Docket No. 060368-WS

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

Florida

VOLUME 6

Book 5A

Containing
Additional Engineering Requirements

Sanitary Survey Water

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

Aqua Utilities Florida, Inc.

Aqua Utilities Florida, Inc.
Sanitary Survey Reports
Water Systems

Book 5

Docket No. 060368-WS

Application to Increase Rates and Charges

For a "Class A" Utility
In

Florida

Missing Report: Sanitary Survey Report

For: Palm Terrace

Aqua Utilities Florida, Inc.

Docket No. 060368-WS

Application to Increase Rates and Charges

For a "Class A" Utility
In

Florida

Missing Report: Sanitary Survey Report

For: Palms MHP

Aqua Utilities Florida, Inc.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name PICCIOLA ISLAND SUBDIVISION County Lake PWS ID # 3351009
Plant Location 05133 Albert Road, Fruitland Park 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 #3049, 12/15/58, WC35-192656 iss 3/7/91
WC35-214487, 6/29/92
☐ 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 137
Population Served 480 Basis per MOR
Average Day (from MORs) 33,642 gpd
Max. Day (from MORs) .0668 MGD 4/03
Max-day Design Capacity .198 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) 45
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

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

Received

MAY 12 2004

Environmental Services

PWS ID # 3351009
Date 5/6/04

GROUND WATER SOURCE

Well Number		1	2		
Year Drilled		1950	1959		
Depth Drilled		175'	164'		
Drilling Method		UNK	UNK		
Type of Grout		UNK	UNK		
Static Water Level		UNK	UNK		
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	UNK		
Length (outside casing)		UNK	UNK		
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	200'	130'*		
	Reuse Water	--	--		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Vert. Turbine	Submersible		
	Manufacturer Name	Sta-rite	Goulds		
	Model Number	UNK	225H10-3		
	Rated Capacity (gpm)	100	175		
	Motor Horsepower	7.5	10		
Well casing 12" above grade?		Yes	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.
*Set back distance accepted.

PWS ID # 3351009
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity 15 gpd
Chlorine Feed Rate 50% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.1 Remote .8
Remote tap location 33436 Picciola Drive
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & 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		
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 # 3351009
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

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

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

Approved by Roberto C. Quiroz Title Env. Manager Date 5/6/04

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT
PLANT #1

Plant Name PINEY WOODS S/D County Lake PWS ID # 3351021-01
Plant Location 2013 Spring Lake Road, Fruitland Park 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 (4C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS
☒ Approved system with approval number & date
HRS #4695, 1/31/61, As-builts 11/6/73,
HRS #B-4695-B, 5/23/75, WC35-275708, 9/7/95
WC35-0080519, 1/15/99
☐ 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, M. Ponticelli C-8450
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 171*
Population Served 596* Basis per MOR
Average Day (from MORs) 46,776 gpd
Max. Day (from MORs) .086 MGD 5/03
Max-day Design Capacity .216 MGD
Comments *Combined total for both plants.
Combined Max-day Design Capacity for both plants is .316 MGD.

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☒ Emergency Water Source Spring Lake
Emergency Water Capacity .1008 MGD

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source Katolight generator (propane)
Capacity of Standby (kW) 45
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 1/2 max-day demand? ☒Yes ☐No ☐Unk
Comments Interconnected with Spring Lake WTP.

TREATMENT PROCESSES IN USE
Chlorination
Aeration
What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 6" 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 Spring Lake WTP.

PWS ID # 3351021-01
Date 5/6/04

GROUND WATER SOURCE

Well Number		1			
Year Drilled		UNK			
Depth Drilled		480"			
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)		180'			
Diameter (outside casing)		6"			
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'			
	Other Sanitary Hazard	None observed			
PUMP	Type	Vert. Turbine			
	Manufacturer Name	Worthington			
	Model Number	UNK			
	Rated Capacity (gpm)	300			
	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 Provide additional information for "UNK", if available.

PWS ID # 3351021-01
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity * gpd
Chlorine Feed Rate 50% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.3 Remote 1.0
Remote tap location Toby & Hickory hosebibb
DPD Test Kit: ☒ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to Aerator.
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 Natural Draft Capacity 650 gpm
Aerator Condition Good
Bloodworm Presence None
Visible Algae Growth None
Protective Screen Condition Good
Comments

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

Tank Type/Number	G/1	H/2	
Capacity (gal)	50,000	5,000	
Material	Steel	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	N/A	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure		40/60	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments

HIGH SERVICE PUMPS

Pump Number	1		
Type	Centrif.		
Make	*		
Model	UNK		
Capacity (gpm)	300		
Motor HP	20		
Date Installed	UNK		
Maintenance	UNK		

Comments *Worthington

PWS ID # 3351021-01
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

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

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

Approved by Roberto C. Ortiz Title Env. Manager Date 5/07/04

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

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

Dear Mr. Anderson:

Putnam County – Potable Water
Pomona Park WTP
PWS ID: 2540905

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 by e-mail at Annalise.Stahlman@dep.state.fl.us or by telephone at (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
Correspondence File

Enclosure: Sanitary Survey Dated 3/3/04

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name POMONA PARK WTP County Putnam PWS ID # 2540905
Plant Location Church Street, Pomona Park, Florida 32181 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 6/18/01 Last C.I. Date 8/1/02

PWS TYPE & CLASS: Community - (4C)

SERVICE AREA CHARACTERISTICS
Municipality

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 191
Population Served 475 Basis approximation
Plant Design Capacity 170,000 gpd
Basis well capacity
Average Day (from MORs) 39,068 gpd
Max. Day (from MORs) 72,000 gpd
Total Storage Capacity 3,000 gallons
Comments based on January 2004 MOR data

LOCATION
Latitude 29° 29' 44.68" North
Longitude 81° 35' 45.27" West
GPS: Yes Date: 7/17/97
Directions US 17 south, right on Main St., left at Church Street, Plant is on the left

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 operations, equipment, & maintenance logs and sampling plans on site.

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 (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 Satisfactory

TREATMENT PROCESSES IN USE
Hypo-chlorination

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 Meter
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 # 2540905
Survey Date 3-Mar-04

GROUND WATER SOURCE

Well Number (PWS Identification)		2540905	2540905		
Well Name (System Identification)		1	2		
Year Drilled		1952	1962		
Depth Drilled		180'	180'		
Latitutude		29:29:44.68 N	29:29:44.54 N		
Longitