID # 2540482
Survey Date 3-Mar-04

CHLORINATION (Disinfection)
Type: Hypo-Chlorination
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.7 Remote 2.7
Remote tap location
DPD Test Kit: ☒ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points pre and post aeration
Booster Pump Info N/A
Comments 2 chlorine pumps, each capacity 17 gpd

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Capacity 90 gpm
Aerator Condition some algae growth
Bloodworm Presence No
Visible Algae Growth yes
Protective Screen Condition secure
Comments Aerator showing signs of initial algae growth. Please clean aerator to prevent further algae growth.

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

Tank Type/Number	~~HG~~	G	
Capacity (gal)	3,000	25,000	
Material	steel	steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	N/A	
Sight Glass or Level Indicator	Yes	No	
Fittings for Sight Glass	Yes	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	PRV	N/A	
On/Off Pressure	40/50	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 Tanks apper to be clean and in good condition.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Cent.	Cent.	
Make	Peerless	Peerless	
Model			
Capacity (gpm)	160	160	
Motor HP	7.5	7.5	
Date Installed			
Maintenance	Good	Good	

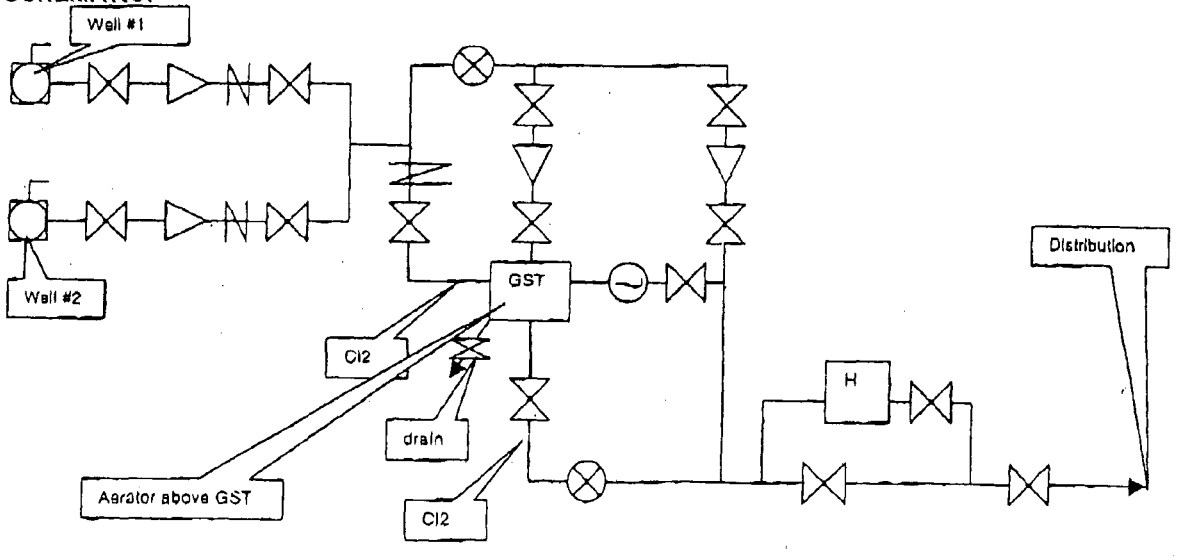
Comments HSP's appear to be in good condition.

PWS ID # 2540482
Survey Date 3-Mar-04

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS serving < 3300 persons			
CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacti)	xxxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)
Volatile Organic Contaminants	2003	2006	Samples due every 3 years
Synthetic Organic Contaminants	2003	2006	Samples due every 3 years
Nitrate & Nitrite (as N)	2003	2004	Nitrate/Nitrite due annually
Inorganic Contaminants	2003	2006	Samples due every 3 years
Asbestos	Waiver	Waiver expires 12/31/2010	Samples taken from distribution. Waiver available if no asbestos pipe in the distribution system.
Secondary Standards	2003	2006	Samples due every 3 years
Radionuclides	2003	2006	Samples due every 3 years
Disinfection Byproducts [i.e. Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s)];	N/A	2004	Per sampling plan
Lead and Copper	2002	2005	Sample locations are from pre-approved sample plan

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.

SCHEMATIC:



PWS ID # 2540482
Survey Date 3-Mar-04

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None

DEFICIENCIES:

1. The aerator had some algae growing on the trays. Please clean the aerator to prevent further algae growth and possible contamination.

Inspector Annalise M. Stahlman Title Environmental Specialist II Date 3/5/04

Approved by Blanca R. Rodriguez Title Engineer IV Date 3/8/04

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name HOBBY HILL S/D County Lake PWS ID # 3350544
Plant Location 37337 Genius Court, Lady Lake Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/29/04 Last Survey Date 10/3/01 Last C.I. Date 8/24/99

PWS TYPE & CLASS

☒ Community (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

☒ Approved system with approval number & date
HRS #3706, 10/5/59, HRS #3706A, 11/6/69,
HRS #7969, 5/12/72
☐ 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
B. Heath C-5824, W. Fontaine C-6813, J. Worrell
C-6597, G. Kissick C-7846,
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 3 *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 93
Population Served 238 Basis per MOR
Average Day (from MORs) 23,654 gpd
Max. Day (from MORs) 68,500 gpd 5/03
Max-day Design Capacity .234 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

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

Chlorination

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type (1)
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments 1) Well #1 - 3" McCrometer,
Well #2 - 3" McCrometer

Received

MAY 1 2 2004

Environmental Services

PWS ID # 3350544
Date 5/6/04

GROUND WATER SOURCE

Well Number		1	2		
Year Drilled		1959	1972		
Depth Drilled		120'	80'		
Drilling Method		UNK	Cable Tool		
Type of Grout		UNK	UNK		
Static Water Level		52'	67'		
Pumping Water Level		UNK	UNK		
Design Well Yield		UNK	UNK		
Test Yield		UNK	UNK		
Actual Yield (if different than rated capacity)		UNK	UNK		
Strainer		UNK	Open hole		
Length (outside casing)		62'	76'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Black Steel	Black Steel		
Well Contamination History		Some	Some		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	<200' Accepted	<200' Accepted		
	Reuse Water	--	--		
	WW Plumbing	>200'	>200'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Franklin	UNK		
	Model Number	UNK	UNK		
	Rated Capacity (gpm)	150	175		
	Motor Horsepower	10	10		
Well casing 12" above grade?		No-Accepted	No-Accepted		
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		--	--		

COMMENTS Provide additional information for "UNK", if available.

PWS ID # 3350544
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity 9* gpd
Chlorine Feed Rate (1)
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.4 Remote 1.0
Remote tap location 915 Hobby Drive hosebibb
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info
Comments *2 - 3 gpd chlorinators, 1- 7gpd
1) 60%, 60% and 60 % stroke rate.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

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

Tank Type/Number	H/1		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3350544
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Overall, the plant looked good!!

Keep up the good work!!

No deficiencies at the time of the inspection.

Inspector KHL Title Env. Specialist I Date 5/6/04

Approved by Roberto C. Arroyo Title Env. Manager Date 5/7/04

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

May 3, 2001

Mr. Craig J. Anderson
Florida Water Services
1000 Color Place
Apopka, FL 32702

OCD-PW-SS-01-0297

Lake County - PW
Holiday Haven
PWS ID Number 3354886

Dear Mr. Anderson:

The Department conducted a sanitary survey of your public water system on May 1, 2001. This inspection was conducted by Karen Milicic of this office in the presence of Ron Pirkle, operator. A copy of the sanitary survey report is enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

Due to the increasing costs associated with mail and materials used to remind you of your sampling responsibilities, the Department proposes to send all future notifications electronically. If you have Internet or E-mail access, please send us your address to the following : Lisa.Kelley@dep.state.fl.us

If you have any questions concerning this letter, please contact Karen Milicic at the above address or by phone at (407) 894-7555, extension 2226.

Sincerely,

Roberto C. Ansag, Environmental Manager
Drinking Water Compliance/Enforcement

RCA/km
Enclosure

cc: Lake County Public Health Unit
Jim Hogan

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name HOLIDAY HAVEN County Lake PWS ID # 3354886
Plant Location Corner of Fern & Deer Road, Astor Park 32002 Phone 407/880-0100
Owner Name Florida Water Services, Attn: Craig J. Anderson Phone 407/880-0100
Owner Address 1000 Color Place, Apopka, FL 32702
Contact Person Ron Pirkle/ Jim Hogan Title Operator/ Supervisor Phone 386/869-3910
This Survey Date 5/1/01 Last Survey Date 7/7/98 Last C.I. Date 9/24/99

PWS TYPE & CLASS
- ☒ Community (5D)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date
  Accepted
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Residential

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☐ Yes ☐ No ☒ Not required
Operator(s) & Certification Class-Number
Ron Pirkle C-6762

O & M Log: ☐ Yes ☐ No ☒ Not required
Operator Visitation Frequency
Hrs/day: *Required* _____ *Actual* _____
Days/wk: *Required* _____ *Actual* _____
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 113
Population Served 400 Basis per operator
Average Day (from MORs) unk
Max. Day (from MORs) unk
Max-day Design Capacity unk
Comments

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
- ☐ GROUND; Number of Wells
- ☐ SURFACE/UDI; Source
- ☒ PURCHASED from PWS ID # 3350044
- ☐ Emergency Water Source
  Emergency Water Capacity

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source Olympian diesel generator
Capacity of Standby (kW) 200
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
- ☒ Well pumps
- ☒ High Service Pumps
- ☒ Treatment Equipment

Satisfy 1/2 max-day demand? ☒Yes ☐No ☐Unk
Comments Provided by purchased source
PWS # 3350044

TREATMENT PROCESSES IN USE
None

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type (1)
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Chlorine Residuals: Plant N/A Remote 1.7
Comments (1) 4" Kent - 1 MGD,
5/8" Badger - .099 MGD

PWS ID # 3354886
Date 5/3/01

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Water purchased from PWS no. 3350044.

Inspector K Wilson Title Env. Specialist I Date 5/3/01

Approved by Robert C. Carey Title Env. Manager Date 5/03/01

Department of Environmental Protection

Jeb Bush
Governor

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

David B. Struhs
Secretary

PWS NAME: **HOLIDAY HAVEN (CONSECUTIVE SYSTEM)** PWS ID #: 3354886 DATE: 4/24/01

Below is the compliance monitoring schedule for your community public water system. You must submit a copy of the laboratory results (from an approved laboratory) to this office upon your receipt of the results.

CONTAMINANT	Sample Location	Frequency	Last sample date or waiver date	Results/Reports Due to DEP by:
Microbiological (Bacte): *Note: Chlorine residual must be included on the report.*	2 from distribution	monthly	3/01	No later than the 10th of the following month
Monthly Operating Report (MOR)	n/a	monthly	N/A	N/A
Volatile Organics (VOCs)	POE	3 years	----	----
Pesticides & PCBs (PPCBs)	POE	3 years	----	----
Nitrate & Nitrite (as N)	POE	annually	----	----
Primary Inorganics	POE	3 years	----	----
Asbestos	Distribution	9 years	WAIVER 11/93	WAIVER 2002-3
Secondaries	POE	3 years	----	----
Radionuclides (Gross Alpha)	POE	3 years	----	----
Total Trihalomethanes	Distribution	= sample quarterly	N/A	N/A
Lead & Copper	from approved plan	3 years (June-Sept.)	1999	2002
Consumer confidence report & delivery certification form	n/a	annually	2000	7/1/01

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

The following results/reports for the 2000 calendar year were not received. Please submit these results/reports to the DEP immediately. Failure to do so may generate a monitoring/reporting violation and enforcement action may be taken.

☒ 9/00 BACTERIOLOGICALS MISSED

Consumer Confidence Report: For approval prior to distributing this year's CCR, the draft must be submitted no later than April 30, 2001. The Florida Rural Water Association's CCR Template can be downloaded at **www.asksam.com/frwa**

Due to the increasing costs associated with mail and materials used to remind you of your sampling responsibilities, the Department proposes to send future notifications electronically. If applicable send your address to the following: **Lisa.Kelley@dep.state.fl.us**

If you have any questions, please contact the following personnel at (407) 893-3318:

Marie Carrasquillo - chemical monitoring, ext. 2242
Jerry Greer - microbiological monitoring, ext. 2243
Elizabeth Williamson – microbiological monitoring, ext 2260
Alicia Sharpe – monthly operating reports, ext. 2287
Lisa Kelley - lead and copper, ext. 2298
Kim Spring - consumer confidence reports, ext. 3990

CC: FLORIDA WATER SERVICES, LEESBURG

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name IMPERIAL TERRACE WEST County Lake PWS ID # 3350584
Plant Location 11709 Magnolia Drive, Tavares, FL 32778 Phone 352/787-0980
Owner Name Florida Water Services Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860-9520
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/28/04 Last Survey Date 6/6/00 Last C.I. Date 10/4/01

PWS TYPE & CLASS
☒ Community (5C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
Serial #6266, 4/4/63; Serial #6266-A, 9/26/67
Serial #6266-B, 10/11/67; WC35-188760 5/3/91
WC35-0080492-001, issued 5/29/00.
☐ 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
J. Worrell C-6597, T. Brown C-7638, G. Kissick
C-7846, W. Fontaine C-6813, B. Heath C-5825
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 6/wk *Actual* 6/wk
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 244
Population Served 610 Basis per MOR
Average Day (from MORs) 3,380 gpd
Max. Day (from MORs) 58,800 gpd 6/03
Max-day Design Capacity .288 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

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 Katolight Generator
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
☒ Well pumps wells #1 & #2
☐ High Service Pumps
☒ Treatment Equipment Chlorination
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments

TREATMENT PROCESSES IN USE
Disinfection

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type *
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None Observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments 6" McCrometer - Well #1 (inside bldg),
3" McCrometer - Well #2 (outside)

PWS ID # 3350584
Date 5/6/04

GROUND WATER SOURCE

Well Number		1(bldg)	2(outside)		
Year Drilled		1963	1999		
Depth Drilled		425'	260'		
Drilling Method		UNK	Combination		
Type of Grout		UNK	Neat Cement		
Static Water Level		UNK	10'		
Pumping Water Level		UNK	15'		
Design Well Yield		UNK	UNK		
Test Yield		UNK	UNK		
Actual Yield (if different than rated capacity)		UNK	UNK		
Strainer		UNK	Open		
Length (outside casing)		UNK	160'		
Diameter (outside casing)		8"	4"		
Material (outside casing)		Steel	Blk Steel		
Well Contamination History		None noted	None noted		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>100'-Accepted[1]	>100'-Accepted[1]		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	N/A	N/A		
PUMP	Type	Vert. Turbine	Submersible		
	Manufacturer Name	Goulds	Grundfos		
	Model Number	8RJH07	75S75-12		
	Rated Capacity (gpm)	400	100		
	Motor Horsepower	20	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		
Fence/Housing		Yes	Yes		
Well Vent Protection		N/A	N/A		

COMMENTS Back up well #2 installed 1/20/99.
1) Department letter of approval for well setbacks, dated 12/14/98.

PWS ID # 3350584
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity * gpd
Chlorine Feed Rate 100% Well 2, 60% Well 1
Avg. Amount of Cl_2 gas used unk
Chlorine Residuals: Plant 1.5 Remote .9
Remote tap location 11611 Magnolia @ boat ramp
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info 1 hp Goulds, Model # HB2510
Comments *2 – chlorinators 3 gpd for well 2, 30 gpd for well 1 with a 60 gal day tank on site.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

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

Tank Type/Number	H/1		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3350584
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies!! Overall, the plant looked good!!

Inspector K Zuk Title Env. Specialist I Date 5/6/04

Approved by Roberto C. Cruz Title Env. Manager Date 5/7/04

Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

David B. Struhs
Secretary

March 5, 2004

Received
MAR 0 8 2004
Environmental Services

Mr. Craig Anderson
Florida Water Services
Post Office Box 609520
Orlando, Florida 32860

Dear Mr. Anderson:

Putnam County – Potable Water
Interlachen Lake Estates WTP
PWS ID: 2540545

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courteous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. I was pleased to find that the water system is in good operating condition and generally well maintained. Based on this survey and our records, the Department is pleased to inform you that the above referenced facility is in compliance with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated there-under, Florida Administrative Code (FAC) Title 62.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me at Annalise.Stahlman@dep.state.fl.us or (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely:

Annalise M. Stahlman
Environmental Specialist

cc: Correspondence File
EDC:BRR:AMS:ams

Enclosure: Sanitary Survey Dated 3/3/04

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name INTERLACHEN LAKE ESTATES WTP County Putnam PWS ID # 2540545
Plant Location Plam Shores Subdivision, est of Interlachen, Florida Phone 386-329-1122
Owner Name Florida Water Services (Attn: Mr. Craig Anderson) Phone 407-880-0058
Owner Address Post Office Box 609520, Orlando, Florida 32860
Contact Person Mr. Paul Thompson Title Lead Operator, FWS Phone 386-329-1122
This Survey Date 3/3/04 Last Survey Date 6/19/01 Last C.I. Date 8/1/02

PWS TYPE & CLASS: Community - (4D)

SERVICE AREA CHARACTERISTICS
Residential Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 245
Population Served 560 Basis MOR data
Plant Design Capacity 145,600 gpd
Basis estimate limited by HSP capacities
Average Day (from MORs) 34,058 gpd
Max. Day (from MORs) 42,700 gpd
Total Storage Capacity 28,000 gallons
Comments MOR data from January 2004.

LOCATION
Latitude 29° 38' 6.59" North
Longitude 81° 50' 33.59" West
GPS: Yes Date: 7/24/97
Directions Highway 20, east of Interlachen, plant located in Palm Shores Mobile Home subdivision

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Paul Thompson, A-7251
Donald Holcomb, A-5091
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
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
Complete Operations, Equipment, & Maintenance logs and sampling plans at the facility.

COMET: SITE ID _____ PROJECT ID _____

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 Generac generator (propane)
Capacity of Standby (kW) 50
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4 hrs/mo.
What equipment does it operate?
☒ Well pumps
☒ High Service Pumps
☒ Treatment Equipment
Satisfy 1/2 max-day demand? ☒Yes ☐No ☐Unk
Comments Satisfactory

TREATMENT PROCESSES IN USE
Hypo-chlorination and Aeration

What additional treatment is needed?
None
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" turbine McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections none noted
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Satisfactory

PWS ID # 2540545
Survey Date 3-Mar-04

GROUND WATER SOURCE

Well Number (PWS Identification)		2540545	2540545		
Well Name (System Identification)		1	2		
Year Drilled		1971	1971		
Depth Drilled		250'	250'		
Latitutude		29:38:6.589 N	29:38:6.879 N		
Longitude		81:50:33.585 W	81:50:33.509 W		
GPS (Y or N) / Date (if applicable)		Yes, 7/24/97	Yes, 7/24/97		
Florida Well ID		AAC1926	AAC1925		
Static Water Level		Unknown	Unknown		
Actual Yield (if different than rated capacity)					
Strainer		Unknown	Unknown		
Length (outside casing)		160'	160'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Steel	Steel		
Well Contamination History		No	No		
Is Inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		OK	OK		
SET BACKS	Septic Tank				
	Reuse Water				
	WW Plumbing				
	Other Sanitary Hazard				
PUMP	Type	Turbine	Turbine		
	Manufacturer Name	Goulds	Goulds		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	180	180		
	Motor Horsepower	5	15		
Well casing 12" above grade?		OK	OK		
Well Casing Sanitary Seal		OK	OK		
Raw Water Sampling Tap		OK – smooth	OK – smooth		
Above Ground Check Valve		OK	OK		
Fence/Housing		Secure	Secure		
Well Vent Protection		Not required	Not required		

COMMENTS The wells appear to be in good operating condition.

PWS ID # 2540545
Survey Date 3-Mar-04

CHLORINATION (Disinfection)
Type: Hypo-Chlorination
Make Stenner Capacity 22 gpd
Chlorine Feed Rate 70%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.5 Remote 2.5
Remote tap location
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points down stream of HSP's
Booster Pump Info N/A
Comments Satisfactory

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Capacity 300
Aerator Condition Clean, well maintained
Bloodworm Presence No
Visible Algae Growth None
Protective Screen Condition Sealed, secure
Comments Aerator appears to be clean and in good operating condition.

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

Tank Type/Number	G	H	
Capacity (gal)	25000	5000	
Material	Conc.	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	No	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	N/A	40/50	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments Storage tanks appear to be in good condition.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	cent.	cent.	
Make	Sta-Rite	Unknown	
Model	*	Unknown	
Capacity (gpm)	150	150	
Motor HP	15	15	
Date Installed	Unknown	Unknown	
Maintenance	Good	Good	

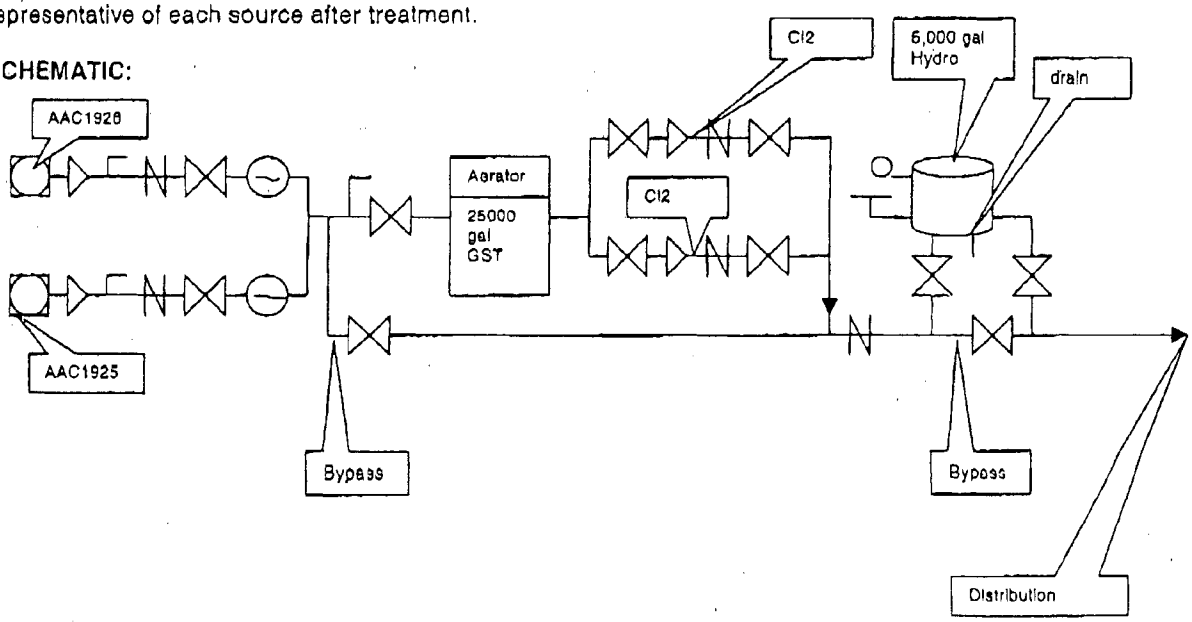
Comments * Model # 20-E2CS70M3
Pumps appear to be in good condition.

PWS ID # 2540545
Survey Date 3-Mar-04

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS serving < 3300 persons			
CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacti)	xxxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)
Volatile Organic Contaminants	2003	2006	Samples due every 3 years
Synthetic Organic Contaminants	2003	2006	Samples due every 3 years
Nitrate & Nitrite (as N)	2003	2004	Nitrate / Nitrite samples due annually
Inorganic Contaminants	2003	2006	Samples due every 3 years
Asbestos	Waiver	Waiver expires 12/31/2010	Samples taken from distribution. Waiver available if no asbestos pipe in the distribution system.
Secondary Standards	2003	2006	Samples due every 3 years
Radionuclides	2003	2006	Samples due every 3 years
Disinfection Byproducts (i.e. Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s));	N/A	2004	Per sampling plan
Lead and Copper	2002	2005	Sample locations are from pre-approved sample plan

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.

SCHEMATIC:



PWS ID # 2540545
Survey Date 3/3/04

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None

DEFICIENCIES:

This facility is clean, well maintained, and appears to be in good operating condition.

Inspector Annalise M. Stahlman Title Environmental Specialist II Date 3/5/04

Approved by B. Rodriguez Title Engineer IV Date 3/4/04
Blanca R. Rodriguez

Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Colleen M. Castille
Secretary

February 25, 2005

Ms. Carolyn McFalls
Aqua Utilities FL Inc.
Regional Compliance Supervisor/CCR Chairperson
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

Re: Compliance Inspection
Jasmine Lake Utilities
PWS-ID No. 651-2070
Pasco County

Dear Ms. McFalls:

The attached compliance inspection was conducted on the referenced public water system. You are requested to correct all listed deficiencies and to notify this office within 30 days, in writing, of your action.

If you have any questions, please contact me at (813) 744-6100, extension 318.

Sincerely,

Peter Screnock
Environmental Specialist II
Drinking Water Section

PS/hs

Attachment

COMPLIANCE INSPECTION

OWNER/ADDRESS
Aqua Utilities FL Inc.
Suite 400
6960 Professional Parkway East
Sarasota, FL 34240

SYSTEM NAME
Jasmine Lakes
COUNTY Pasco
SYSTEM TYPE C

ID# 6512070

DATE OF INSPECTION: 1/21/05
SUPERVISOR: Ed Watson
INSPECTOR: Peter Screnock

Check List:
- (☒) Well Protection - Housing ☒ Security Fencing ☐
- (☐) Well Abandonment
- *(☐) Sanitary Seal ☐ Disinfection Port ☐ Conduit Piping ☐
- *(☐) 6' x 6' x 4" Concrete Apron - Cracked ☐ Missing ☐ Inadequate size ☐
- (☐) Raw Water Tap - Missing ☐ Threaded ☐ Wrong location ☐
- *(☐) Check Valve - Inoperable ☐ Missing ☐ Wrong location ☐
- (☐) Time Clock / Flow Meter - Missing ☐ Broken ☐ Make _____
- *(☐) Sanitary Hazard _____
- (☐) Water Pressure Gauge - Missing ☐ Broken/Cracked ☐
- (☐) Water Pressure Adequate On/Off _____ P.S.I.
- *(☐) Disinfection Free Cl_2 . Residual Plant 0.08 mg/l Remote 0.37 mg/l
  A minimum of 0.2 mg/l chlorine residual must be maintained at all times throughout the distribution system Chlorinator make LMI set at 45% 60 gpd
- *(☐) Gas Chlorination: Need Separate Room ☐ Cross-Ventilation ☐
  Scales; Safety Equipment; Dual Gas; Cylinders Chained; Breathing Apparatus; Ammonia; Wrenches Auto Switch Over; Lack of Chlorination Capability Alarm
- *(☐) Alarm Requirements Of New/Modified Systems After 1/1/93 _____
- *(☐) Cross-Connection - Location: _____
- *(☐) Auxiliary Power/Second Well (For 350 persons/150 connections) _____ Generator Needs Auto Start ☐ Operated Monthly - Yes ☐ No ☐
- *(☐) Certified Operator Name: Dennis Mouldoon Number C-5982
- (☐) Maintenance Logs _____
- (☐) NSF or UL Approved Chlorine Yes ☒ No ☐
- (☐) OTHER TREATMENT - Softeners ☐ Filters ☐ Aerators ☐ Other _____
- (☒) Miscellaneous See Below
- (☐) NO DEFICIENCIES THIS DATE

*(X) REQUIRES REINSPECTION

COMMENTS

1) Vertical Turbine pumps at well 7 and 7C lack housing/protection from the weather (noted on previous san survey 5-10-04) pursuant to 62-555.320(8)(a) F.A.C.

2) Minor paint peeling on hydro-tank (noted on previous san survey 5-10-04). Resurface/repaint as necessary pursuant to 62-555.350 F.A.C.

A meeting was held 1-26-05 to discuss thir current schedule of not converting to ammonia and being a stand alone system (disconnecting from Pasco County Utilities), adding a generator, capacity issus, verification of sources that are in use and the future use or abandonment of 2 wells. Aqua Utilities intends to keep all (4) wells in use. Wells 7E & 7D are temporally off line until chemical analysis more recent than 1999 can be provided and reviewed. Additional testing or treatment will be determined upon review of these results. 3-Year compliance samples are also due this year.

State of Florida
Department of Health
Volusia County Health Department

SANITARY SURVEY REPORT

Plant Name JUNGLE DEN (formerly Ormond Jungle Den) County Volusia PWS ID # 3644127
Plant Location Interconnect Location: 1848 Alice Drive-near Astor, FL. Phone None
Owner Name Aqua Utilities – Florida (Brian Heath – Area Manager) Phone 352-732-6027
Owner Address P.O. Box #490310, Leesburg, FL. 34749-0310
Contact Person Paul Thompson/Larry White Title Water Operators Phone 386-329-1122
This Survey Date 07/20/05 Last Survey Date 07/22/02 Last C.I. Date 09/23/03

PWS TYPE & CLASS
- ☐ Community
- ☐ Non-transient Non-community
- ☐ Non-Community
- ☒ Consecutive System

PWS STATUS
- ☒ Approved system with approval number & date Accepted as Public Water System : 05/01/88. (#OCD-MW-88-0615)
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Single Family Homes / Apartments

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☐ Yes ☐ No ☒ Not required
Operator(s) & Certification Class-Number
Larry White #C7082 / Paul Thompson #A7251

O & M Log: ☐ Yes ☐ No ☒ Not required
Operator Visitation Frequency
Hrs/day: *Required* _____ *Actual* _____
Days/wk: *Required* 2 days/wk *Actual* 3 days/wk
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A
Average Daily Flow (last 12 mos.) 6000 gpd
(Note: Operator has been requested to record Avg. Daily Flow on monthly MOR.)

Number of Service Connections 115
Population Served 230 Basis x 2*
Comments *Factor of 2.0 X Service Connections used since many residences are used seasonally and/or on weekends only.

RAW WATER SOURCE
☐ PURCHASED from PWS ID # #3350044
St.John's River Utility, Astor, Fl. (#352-455-3455)
Interconnection Locations: 1848 Alice Drive
☐ Emergency Water Source

TREATMENT PROCESSES IN USE
None (Note: Supplier system uses aeration, orthophosphate for corrosion control, and gas chlorine for free chlorine residual.)

What additional treatment is needed?
None
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" Neptune Meter*
Last Calibration Unknown*
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None Noted
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments
*No record of meter calibration in past year.

CHLORINATION (Disinfection:
No additional booster chlorination at this system.
Type: ☐ Gas ☐ Hypo ☐ Chloramines
Make _____ Capacity _____ gpd
Chlorine Feed Rate _____
Chlorine Residual: (Interconnection) 1.7 mg/l
Chlorine Residual Remote Point: 1.0 mg/l
Remote tap location 1640 Juno Drive
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points _____
Booster Pump Info _____
Comments _____

PWS ID # 3644127
Date 07/20/05

DISTRIBUTION SYSTEM MAINTENANCE

Cross-Connection Control

Date of CCC Plan on File	08/1992
Is CCC Plan Adequate?	NO*
Person responsible for CCC Program ?	Operator
Adequate Records of BF Devices and Testing?	Yes**
Number Of BF Devices on System:	1

Comments: *CCC Plan on file not adopted by current owner. **RPZ device at interconnect site – last tested on 02/11/2005.

Flushing And Valve Maintenance

Updated Distribution System Map	Yes (Palatka Office)
# of Sites Routinely Flushed	8*
Frequency of Routine Flushing?	Monthly
Is Flushing/Valve Maintenance Activity Documented ?	No

Comments: *Sites are flushed when checked for residual chlorine and rotated each week. Flushing and valve maintenance activity is presently not documented in any log.

SAMPLING PLANS

Total Coliform Sampling Plan

Approved Sampling Plan?	Yes
Total Coliform Plan Date:	08/2002
# of Samples Required Monthly:	2
Total # of Unique Sites in Plan:	4*

Comments: Delete 1612 Juno site and replace with 1690 RIVER ROAD as discussed during this survey.

Lead And Copper (Tap Water) Sampling

Lead And Copper Plan Date:	06/1993
No. Of Standard Sites (In Plan)	10
No. Of Reduced Sites (In Plan)	5
No. of Pb/Cu Samples Collected	10
Is Corrosion Control Treatment Required?	Yes*
No. Of WQP Sites	1
Samples Collected from Plan Sites (# Pb/Cu Samples Collected)	Yes

Comments: *Orthophosphate added by supplier system (AquaMag).

PWS ID # 3644127
Date 07/20/05

MISCELLANEOUS

Emergency Response Plan (ERP)

Required (+ 350 pop.)?	Not Required
Date Created:	
Location of Plan:	

Comments: _____

Consumer Confidence Reports (CCR)

Distribution / Reporting Timeframes Met?	Yes
CCRs In Conformance With Rules?	Yes
Delivery Methods Appropriate?	Yes
Usual Delivery Method(s):	Posting/ Notice in Bill*

Comments: *Notice of CCR availability on Internet or upon request is sent with bill.

Recordkeeping

All records (analyses, MOR, etc.) retained for required timeframes?	Yes
Where are the above records stored?	Leesburg Office
Equipment Manuals at Plant (or nearby location)?	N/A
Operation and Preventive Maintenance Manual Available?	N/A
Maintenance Work Properly Documented?	Yes*
Customer Complaints Documented?	Yes

Comments: *Maintenance activities (and line-breaks) are documented on work-order form kept on file at Leesburg office. Operational/maintenance log recommended to document flows, maintenance, flushing, etc. in one book.

MONITORING REQUIREMENTS

Contaminant	Samples Required	Sampling Location	Frequency	Next Deadline For Sampling
Microbiological (Bacti)	N/A	Each Well	N/A	N/A
	2	Distribution / Per Approved Sampling Plan	Monthly	08/31/2005
Asbestos	1	Distribution / Per Approved Sampling Plan	9 years	09/30/2012
Disinfection Residual Monitoring	2	Distribution / Same as microbiological samples	Monthly	08/31/2005
Lead and Copper (Tap Water)	5	Distribution / Per Approved Sampling Plan	3 years	09/30/2006

Known Water Quality Issues
NONE

Monitoring Violations	Other Violations
NONE	NONE

PWS ID # 3644127
Date07/20/05

Deficiencies:

1.) No valid written Cross Connection Plan. (Chapter 62-555.360 Florida Administrative Code – F.A.C.)
2.) Meter at 'interconnect' site not calibrated annually. (Chapter 62-555.350(2) F.A.C.)
3.) No documentation of regular flushing or valve maintenance program. (Chapter 62-555.350(2) F.A.C.)

Comments/Recommendations:

1.) Revise Total Coliform sample plan to include site at west end of River Road.
2.) Document maintenance activities, system flushing, daily flow and chlorine readings in operational log book kept on-site.

Inspector: Patricia Carrico / Patricia Carrico Title Environmental Specialist II Date 08/23/05

Approved by: Paul Hextell / Title Environmental Supervisor II Date 08/23/05

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

January 10, 2005

Mr. Will Fontaine
Aqua Utilities
P.O. Box 490310
Leesburg, FL 34749-0310

OCD-PW-SS-05-0019

Lake County – PW
48 Estates – 3350005
→ King's Cove – 3350655
Summit Chase – 3354112
Haines Creek – 3350481
Ravenswood – 3351062

Dear Mr. Fontaine:

The Department conducted an inspection of your public water systems on October 26, 2004. This inspection was conducted by Karen Milicic of this office in the presence of Will Fontaine. Copies of the Sanitary Survey Reports are enclosed for your reference and records.

There were no deficiencies at your water plant at the time of our visit. The overall operation of the water plant was good, which is a credit to both you and your operator. The Department appreciates the excellent work being done on your water system and values your continued spirit of cooperation in complying with Department rules.

The Department values your continued cooperation in operating and maintaining your water system, and appreciates the assistance provided during the sanitary survey.

If you have any questions concerning this letter, please contact Karen Milicic at the above address or by phone at (407) 894-7555, extension 2226.

Sincerely,

Roberto C. Ansag, Environmental Manager
Drinking Water Compliance/Enforcement

RCA/km
Enclosure

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name KING'S COVE S/D County Lake PWS ID # 3350655
Plant Location Corner of Picciola & Twin Palms Road, Fruitland Park Phone 352/732-3504
Owner Name Aqua Utilities, Attn: Will Fontaine Phone 352/369-4881
Owner Address P.O. Box 490310, Leesburg, FL 34749-0310
Contact Person W. Fontaine Title Operator Phone 352/732-3504
This Survey Date 10/26/04 Last Survey Date 10/30/02 Last C.I. Date 11/2/99

PWS TYPE & CLASS
- ☒ Community (5C)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date HRS #14791, 7/3/75, WC35-2021, 8/29/78 WC35-2021A, 12/11/89
- ☐ 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
W. Fontaine C-6813, M. Neal C-10027
J. Worrell C-6597
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* _____ *Actual* _____
Days/wk: *Required* 6 *Actual* 6
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 207
Population Served 725 Basis x 3.5
Average Day (from MORs) 88,600 gpd
Max. Day (from MORs) .360 MGD 7/04
Max-day Design Capacity .378 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

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 Onan diesel generator, Mod. AE1206
Capacity of Standby (kW) 30
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
- ☒ Well pumps All
- ☐ High Service Pumps
- ☒ Treatment Equipment All

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

TREATMENT PROCESSES IN USE
Chlorination

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 3" Master
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 3350655
Date 1/1/05

GROUND WATER SOURCE

Well Number		1	2		
Year Drilled		1975	1975		
Depth Drilled		203'	204'		
Drilling Method		Rotary	Rotary		
Type of Grout		Cement	Cement		
Static Water Level		11'	11'		
Pumping Water Level		UNK	UNK		
Design Well Yield		UNK	UNK		
Test Yield		UNK	UNK		
Actual Yield (if different than rated capacity)		UNK	UNK		
Strainer		None	None		
Length (outside casing)		98'	99'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Black steel	Black steel		
Well Contamination History		None noted	None noted		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	--	--		
	Reuse Water	--	--		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None noted	None noted		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Goulds	Goulds		
	Model Number	225H4	UNK		
	Rated Capacity (gpm)	300	225		
	Motor Horsepower	20	15		
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		--	--		

COMMENTS _____

PWS ID # 3350655
Date 1/10/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make LMI Capacity 60 gpd
Chlorine Feed Rate 35 gpd flow proportional
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.2 Remote 2.5
Remote tap location Liftstation hosebibb
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & by-pass.
Booster Pump Info
Comments 200 gal. Day tank.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability Loss of Cl_2 residual Cl_2 leak detection	☐ ☐ ☐	☐ ☐ ☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

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

Tank Type/Number	H/1		
Capacity (gal)	7,500		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	50/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments Tank replaced 10/02.

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3350655
Date 1/10/05

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Overall, the plant looked great!! No Deficiencies.

Inspector KH Title Env. Specialist I Date 1/10/05

Approved by Roberto C. Ong Title Env. Manager Date 1/10/05

Docket No. 060368-WS

Application to Increase Rates and Charges

For a "Class A" Utility
In

Florida

Missing Report: Sanitary Survey Report

For: Kingswood

Aqua Utilities Florida, Inc.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

M. Rony François, MD, MSPH, PhD
Secretary

November 2, 2006

CS/Lake Gibson Estates
PWS: Id. No. 6532347

Dennis Mulldun
Lake Gibson Estates
6960 Professional Parkwat East Ste.400
Sarasota, FL 34240

Dear Mr. Mulldun:

A sanitary survey of your water system conducted on November 1, 2006 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code.*

Deficiencies are listed below:

1. Please ensure that all appropriate safety or protective equipment for hypochlorination facilities is provided in accordance with Chapter 62-555.320(13)(b)13, Chapter 62-555.330 and Table 15.5 of *AWWA & ASCE Water Treatment Plant Design, Third Edition.*

2. The flow meter gauge is unreadable on well #2. Chapter 62-555.350(2) requires that all public water system components be maintained in good operating condition so that the components function as intended. The gauge must be refurbished or replaced.

3. The well is not properly sealed. Chapter 62-532.200(24) requires the well be protected at all times by a sanitary seal, threaded caps, or a welded flange to prevent entrance of contaminating material.

4. The system must establish a regular inspection schedule for any tank connected to the water system that is equipped with an access manhole. Chapter 62-555.350(2) requires that finished-drinking-water storage tanks be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida with the first inspection completed no later than August 28, 2008.

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing.** If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. Failure to comply will result in referral to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 extension 1137.

Sincerely,

Henry Taghiof
Engineering Specialist III

HT/clg

Steve Fuller

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name: **Lake Josephine Heights**
Address: **Canary Way**
Sebring FL33875
Owner Name: **Aqua Utilities Florida, Inc.**
Owner Address: **PO Box 490310**
Leesburg Fl 34749

County: **Highlands** PWS: **6280162**
Contact: **Robert Paver**
Phone: **(941) 650-3032**
Contact: **John M. Lihvarcik**
Phone: **(352) 435-4028**

This Inspection Date: **Nov 10, 2005** Last C.I. Date: **Oct 23, 2002**
Last Sanitary Survey Date: **Oct 21, 2004**
PWS Type: **Community**
Service Area Characteristics: **Residential Community**
No. of Service Connections: **570**
Served Population: **1200**

OPERATION AND MAINTENANCE
Certified Operator: **Yes**
Required Coverage: **6 visits/week**
Operator & Certification Class Number **Robert Paver C 12040**
O&M Log: **Yes** Condition of Plant? **Good**

WELLS
Number of Wells: **2 – (NE – AAJ9388; SW – AAJ9387)**
Check Valve: **Yes**
Fence/Housing: **Yes**
Sanitary Hazards: **No**
Auxiliary Power: **Yes**
Tested Monthly? **Yes**

DESIGN CAPACITY **0.3 MGD**
STORAGE CAPACITY **0.02 MG**

CHLORINATION
Chlorinator Type: **Hypo**
Cl2 Residual:
Plant: **2.4 mg/l**
Remote: **1.6 mg/l**
Location: **Blow off at the end of Oak BeachBlvd**

PRESSURE
Plant: **64 psi**
Remote: **59 psi**

AERATION
Type: **Cascade**
Condition: **Good**

OTHER TREATMENT PROCESSES: None

OTHER
Flow Measuring Device: **Meter**
Backflow Prevention Device: **Yes**
Cross-connection Observed: **No**

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

Tank type	G	H		
Capacity	17,000	3,000		
Gravity drain	Y	Y		
By-pass piping	Y	Y		
Pressure gauge	N/A	Y		
On/Off pressure	"	"		
Sight glass	"	"		
Fittings for sight glass	"	"		
Air release valve	"	N		
Pressure relief valve	"	Y		
Access padlocked	Y	Y		

DEFICIENCIES:

1. The system is not using an acceptable residual chlorine test procedure. The systems test results at Sebring Lakes and Lake Josephine Heights were 2 – 2.5 times higher than the inspector's results. Use of the Hach standards also showed 2 – 2.5 higher values than the standard. Upon investigation at the Lake Josephine Heights system it was discovered that the system was not following the Hach procedure. The system is using program 8, which states that a 25 ml indicator powder is to be added to a 10 ml sample. This 10 ml sample is to be then diluted to 25 ml with distilled (chlorine free) water. Then the sample is to be placed in the instrument for analysis. The system omitted the step for diluting the sample to 25 ml. Omitting this step cause the test results to be high by a factor of 2 –2.5. The system needs to incorporate the dilution step to correctly analyze for residual chlorine. Program 9 (which does not have a dilution step) should not be used since the maximum reading is about 2.2 mg/l. The system needs to be able to analyze too greater than 4.0 mg/l.

2. There was no written program for exercising isolation valves. Isolation valves, including those at the water treatment plant, must be exercised in accordance with the equipment manufacturer's recommendations or in accordance with a frequency in a written preventative maintenance program and a record of exercising the isolation valves is to be maintained. The system needs to have a listing of the isolation valves with their location identified or an up-to-date map of the system with the location of the isolation valves identified. The list of the isolation valves should identify at what frequency a particular valve or group of valves are to be exercised (for example, if a system indicates that it is to exercise all

isolation valves annually and will perform the exercising in January, it would more effective to separate the valves into four groups and exercise one group each quarter – committing to performing all the exercising in a single month and not being able to do it could leave the system open to possible enforcement for not following the plan). A record that the valve has been exercised must be maintained. An effective preventative maintenance valve-exercising program would document when the valve is to be (or was) exercised, who are the personnel performing the exercising, and in some instances the number of turns required to open and close the valve. The valve exercising records need to be maintained in such a manner that the supplier of water can determine when an isolation valve is to be exercised and that it has been exercised in accordance with the frequency in the written preventative maintenance valve-exercising program. "Preventive maintenance on electrical or mechanical equipment -- including...exercising of isolation valves -- 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. "All suppliers of water shall keep records documenting that their isolation valves are being exercised...in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C.

3. The well seal on the north well needs to be repaired. "Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended." Rule 62-555.350(2) F.A.C.

COMMENTS:

1. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank. The cleaning and inspection must be completed by August 28, 2008.

2. "An operation and maintenance manual is due to be completed by December 31, 2005. "Suppliers of water shall provide an operation and maintenance manual for each of their drinking water treatment plants by no later than December 31, 2005, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection." F.A.C. 62-555.350(13)

3. By no later than December 31, 2005, each community water system (CWS) serving, or designed to serve, 350 or more persons or 150 or more service connections shall provide standby power for operation of that portion of the system's water source, treatment, and pumping facilities necessary to deliver drinking water meeting all applicable primary or secondary standards at a rate at least equal to the average daily water demand for the system. An interconnect with another CWS may be an alternate option (If a CWS interconnects with another CWS to meet this requirement, the portion of the combined systems' components provided with standby power shall be sufficient to deliver water at a rate at least equal to the average daily water demand for the combined systems). If the time delay required to manually transfer electrical loads from one power source to another could result in failure to maintain the minimum water distribution system pressure of 20 psi, the supplier of water shall provide a system to automatically start up the auxiliary power source if an auxiliary power source is provided and to automatically transfer electrical loads. At each site where standby power is, the supplier of water shall provide by December 31, 2005, an audio-visual alarm system that is activated in the event any power source fails. If the site is not staffed during all hours the standby-powered water system components are in operation, the alarm also shall be telemetered to a place staffed during all hours the standby-powered water system components are in operation, or shall trigger an automatic telephone dialing or paging device, to enable notification of an authorized representative of the supplier of water. Rule 62-555.320(14) F.A.C.

4. An emergency preparedness plan is due to be completed by December 31, 2004. (Note: the Department will be changing the compliance date to December 31, 2005 by a rule revision.) "Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004, and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.

(a) A communication chart as described in Chapter 5 of AWWA Manual M19.

(b) Written agreements with other agencies, utilities, or response organizations.

(c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.

(d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.
(e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.

5. An up-to-date map of the drinking water distribution system is due to be completed by December 31, 2005. "By December 31, 2005, suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.

6. Suppliers of water need to keeps records at the facility or convenient to the facility for review during an inspection. Rule 62-550.720, F.A.C.

"Suppliers of water shall retain on their premises, or at a convenient location near their premises, the following records:
(1) Records of bacteriological analyses made under this chapter shall be kept for not less than 5 years. Records of physical, chemical, or radiological analyses made under any portion of this chapter other than Rule 62-550.800, F.A.C., shall be kept for not less than 10 years. Actual laboratory reports may be kept, or data may be transferred to tabular summaries, provided that the information required in Rule 62-550.730, F.A.C., is included.
(2) Records of action taken by the system to correct a violation of primary drinking water regulations shall be kept for a period not less than 3 years after the last action taken with respect to the particular violation involved.
(3) Copies of any written reports, summaries, or communications relating to cross connection control program or sanitary surveys of the system conducted by the system itself, by a private consultant or by any local, State, or Federal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.
(4) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.
(5) Monthly operation reports shall be kept for a period of not less than 10 years.
(6) Any system subject to the requirements of Rule 62-550.800, F.A.C., shall retain, for no fewer than 12 years, original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, Department determinations, and any other information required by Rule 62-550.800, F.A.C."

Suppliers of water need to keeps operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-555.350(12) F.A.C.

"(12) Suppliers of water shall keep and submit operation and maintenance logs, reports, and records as described below.
(a) All suppliers of water shall keep operation and maintenance logs at their drinking water treatment plants. For plants that are part of a transient non-community water system using only ground water and serving only businesses other than public food service establishments, the operation and

maintenance logs shall contain a minimum of three months of data at all times and shall contain the date and type of all maintenance performed and the date and results of all sampling and analyses performed unless the sampling or analyses are documented on a laboratory sheet. For all other plants, the operation and maintenance logs shall contain the information listed in, and shall be maintained as described in, subsection 62-602.650(4), F.A.C."

(b) For all public water systems except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, suppliers of water shall submit monthly operation reports to the appropriate Department of Environmental Protection District Office or Approved County Health Department within ten days after each month of operation per paragraph 62-550.730(1)(d), F.A.C., and shall do so using the following forms as applicable: Form 62-555.900(2), Monthly Operation Report for Subpart H Systems, as incorporated into paragraph 62-550.817(11)(a), F.A.C.; Form 62-555.900(3), Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water, hereby adopted and incorporated by reference, effective August 28, 2003; Form 62-555.900(4), Monthly Operation Report for Consecutive Systems that Do Not Treat Water, hereby adopted and incorporated by reference, effective August 28, 2003; Form 62-555.900(6), Monthly Operation Report for Consecutive Systems that Receive Purchased Finished Water from a Subpart H System, as incorporated into paragraph 62-550.817(11)(b), F.A.C.; Form 62-555.900(11), Monthly Operation Report for Summation of Finished-Water Production by CWSs that Have Multiple Treatment Plants, hereby adopted and incorporated by reference, effective August 28, 2003. Copies of these forms are available from the Department of Environmental Protection Drinking Water Section, M.S. 3520, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400. Suppliers of water shall keep copies of monthly operation reports, together with any additional operation records required by the monthly operation reports, for at least ten years in accordance with subsection 62-550.720(5), F.A.C.

(c) All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. In addition, all suppliers of water shall keep records documenting that their isolation valves are being exercised, and their water mains conveying finished drinking water are being flushed, in accordance with subsection 62-555.350(2), F.A.C.

<u>Suppliers of water need to maintain operation and maintenance logs at the facility or convenient to the facility for review during an inspection.</u> Rule 62-602.650(4) F.A.C.

"(4) Maintain operation and maintenance logs for each plant, on site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. The logs shall be maintained in hard bound books with consecutive page numbering, and shall contain a minimum of the previous three months of data at all times. Alternative logs or partial electronic logging are acceptable if approved by the appropriate Department district office or the local regulatory agency. The logs shall contain:

(a) Identification of the plant;

(b) The signature and license number of the operator and the signature of the persons making any entries;

(c) Date and time in and out;

(d) Specific operation and maintenance activities and any repairs made;

(e) Results of tests performed and samples taken, unless documented on a laboratory sheet.

(f) Performance of preventive maintenance and repairs or requests for repair of the equipment."

Suppliers of water are to maintain lead and copper records. 40 CFR 141.91 as incorporated by Rule 62-550.800; The requirements contained in the July 1, 2000, edition of 40 CFR 141, subpart I (sections 80 through 91), are adopted and incorporated herein by reference and are enforceable under this rule. 40 CFR 141.91 Recordkeeping Requirements; Any system subject to the requirements of this subpart shall retain on its premises original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, State determinations, and any other information required by 40 CFR 141.81 through 40 CFR 141.88. Each water system shall retain the records required by this section for no fewer than 12 years.

RECOMMENDATIONS: None

Inspector : Raymond W. Kenney Engineering SpecialistII Date 11 / 17 / 2005

Approved By ; James Oni P.E. III Date 11 / 17 / 2005

Docket No. 060368-WS

Application to Increase Rates and Charges

For a "Class A" Utility
In

Florida

Missing Report: Sanitary Survey Report

For: Lake Osborne Estates

Aqua Utilities Florida, Inc.

Department of Environmental Protection

Jeb Bush
Governor

South District
2295 Victoria Avenue, Suite 364
Fort Myers, Florida 33901-3881

Colleen M. Castille
Secretary

August 7, 2006

John M Lihvarcik, President & COO
Aqua Utilities Florida, Inc.
PO Box 490310
Leesburg, Florida 34749

Re: Highlands County - PW
Leisure Lakes
PWS I.D. Number: 6280064
Compliance Inspection Report

Dear Mr. Lihvarcik:

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

The deficiencies listed in the Report may be a violation of Rule 62-555, F.A.C. Please correct the deficiencies as soon as possible and notify the Department in writing postmarked no later than September 22, 2006 indicating which deficiencies have been corrected. For those deficiencies that have not been corrected, indicate how and on what schedule the system will address the deficiencies noted in the report.

Comments and 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, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,

Raymond W. Kenney
Engineering Specialist II

RWK
Enclosure:
cc: Ms. Linda Moody (w/enc)
Mr. Wendell Faircloth (w/enc)
Mr. Mark Charneski – Florida DEP

State of Florida
Department of Environmental Protection
South District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant Name:	**Leisure Lake**	County:	**Highlands** PWS: **6280064**
Address:	**End of Hillcrest Street**	Contact:	**David Wendell Faircloth**
	Lake Placid Fl 33852	Phone:	**(863) 471-1400**
Owner Name:	**Aqua Utilities Florida**	Contact:	**John Lihvarcik**
Owner Address:	**PO Box 490310**	Phone:	**(352) 435-4028**
	Leesburg FL 34749		

This Inspection Date:	**Jul 31, 2006**	Last C.I. Date:	**Jun 23, 2004**
Last Sanitary Survey Date:	**May 31, 2005**		
PWS Type:	**Community**		
Service Area Characteristics:	**Residential Community**		
No. of Service Connections:	**237**		
Served Population:	**533**		

OPERATION AND MAINTENANCE

Certified Operator: **Yes**
Required Coverage: **3 visits/week & 1 visit each weekend**
Operator & Certification Class-Number: **David Wendell Faircloth C 8189**
O&M Log: **Yes** Condition of Plant: **Good**

WELLS

Number of Wells:	**2 (Inside – AAH9357; outside – AAH9358)**
Check Valve:	**Yes**
Fence/Housing:	**Yes**
Sanitary Hazards:	**No**
Auxiliary Power:	**Yes**
Tested Weekly?	**Yes**

DESIGN CAPACITY	**0.072 MGD**
STORAGE CAPACITY	**0.020 MG**

CHLORINATION

Chlorinator Type:	**Gas**
Cl2 Residual:	
Plant:	**2.1 mg/l**
Remote:	**0.3 mg/l**
Location:	**27 Venetian**
Gas Cylinder Scale:	**Yes**
Gas Cylinder Chained:	**Yes**
Adequate Air-pak:	**Yes**
Adequate Ventilation:	**Yes**
Dual Chlorination:	**Yes**
Auto-switchover:	**Yes**
Alarm:	**Yes**

PWS: 6280064
Date: 07/31/06

PRESSURE
Plant: **54 psi**
Remote: **57 psi**

AERATION **Yes**
Type: **Cascade**
Condition: **Good**

OTHER TREATMENT PROCESSES: Corrosion Control (Aquadene)

OTHER
Flow Measuring Device: **Meter**
Backflow Prevention Device: **Yes**
Cross-connection Observed? **No**

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

Tank type	G			
Capacity, gal	10,000			
Gravity drain	Y			
By-pass piping	Y			
Pressure gauge	N/A			
On/Off pressure	"			
Sight glass	"			
Fittings for sight glass	"			
Air release valve	"			
Pressure relief valve	"			
Access padlocked	Y			

DEFICIENCIES:

1. The Emergency Response Plan that is on site does not meet the requirements of Rule 62-555.350(15) F.A.C. It is very generic and not specific for the site. You need to look at the Florida Rural Water template, which contains the items required to meet the rule.

2. There is no up-to-date map of the drinking water distribution system on site. Rule 62-555.350(14) F.A.C.

3. There is no copy of the isolation valve exercising plan on site (there is a copy in the Department files) nor is there a record on site that any valves have been exercised. Rule 62-555.350(2) F.A.C.; Rule 62-555.350(12)(c) F.A.C.

4. There is no copy of the dead end main flushing plan on site not is there a record on site that there is any flushing being conducted. Rule 62-555.350(2) F.A.C.; Rule 62-555.350(12)(c) F.A.C.

5. There is no Operation and Maintenance Manual on site. Manuals for all of the equipment at the plant need to be on site since Aqua Utilities Florida, in a letter dated July 15, 2006 to the Department, indicated that they do not need a written Preventative Maintenance (PM) Program since they were to perform all preventative maintenance according to the equipment manufacturers' instruction manual which is allowed under the Rule.

PWS: 6280064
Date: 07/31/06

RECOMMENDATIONS:

1. Routine PM records for certain pieces of equipment should be maintained on an individual sheet for the particular piece of equipment. Writing the PM done in the daily log makes it very difficult to check, particularly for work that might be performed on an annual or six-month basis.

2. Dispose of the Florida Water Services policies that are on site. These appear to be irrelevant since the last entries made were a few years ago under Florida Water Service.

COMMENTS:

1. What is the procedure that the utility has in place to ensure that all of the PM that might be required in a manual is actually performed when it is required?

2. Even though there is an automatic flush valve at the south end of the distribution system a record needs to be maintained of the frequency and duration of the flushing. The initial chlorine of the flushing of the automatic unit must be measured (and a record maintained) to determine if adjustments must be made. At the time of the inspection the remote on Venetian was 0.3 mg/l, which is barely above the minimum. It would appear that particularly in the summer with fewer people around the auto unit should be checked more frequently and adjustments made as necessary.

3. "Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank.

Inspector : Raymond W. Kenney Raymond W. Kenney Engineering Specialist II Date 8 / 7 / 2006

Approved By : James Oni James Oni P.E. III Date 8 / 7 / 2006

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

Response due July 15, 2006

RECEIVED
JUN - 6 2005
Aqua Utilities
Florida Inc.

June 2, 2005

cc: Nicole

Glenn LaBrecque, Vice President
Aqua Utilities Florida, Inc.
6960 Professional Parkway East, Suite 400
Sarasota, Florida 34240

Re: Highlands County - PW
Leisure Lakes
PWS I.D. Number: 6280064
Sanitary Survey Report

Dear Mr. LaBrecque:

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

The deficiencies listed in the Report may be a violation of Rule 62-555, F.A.C. Please correct the deficiencies as soon as possible and notify the Department in writing postmarked no later than July 15, 2005 indicating which deficiencies have been corrected. For those deficiencies that have not been corrected, indicate how and on what schedule the system will address the deficiencies noted in the report.

Comments are included in the Report.

If you have any questions, please contact me at the letterhead address, call 239-332-6975, extension 119 or e-mail me at Raymond.Kenney@dep.state.fl.us. Please include the system name and PWS I.D. number with all correspondence.

Sincerely,

Raymond W. Kenney
Engineering Specialist II

RWK
Enclosure:
cc: Ms. Carolyn McFalls (w/enc)
Mr. Wendell Faircloth (w/enc)

State of Florida
Department of Environmental Protection
South District - Fort Myers Office

SANITARY SURVEY REPORT

Plant Name LEISURE LAKES County Highlands PWS ID # 6280064
Plant Location Hillcrest St in Covered Bridge Sub-Division, Lake Placid FL 33852 Phone
Owner Name Aqua Utilities, Florida, Inc. Phone
Owner Address 6960 Professional Parkway East, Suite 400, Sarasota FL 34240
Contact Person Glenn LaBrecque Title Regional President Phone (941) 907-7420
This Survey Date 5/31/05 Last Survey Date 6/18/02 Last C.I. Date 6/23/04

PWS TYPE & CLASS
☒ Community
☐ Non-transient Non-community
☐ Transient Non-Community

PWS STATUS
☒ Approved system with approval number & date
WC28-02187 (3/11/77)
☐ 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
David Faircloth "C" 8189
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* Visits *Actual* Visits
Days/wk: *Required* 3 *Actual* 6
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 200
Population Served 400 Basis X2
Average Day (from MORs) 23,100 gpd
Max. Day (from MORs) 65,000 gpd
Max-day Design Capacity 72,000 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 Gas powered generator
Capacity of Standby (kW) 45 kw
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☐ Yes ☒ No
Hrs Operated Under Load 1 hr/wk.
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
Chlorination, corrosion control, aeration.
What additional treatment is needed?
None
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" Neptune
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Plant pressure 55 psi
Remote pressure 54 psi

PWS ID # 6280064
Date 5/31/05

GROUND WATER SOURCE

Well Number		1 (inside)	2 (outside)		
Florida ID		AAH9357	AAH9358		
Year Drilled		1974	1975		
Depth Drilled		1520'	590'		
Drilling Method		Rotary	Rotary		
Type of Grout		—	—		
Static Water Level		20'	22'		
Pumping Water Level		50'	40'		
Design Well Yield		200	50		
Test Yield		450	---		
Actual Yield (if different than rated capacity)		200	50		
Strainer		40' Screen	---		
Length (outside casing)		485'	492'		
Diameter (outside casing)		8"	4"		
Material (outside casing)		Steel	Steel		
Well Contamination History		OK	OK		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	None	None		
	Reuse Water	No	No		
	WW Plumbing	No	No		
	Other Sanitary Hazard	None	None		
PUMP	Type	V Turb	Submers		
	Manufacturer Name	Goulds	Goulds		
	Model Number	--	UTM 20432		
	Rated Capacity (gpm)	200	50		
	Motor Horsepower	---	---		
Well casing 12" 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		Yes	Yes		

COMMENTS _____

PWS ID # 6280064
Date 5/31/05

CHLORINATION (Disinfection)
Type: ☒ Gas ☐ Hypo
Make Regal Capacity 2@100 ppd
Chlorine Feed Rate Well not operating at time of inspection
Avg. Amount of Cl_2 gas used 5-6 ppd
Chlorine Residuals: Plant 1.7 Remote 1.0
Remote tap location Tap in front of Clubhouse
DPD Test Kit: ☒ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Aerator
Booster Pump Info N/A
Comments

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☒	☐	
Auto-switchover	☒	☐	
Alarms:			
Loss of Cl_2 capability	☒	☐	
Loss of Cl_2 residual	☐	☒	
Cl_2 leak detection	☐	☒	
Scale	☒	☐	
Chained Cylinders	☒	☐	
Reserve Supply	☒	☐	
Adequate Air-pak	☒	☐	
Sign of Leaks	☐	☒	
Fresh Ammonia	☒	☐	
Ventilation	☒	☐	
Room Lighting	☒	☐	
Warning Signs	☒	☐	
Repair Kits	☒	☐	
Fitted Wrench	☒	☐	
Housing/Protection	☒	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Tray Capacity Unk
Aerator Condition ok
Bloodworm Presence No
Visible Algae Growth No
Protective Screen Condition ok
Comments

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

Tank Type/Number	G		
Capacity (gal)	17,000		
Material	Concrete		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	N/A		
Sight Glass or Level Indicator	N/A		
Fittings for Sight Glass	N/A		
Protected Openings	Yes		
PRV/ARV	N/A		
On/Off Pressure	N/A		
Access Padlocked	Yes		

Comments

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Cent.	Cent.	
Make	Sterling	Sterling	
Model	C62OAM	C62OAM	
Capacity (gpm)	208@133'	208@133'	
Motor HP	15	15	
Date Installed	1998	1998	
Maintenance	Weekly	Weekly	

Comments

PWS ID # 6280064
Date 5/31/05

DEFICIENCIES:

1. There was no written preventative maintenance program onsite for review and there was no record onsite for review of any preventative maintenance that is being performed. It was indicated in a letter dated September 28, 2004 that the system was working towards establishing a written preventative maintenance program. "Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- 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; however, in no case shall auxiliary power sources be run under load less frequently than monthly." Rule 62-555.350(2) F.A.C. The plan and records must be available for review by an inspector during a Compliance Inspection or a Sanitary Survey.

2. There was no isolation valve-exercising program or any record of exercising isolation valves onsite at the water treatment plant. It was indicated in a letter dated September 28, 2004 that the system was working toward establishing a written preventative maintenance program. In the same letter it was indicated that the equipment manufacturer of the isolation valves recommends that the valves be exercised annually. This statement needs to be a part of the (written) preventative maintenance program. The program needs to identify the location of the valves (including those at the water treatment plant) by a listing or map location. There needs to be a record that documents that the valves have been exercised. Rule 62-555.350(12)(c) F.A.C. The plan and records must be available for review by an inspector during a Compliance Inspection or a Sanitary Survey.

3. There was no written flushing program onsite for review. The December 2004 plan that was submitted to the Department needs to be revised. The dead-end mains are to be identified and they "shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water". Rule 62-555.350(2) F.A.C. There needs to be a record that the dead-end mains are being flushed. Rule 62-555.350(12)(c) F.A.C. The frequency of flushing may change based in the initial chlorine reading when the line is flushed.

COMMENTS:

1. "An operation and maintenance manual is due to be completed by December 31, 2005. "Suppliers of water shall provide an operation and maintenance manual for each of their drinking water treatment plants by no later than December 31, 2005, and shall update the manual thereafter as necessary to reflect plant alterations and additions. The manual shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a convenient location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this subsection." F.A.C. 62-555.350(13)

2. Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole,...shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida." Rule 62-555.350(2) F.A.C. "All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C." Rule 62-555.350(12)(c) F.A.C. Comment: Acceptable records documenting compliance with finished-water storage tank cleaning and inspection requirements should consist of bills/receipts for cleaning or inspection services and an inspection report. If a supplier of water

Do we know when the last inspection was?

PWS ID # 6280064
Date 5/31/05

uses its own staff to clean or inspect finished-water storage tanks, the supplier of water should keep, in lieu of bills/receipts for cleaning or inspection services, records indicating the date(s) of the cleaning or inspection, the staff involved in the cleaning or inspection, and the method(s) of cleaning. To document that a finished-water storage tank was indeed inspected under the responsible charge of a PE, the inspection report should be signed and sealed by the PE in responsible charge. (Furthermore, technical reports prepared under the responsible charge of a PE and submitted for record should be signed and sealed by the PE per FS 471.025 and FAC 61G15-23.002.) Generally, measurements using pit-depth gauges and ultrasonic thickness gauges should be made in addition to visual inspections when inspecting a finished-water storage tank for structural and coating integrity. However, it is up to the PE in responsible charge, who presumably has expertise in the design/construction/evaluation of structures and the application/evaluation of coatings, to decide exactly what must be done in order for him/her to make a professional determination regarding the structural and coating integrity of a finished-water storage tank. The cleaning and inspection must be completed by August 28, 2008.

3. An emergency preparedness plan is due to be completed by December 31, 2004. (Note: the Department will be changing the compliance date to December 31, 2005 by a rule revision.) "Suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall develop a written emergency preparedness/response plan in accordance with *Emergency Planning for Water Utilities*, AWWA Manual M19, as adopted in Rule 62-555.335, F.A.C., by no later than December 31, 2004, and shall update and implement the plan as necessary thereafter. Said suppliers of water shall coordinate with their Local Emergency Planning Committee and their Florida Department of Law Enforcement Regional Security Task Force when developing their emergency plan and shall include in their plan all of the information in paragraphs (a) through (e) below.

(a) A communication chart as described in Chapter 5 of AWWA Manual M19.
(b) Written agreements with other agencies, utilities, or response organizations.
(c) A disaster-specific preparedness/response plan as described in Chapter 5 of AWWA Manual M19 for each of the following disasters: vandalism or sabotage; a drought; a hurricane; a structure fire; and if applicable, a flood, a forest or brush fire, and a hazardous material release. Each disaster-specific preparedness/response plan shall incorporate the results of a vulnerability assessment; shall include actions and procedures, and identify equipment, that can obviate or lessen the impact of such a disaster; and shall include plans and procedures that can be implemented, and identify equipment that can be utilized, in the event of such a disaster.
(d) Details about how the water system meets the standby power requirements under subsection 62-555.320(14), F.A.C., and, if applicable, recommendations regarding the amount of fuel to maintain on site, and the amount of fuel to hold in reserve under contracts with fuel suppliers, for operation of auxiliary power sources.
(e) If applicable, recommendations regarding the amount of drinking water treatment chemicals, including chemicals used for regeneration of ion-exchange resins or for onsite generation of disinfectants, to maintain in inventory at treatment plants." Rule 62-555.350(15) F.A.C.

4. An up-to-date map of the drinking water distribution system is due to be completed by December 31, 2005. "By December 31, 2005, suppliers of water who own or operate a community water system serving, or designed to serve, 350 or more persons or 150 or more service connections shall have, and thereafter maintain, an up-to-date map of their drinking water distribution system. Such a map shall show the location and size of water mains if known; the location of valves and fire hydrants; and the location of any pressure zone boundaries, pumping facilities, storage tanks, and interconnections with other public water systems." Rule 62-555.350(14) F.A.C.

5. Recordkeeping Requirements

Suppliers of water need to keeps records at the facility or convenient to the facility for review during an inspection. Rule 62-550.720, F.A.C.

PWS ID # 6280064
Date 5/31/05

"Suppliers of water shall retain on their premises, or at a convenient location near their premises, the following records:
(1) Records of bacteriological analyses made under this chapter shall be kept for not less than 5 years. Records of physical, chemical, or radiological analyses made under any portion of this chapter other than Rule 62-550.800, F.A.C., shall be kept for not less than 10 years. Actual laboratory reports may be kept, or data may be transferred to tabular summaries, provided that the information required in Rule 62-550.730, F.A.C., is included.
(2) Records of action taken by the system to correct a violation of primary drinking water regulations shall be kept for a period not less than 3 years after the last action taken with respect to the particular violation involved.
(3) Copies of any written reports, summaries, or communications relating to cross connection control program or sanitary surveys of the system conducted by the system itself, by a private consultant or by any local, State, or Federal agency, shall be kept for a period not less than 10 years after completion of the sanitary survey.
(4) Records concerning a variance or exemption granted to the system shall be kept for a period ending not less than 5 years following the expiration of the variance and exemption.
(5) Monthly operation reports shall be kept for a period of not less than 10 years.
(6) Any system subject to the requirements of Rule 62-550.800, F.A.C., shall retain, for no fewer than 12 years, original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, Department determinations, and any other information required by Rule 62-550.800, F.A.C."

Suppliers of water need to keeps operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-555.350(12) F.A.C.

"(12) Suppliers of water shall keep and submit operation and maintenance logs, reports, and records as described below.

(a) All suppliers of water shall keep operation and maintenance logs at their drinking water treatment plants. For plants that are part of a transient non-community water system using only ground water and serving only businesses other than public food service establishments, the operation and maintenance logs shall contain a minimum of three months of data at all times and shall contain the date and type of all maintenance performed and the date and results of all sampling and analyses performed unless the sampling or analyses are documented on a laboratory sheet. For all other plants, the operation and maintenance logs shall contain the information listed in, and shall be maintained as described in, subsection 62-602.650(4), F.A.C."

(b) For all public water systems except transient non-community water systems using only ground water and serving only businesses other than public food service establishments, suppliers of water shall submit monthly operation reports to the appropriate Department of Environmental Protection District Office or Approved County Health Department within ten days after each month of operation per paragraph 62-550.730(1)(d), F.A.C., and shall do so using the following forms as applicable: Form 62-555.900(2), Monthly Operation Report for Subpart H Systems, as incorporated into paragraph 62-550.817(11)(a), F.A.C.; Form 62-555.900(3), Monthly Operation Report for PWSs Treating Raw Ground Water or Purchased Finished Water, hereby adopted and incorporated by reference, effective August 28, 2003; Form 62-555.900(4), Monthly Operation Report for Consecutive Systems that Do Not Treat Water, hereby adopted and incorporated by reference, effective August 28, 2003; Form 62-555.900(6), Monthly Operation Report for Consecutive Systems that Receive Purchased Finished Water from a Subpart H System, as incorporated into paragraph 62-550.817(11)(b), F.A.C.; Form 62-555.900(11), Monthly Operation Report for Summation of Finished-Water Production by CWSs that Have Multiple Treatment

PWS ID # 6280064
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Plants, hereby adopted and incorporated by reference, effective August 28, 2003. Copies of these forms are available from the Department of Environmental Protection Drinking Water Section, M.S. 3520, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400. Suppliers of water shall keep copies of monthly operation reports, together with any additional operation records required by the monthly operation reports, for at least ten years in accordance with subsection 62-550.720(5), F.A.C.

(c) All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. In addition, all suppliers of water shall keep records documenting that their isolation valves are being exercised, and their water mains conveying finished drinking water are being flushed, in accordance with subsection 62-555.350(2), F.A.C.

Suppliers of water need to maintain operation and maintenance logs at the facility or convenient to the facility for review during an inspection. Rule 62-602.650(4) F.A.C.

"(4) Maintain operation and maintenance logs for each plant, on site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed. The logs shall be maintained in hard bound books with consecutive page numbering, and shall contain a minimum of the previous three months of data at all times. Alternative logs or partial electronic logging are acceptable if approved by the appropriate Department district office or the local regulatory agency. The logs shall contain:

(a) Identification of the plant;

(b) The signature and license number of the operator and the signature of the persons making any entries;

(c) Date and time in and out;

(d) Specific operation and maintenance activities and any repairs made;

(e) Results of tests performed and samples taken, unless documented on a laboratory sheet.

(f) Performance of preventive maintenance and repairs or requests for repair of the equipment."

Suppliers of water are to maintain lead and copper records. 40 CFR 141.91 as incorporated by Rule 62-550.800.

The requirements contained in the July 1, 2000, edition of 40 CFR 141, subpart I (sections 80 through 91), are adopted and incorporated herein by reference and are enforceable under this rule.
40 CFR 141.91 Recordkeeping Requirements; Any system subject to the requirements of this subpart shall retain on its premises original records of all sampling data and analyses, reports, surveys, letters, evaluations, schedules, State determinations, and any other information required by 40 CFR 141.81 through 40 CFR 141.88. Each water system shall retain the records required by this section for no fewer than 12 years.

RECOMMENDATIONS: None

Inspector: Raymond W Kenney Raymond W Kenney Title Engineering Specialist II Date 6/2/05

Reviewed by James Oni RSP James Oni Title P.E. III Date 6/2/05

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name MORNINGVIEW SUBDIVISION County Lake PWS ID # 3350852
Plant Location 01322 English Road, Leesburg, FL Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person W. Fontaine Title Lead operator Phone 352/787-0980
This Survey Date 4/29/04 Last Survey Date 10/4/01 Last C.I. Date 6/6/00

PWS TYPE & CLASS
- ☒ Community (5C)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date "As-built" 1973, WC35-229461 approv 6/15/93, cl 9/29/93
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Residential

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
B. Heath C-5824, W. Fontaine C-6813, J. Worrell C-6597, G. Kissick C-7846,
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* _____ *Actual* _____
Days/wk: *Required* 6 *Actual* 6
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 34
Population Served 119 Basis per MOR
Average Day (from MORs) 8,363 gpd
Max. Day (from MORs) 35,400 MGD 5/03
Max-day Design Capacity .306 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
- ☒ GROUND; Number of Wells 1
- ☐ 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
Chlorination
Aqua-dene - corrosion control
What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" McCrometer
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

Received
MAY 12 2004
Environmental Services

PWS ID # 3350852
Date 5/6/04

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1972			
Depth Drilled		285'			
Drilling Method		UNK			
Type of Grout		UNK			
Static Water Level		UNK			
Pumping Water Level		UNK			
Design Well Yield		UNK			
Test Yield		UNK			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		119'			
Diameter (outside casing)		8"			
Material (outside casing)		Black iron			
Well Contamination History		None noted			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	--			
	Reuse Water	--			
	WW Plumbing	>200'			
	Other Sanitary Hazard	None observed			
PUMP	Type	Submersible			
	Manufacturer Name	UNK			
	Model Number	UNK			
	Rated Capacity (gpm)	425			
	Motor Horsepower	30			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		Yes			

COMMENTS Provide additional information for "UNK", if available.

PWS ID # 3350852
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity 15* gpd
Chlorine Feed Rate 60% Stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.1 Remote .8
Remote tap location Liftstation #4 hosebibb
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & by-pass
Booster Pump Info
Comments *2 hypochlorinators, each rated at 15 gpd.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability Loss of Cl_2 residual Cl_2 leak detection	 ☐ ☐ ☐	 ☐ ☐ ☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

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

Tank Type/Number	H/1		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3350852
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Overall, the plant looked good!!

Keep up the good work!!

Inspector _____ Title Env. Specialist I Date 5/6/04

Approved by Roberto C. Arney Title Env. Manager Date 5/7/04

Docket No. 060368-WS

Application to Increase Rates and Charges

For a "Class A" Utility
In

Florida

Missing Report: Sanitary Survey Report

For: Oakwood

Aqua Utilities Florida, Inc.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name OCALA OAKS SUBDIVISION County Marion PWS ID # 3421560
Plant Location 3900 20th Ave., Ocala, FL Phone 352-732-3504
Owner Name Aqua Utilities Phone 352-732-6027
Owner Address 1343 NE 17th Road, Ocala, FL 34470
Contact Person Michael Fitzgerald Title manager Phone same
This Survey Date 6/17/04 Last Survey Date 1/25/04 Last C.I. Date 7/23/98

PWS TYPE & CLASS
☒ Community
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
WC42-2016 (2/27/79)
WC42-2016 (2/26/85)
☐ 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
Mark March
C-8287
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 6 *Actual* 6
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 598
Population Served 2093 Basis x3.5
Average Day (from MORs) 159,164 gpd
Max. Day (from MORs) 208,000 gpd
Max-day Design Capacity 7.13 MGD
Comments

RAW WATER SOURCE
☒ GROUND; Number of Wells 3
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
Emergency Water Capacity

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source propane generator
Capacity of Standby (kW) 30
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4 hrs/mo.
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
Disinfection

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type Kent 4"
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections none observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐
N/AComments

PWS ID # 3421560
Date 6/17/04

GROUND WATER SOURCE

Well Number		1	2	3	
Year Drilled		1978	1978	1991	
Depth Drilled		270'	270'	197'	
Drilling Method		rotary	rotary	rotary	
Type of Grout		neat cement	neat cement	neat cement	
Static Water Level		37'	37'	45'	
Pumping Water Level					
Design Well Yield					
Test Yield					
Actual Yield (if different than rated capacity)					
Strainer		screen	screen	screen	
Length (outside casing)		42'	42'	72'	
Diameter (outside casing)		8"	8"	8"	
Material (outside casing)		steel	steel	steel	
Well Contamination History		no	no	no	
Is inundation of well possible?		no	no	no	
6' X 6' X 4" Concrete Pad		yes	yes	yes	
SET BACKS	Septic Tank	n/a	n/a	n/a	
	Reuse Water	n/a	n/a	n/a	
	WW Plumbing	n/a	n/a	n/a	
	Other Sanitary Hazard	n/a	n/a	n/a	
PUMP	Type	Submersible	Submersible	Submersible	
	Manufacturer Name	Goulds	Sta-Rite	Sta-Rite	
	Model Number	unk	unk	unk	
	Rated Capacity (gpm)	220	440	330	
	Motor Horsepower	15	30	30	
Well casing 12" above grade?		yes	yes	yes	
Well Casing Sanitary Seal		ok	ok	ok	
Raw Water Sampling Tap		yes	yes	yes	
Above Ground Check Valve		yes	yes	yes	
Fence/Housing		yes	yes	yes	
Well Vent Protection		n/a	yes	yes	

COMMENTS _____

PWS ID # 3421560
Date 6/17/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.9 Remote 1.4
Remote tap location _____
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H-tank
Booster Pump Info _____
Comments Two chlorinators at plant, one is normally in use.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

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

Tank Type/Number	H1	H2	H3
Capacity (gal)	~~10000~~ 5,000	5000	~~10000~~ 5,000
Material	steel	steel	steel
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	Yes	Yes	Yes
Sight Glass or Level Indicator	Yes	Yes	Yes
Fittings for Sight Glass	Yes	Yes	Yes
Protected Openings	Yes	Yes	Yes
PRV/ARV	PRV	PRV	PRV
On/Off Pressure	55/70	55/70	55/70
Access Padlocked	Yes	Yes	Yes
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3421560

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Well #2 has a threaded raw water tap. Please provide a down-flowing smooth nosed raw water tap.

Inspector Daniel Shidler Title Env. Specialist I Date 6/17/04

Approved by Roberto C. Arnaz Title Environmental Manager Date 6/17/04

FLORIDA DEPARTMENT OF HEALTH

Jeb Bush
Governor

M. Rony François, MD, MSPH, PhD
Secretary

September 1, 2006

RECEIVED
SEP - 5 2006
Aqua Utilities Florida Inc.

CS/Orange Hill/Sugar Creek
PWS: Id. No. 6531305

Dennie Mulldun
Orange Hill/Sugar Creek (Aqua America)
6960 Professional Parkway East Ste.400
Sarasota, FL 34240

Responded on 9-6-06

Dear Mr. Mulldun:

A sanitary survey of your water system conducted on August 31, 2006 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code.*

Deficiencies are listed below:

DONE 1. The operation and maintenance manual was not available for review during the sanitary survey. Chapter 62-555.350(13) states that the supplier of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual must be kept updated and shall contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements of this section.

Please take the necessary steps to correct these deficiencies within thirty (30) days of the date of this notice and **notify the Department in writing.** If the deficiencies cannot be corrected within the thirty (30) days period, a written schedule stating when the deficiencies will be corrected must be submitted to this office within the thirty (30) day time frame. *Failure to comply will result in referral* to the enforcement section for further action and the possible imposition of a fine.

If you have any questions, please contact me at (863) 519-8330 extension 1137.

Sincerely,

Henry Taghiof
Engineering Specialist III

HT/elg

Fwd 9-6-06 Jerry C. Mike O. Steve F.

POLK COUNTY HEALTH DEPARTMENT

Daniel O. Haight
Director

ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Phone (863) 519-8330 / SC 515-7365 / FAX (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director

October 26, 2005

Henry Taghiof
Engineer III
Polk County Health Department
Environmental Engineering Division
2090 East Clower Street
Bartow, Florida 33830

RE: CS/Orange Hill/Sugar Creek
PWS: ID No. 6531305

Response

Dear Mr. Taghiof:

This letter is to provide written response to your letter of October 7, 2005, on the above referenced facility.

1. **The tank inspection report was not available during the site visit.** The hydro-tanks for the Orange Hill WTP and Sugar Creek WTP were installed in 1999 and 1997 respectively. We are scheduling tank inspections for these two (2) hydro-tanks in early 2006 and will make the results of these inspections available to the Health Department as soon as they are completed.
2. **The system is not being flushed as necessary.** This system is being flushed regularly (monthly) and in accordance with the code. Attached are the flushing records for the last sixty (60) days and a written flushing program copy.
3. **The flow meter gauge is unreadable.** We have dismantled and cleaned the 2000 4" McCrometer faceplate and reset with a new O-ring. This should eliminate the condensation. We will replace components of the faceplate assembly if condensation reappears.
4. **There is no written emergency preparedness/response plan on file.** There is a written Emergency Preparedness plan posted on-site at each of the two (2) WTP's that provide water for this system. Attached is a copy of the plan representative of this system.
5. **The operation and maintenance manual was not available for review during the sanitary survey.** We are in the process of completing the approval of the O & M Manual for those WTP's and will submit them for review on or before the 12/31/05 deadline.
6. **The drinking water distribution map was not available for review during the sanitary survey.** We have a completed and accurate drinking water distribution map for this system. This system does not have any fire hydrants or RPZ's that Aqua maintains. This is a water service area only; the residents operate individual septic tanks. We will submit a copy for review on or before 12/31/05.

We trust this response is sufficient to address your concerns. However should you need additional information please do not hesitate to contact me at 941/907-7444. Carolyn McFalls is no longer an employee with Aqua Utilities Florida, Inc. and I am filling in until a compliance clerk is hired.

Sincerely,

Linda A. Moody
Administrative Assistant/Office Manager

Cc: David Rodriguez

Department of
Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B-200
Jacksonville Florida 32256-7590

Colleen M. Castille
Secretary

April 7, 2006

Sent via E-mail: (CMMcClure@aquaamerica.com)

Ms. Candice McClure
Palm Port Subdivision – Aqua Utilities FL
PO Box 490310
Leesburg, FL 34749

Putnam County – Potable Water
Compliance Inspection 2006
Palm Port Subdivision // PWS ID: 2540865

Dear Ms. McClure:

On March 29, 2006, a Compliance Inspection of the above referenced Community water system was conducted. There were no deficiencies noted at the time of inspection and the Department is pleased to inform you that your facility is in compliance with the Florida Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) Title 62.

In addition, please be reminded that all suppliers of water shall provide an operation and maintenance manual for each drinking water treatment plant. The manual should contain operation and control procedures, and preventive maintenance and repair procedures, for all plant equipment and shall be made available for reference at the plant or at a location near the plant. Bound and indexed equipment manufacturer manuals shall be considered sufficient to meet the requirements. Rule 62-555.350(13).

As a reminder, this system is required to monitor for the following remaining parameters during 2006: All inorganic contaminants, including nitrate and nitrite, synthetic organic contaminants, volatile organic contaminants, lead and cooper, disinfection byproducts (TTHMs and HAA5s, bacteriologicals (monthly), and disinfectant residual levels (monthly with Bacti's). Please contact me at (904) 807-3321 or Amber.Otto@dep.state.fl.us if you have any questions.

Sincerely,

Amber M Otto

Amber Otto
Environmental Specialist

JJD:BRR:AMO:ao
cc: Mr. Paul Thompson, Operator (sent via mail)

State of Florida
Department of Environmental Protection

PUBLIC WATER SYSTEM INSPECTION REPORT

System Name: **Palm Port Subdivision** Inspection Date: 3/29/2006
Location: East River Road, East Palatka FL PWS ID: **2540865**
Owner: Candice McClure Phone No.: 352-732-6027
Address PO Box 490310 Leesburg, FL 34749 Zip Code: 34749 County: Putnam
Certified Operator: Mr. Paul Thompson Level & No.: A - 7251

Type of System: Community Type of Inspection: Compliance

INSPECTION RESULTS

Selections marked with an X are unsatisfactory
Referenced sections are from Title 62, Florida Administrative Code

OK	Aeration	555.350	Newly installed 3.5 years ago
N/A	Auxiliary Power	555.320(14)	
OK	Check Valve	555.330(3)	
OK	Cross Connection	555.360	None seen
OK	Chlorination (Disinfection)	555.320(12)(d)&.350(6)	
	Plant 2.7 mg/l Remote 1.7 mg/l		Remote take at 115 Cow Creek Ct. (furthest point in distribution)
N/A	Chlorination, Gas	555.320(13)(a)	
OK	Chlorine Test Kit - DPD	555.330(3)	DPD kit kept with operator, visits daily
OK	Flow Meter	555.320(16)	
OK	Logs, on-site	555.350(12)	Current
OK	Maintenance of Facilities	555.350	
OK	Monitoring: Bacteriological	550.518	
OK	Monitoring: Chemical	550.500-521	See Comments *
N/A	Monitoring: Well Clearance	555.315(6)(b)	
OK	Monthly Operation Reports	550.730(1)(d)	Current
OK	Operator, Certified	555.350(8)	Mr. Paul Thompson A - 7251
OK	Plant Design	555.330	
OK	Security of Water System	555.315(1) & .320(5)	
OK	System Pressure	555.320(15)(a)2	50 psi
OK	Well, Concrete Apron	532.500(3)(c)	
OK	Wells, Number of	555.315(2)	One well, AA1900
OK	Well, Raw Sample Tap	555.320(8)(b)2	
OK	Well Set Backs	555.312	None seen

Comments: * Inorganics ALL 16 due 2006; VOC/SOC/Secondaries due in 2006; Lead & Copper due 2006

It is required that a written response be provided to this office within ten days of receipt of this report regarding any unsatisfactory results listed above.

Inspector: Amber M Otto Date: April 7, 2006

Amber Otto, (904) 807-3321 or e-mail address: Amber.Otto@DEP.STATE.FL.US

Department of Environmental Protection

Jeb Bush
Governor

Northeast District
7825 Baymeadows Way, Suite B200
Jacksonville, Florida 32256-7590

David B. Struhs
Secretary

March 4, 2004

Mr. Craig Anderson
Florida Water Services
Post Office Box 609520
Orlando, Florida 32860

Dear Mr. Anderson:

Putnam County – Potable Water
Palm Port Subdivision WTP
PWS ID: 2540865

On March 3, 2004 a Sanitary Survey inspection of the referenced community water system was conducted with the courteous assistance of Mr. Paul Thompson and Mr. Donald Holcomb of Florida Water Services. The purpose of this letter is to inform you, as a supplier of water, of deficiencies with the Florida Safe Drinking Water Act, Sections 403, Florida Statutes (FS), and the rules promulgated there under, Florida Administrative Code (FAC) Title 62, which were observed as a result of the inspection. It is also intended to assist you in achieving comprehensive compliance with state and federal drinking water regulations by recommending corrective actions.

1. Rule 62-555.350, F.A.C. requires all suppliers of water to maintain the plant in good operating and physical condition. Please repair the following deficiencies noted under this rule:
   a. At the time of this inspection, it was noted that there was rust and visible signs of corrosion on the high service pump. Please perform maintenance on the pump by sand blasting and painting in order to prevent further deterioration and a possibility of contamination.

The Department is requesting a written response from you, regarding the inspection noted above, within 15 days from receipt of this letter. The response should include a realistic proposal for corrective actions that timely addresses all of the referenced deficiencies. A follow- up inspection will be performed soon after the allowed response time (30 days from receipt of this letter) to observe that corrective actions have been taken towards all priority items.

A copy of the sanitary survey report is enclosed for your records. If I may be of further assistance to you, please contact me at Annalise.Stahlman@dep.state.fl.us or (904) 807-3335. Thank you for your cooperation with Florida's Safe Drinking Water Act.

Sincerely:

Annalise M. Stahlman

Annalise M. Stahlman
Environmental Specialist

BAH cc
Correspondence File
EDC:BRR:AMS:ams

Enclosure: Sanitary Survey Dated 3/3/04

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name PALM PORT SUBDIVISION WTP County Putnam PWS ID # 2540865
Plant Location East River Road, East Palatka, Florida 32131 Phone 38 -329-1122
Owner Name Florida Water Services (Attn: Mr. Craig Anderson) Phone 40 -880-0058
Owner Address Post Office Box 609520, Orlando, Florida 32860
Contact Person Mr. Paul Thompson Title Lead Operator, FWS Phone 38 -329-1122
This Survey Date 3/3/04 Last Survey Date 6/19/01 Last C.I. Date /1/02

PWS TYPE & CLASS: Community - (4D)

SERVICE AREA CHARACTERISTICS
Residential Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 102
Population Served 357 Basis estimate
Plant Design Capacity 37,100 gpd
Basis aerator capacity
Average Day (from MORs) 13,590 gpd
Max. Day (from MORs) 17,300 gpd
Total Storage Capacity 18,000 gallons
Comments Based on January 2004 MOR data

LOCATION
Latitude 29° 40' 59.69" North
Longitude 81° 37' 23.18" West
GPS: Yes Date: 7/23/97
Directions US 17 South, north on Putnam Cty. Blvd west at East River Rd., Plant is on the Left

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mr. Paul Thompson, A-7251
Mr. Donald Holcomb, A-5091
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
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
Complete operations, maintenance & equipment logs on site along with sampling plans and data.

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE
☐ Yes ☐ None ☒ Not Require
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
Hypo-chlorination and Aeration

What additional treatment is needed?
None
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Mete
Meter Size & Type 4" McCrometer Turbine Mtr.
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None noted
Written Cross-connection Control Program Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Satisfactory

PWS ID # 2540865
Survey Date 6/3/04

GROUND WATER SOURCE

Well Number (PWS Identification)		2540865			
Well Name (System Identification)		1			
Year Drilled		Unknown			
Depth Drilled		265'			
Latitutude		29:40:59.697			
Longitude		81:37:23.189			
GPS (Y or N) / Date (if applicable)		Yes, 7/23/97			
Florida Well ID		AAC1900			
Static Water Level		Artesian			
Actual Yield (if different than rated capacity)					
Strainer		Unknown			
Length (outside casing)		Unknown			
Diameter (outside casing)		6"			
Material (outside casing)		Steel			
Well Contamination History		None			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		OK			
SET BACKS	Septic Tank				
	Reuse Water				
	WW Plumbing				
	Other Sanitary Hazard				
PUMP	Type	Centrifugal			
	Manufacturer Name	Goulds			
	Model Number	GT30			
	Rated Capacity (gpm)	80			
	Motor Horsepower	3			
Well casing 12" above grade?		OK			
Well Casing Sanitary Seal		OK			
Raw Water Sampling Tap		OK- smooth			
Above Ground Check Valve		Solenoid Valve			
Fence/Housing		OK			
Well Vent Protection		Not Required			

COMMENTS

PWS ID # 2540865
Survey Date 6/3/04

CHLORINATION (Disinfection)
Type: Hypo-Chlorination
Make 2 Stenner Pumps Capacity 44 gpd
Chlorine Feed Rate 40%, 30%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.5 Remote 1.5
Remote tap location outside tap
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Pre and post Aeration / GST
Booster Pump Info N/A
Comments capacity is for both pumps
Satisfactory

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms: Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Capacity 48 gpm
Aerator Condition Good
Bloodworm Presence None
Visible Algae Growth None, clean aerator
Protective Screen Condition Good, secure
Comments Aerator appears to be clean, secure and in good operating condition.

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

Tank Type/Number	G/3	H	
Capacity (gal)	15000 *	5000	
Material	conc.	steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	No	Yes	
Fittings for Sight Glass	N/A	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	ARV	
On/Off Pressure		40/50	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments *3 GST's, 5,000 gal each
Storage Tanks appear to be in good condition

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	cent.	cent.	
Make	Goulds	Goulds	
Model	*	*	
Capacity (gpm)	est. 140	est. 140	
Motor HP	7.5	7.5	
Date Installed	unknown	unknown	
Maintenance	rusty	OK	

Comments * Model # 5BP17535-1
There was rust and signs of corrosion on pump 1. Please sand and paint pump to prevent further corrosion.

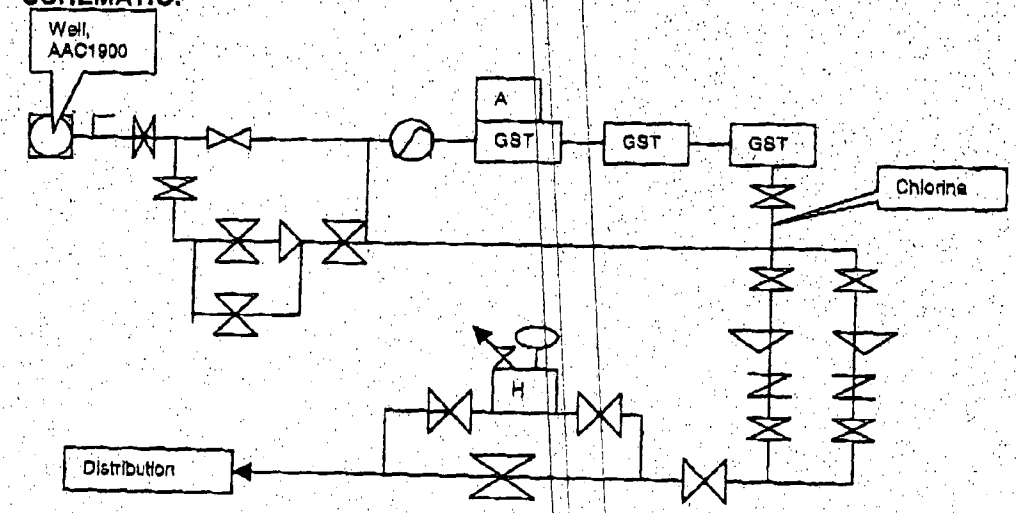
PWS ID # 2540865
Survey Date 3/3/04

COMPLIANCE MONITORING
COMMUNITY PUBLIC WATER SYSTEMS
serving < 3300 persons

CONTAMINANT	Last Sampled	Due Date	COMMENTS
Microbiological (Bacti)	xxxxxxx	Monthly	2 distribution samples + 1 from each raw source (based upon population served)
Volatile Organic Contaminants	2003	2006	Samples due every 3 years
Synthetic Organic Contaminants	2003	2006	Samples due every 3 years
Nitrate & Nitrite (as N)	2003	2004	Nitrate / Nitrite due annually
Inorganic Contaminants	2003	2006	Samples due every 3 years
Asbestos	Waiver	Waiver exp. 12/31/2010	Samples taken from distribution. Waiver available if no asbestos pipe in the distribution system.
Secondary Standards	2003	2006	Secondary Standards due every 3 years
Radionuclides	2003	2006	Radionuclides due every 3 years
Disinfection Byproducts [i.e. Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s)];	N/A	2004	Per sampling plan
Lead and Copper	2001	2004	Sample locations are from pre-approved sample plan

Unless otherwise noted, all samples shall be taken at each entry point to the distribution system, and representative of each source after treatment.

SCHEMATIC:



PWS ID # 540865
Survey Date 3/3/04

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None

DEFICIENCIES:

1. There was rust and some signs of corrosion on high service pump #1. Please perform preventative maintenance on the pump by sand blasting and painting.

Inspector Annaliee M. Stahlman — Title Environmental Specialist II — Date 3/4/04
Annaliee M. Stahlman

Approved by B. Rodriguez — Title Engineer IV — Date 3/4/04
Blanca R. Rodriguez

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name PALM MOBILE HOME ESTATES County Lake PWS ID # 3350981
Plant Location 24702 Plumosa Drive, Leesburg Phone 352/787-0980
Owner Name Florida Water Services, Attn: Craig Anderson Phone 407/880-0058
Owner Address P.O. Box 609520, Orlando, FL 32860
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/29/04 Last Survey Date 10/4/01 Last C.I. Date 6/6/00

PWS TYPE & CLASS
☒ Community (3C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
HRS #2380, 4/7/61, WC35-4940, 6/5/61
WC35-210288, 4/8/92
☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Residential (MHP)

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
B. Heath C-5824, W. Fontaine C-6813, J. Worrell
C-6597, G. Kissick C-7846
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
Days/wk: *Required* 6 *Actual* 6
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 61
Population Served 153 Basis per MOR
Average Day (from MORs) 12,052 gpd
Max. Day (from MORs) .0586 MGD 12/03
Max-day Design Capacity 93,600 gpd
Comments

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ 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
Chlorination
Iron filter
What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 4" Water Specialities
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

Received
MAY 12 2004
Environmental Services

PWS ID # 3350981
Date 5/6/04

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1961			
Depth Drilled		340'			
Drilling Method		UNK			
Type of Grout		UNK			
Static Water Level		UNK			
Pumping Water Level		UNK			
Design Well Yield		UNK			
Test Yield		UNK			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		UNK			
Diameter (outside casing)		8"			
Material (outside casing)		Black iron			
Well Contamination History		None noted			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	UNK			
	Reuse Water	--			
	WW Plumbing	UNK			
	Other Sanitary Hazard	None noted			
PUMP	Type	Submersible			
	Manufacturer Name	Franklin Elec.*			
	Model Number	UNK			
	Rated Capacity (gpm)	130			
	Motor Horsepower	15			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		Yes			

COMMENTS *Installed 5/17/99
Provide additional information for "Unk", if available.

PWS ID # 3350981
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity *60 gpd
Chlorine Feed Rate 50% & 55% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.1 Remote .4
Remote tap location
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 and by-pass.
Booster Pump Info
Comments *2 - 30 gpd chlorinators.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	☐	☐	
Auto-switchover	☐	☐	
Alarms:			
Loss of Cl_2 capability	☐	☐	
Loss of Cl_2 residual	☐	☐	
Cl_2 leak detection	☐	☐	
Scale	☐	☐	
Chained Cylinders	☐	☐	
Reserve Supply	☐	☐	
Adequate Air-pak	☐	☐	
Sign of Leaks	☐	☐	
Fresh Ammonia	☐	☐	
Ventilation	☐	☐	
Room Lighting	☐	☐	
Warning Signs	☐	☐	
Repair Kits	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

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

Tank Type/Number	H/1		
Capacity (gal)	1500		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments Has three iron filters, 42" diameter

HIGH SERVICE PUMPS

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

Comments

PWS ID # 3350981
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Overall, the plant looked good at the time of inspection. Keep up the good work.

Inspector K Mc Title Env. Specialist I Date 5/6/04

Approved by Roberto C. Cruz Title Env. Manager Date 5/7/04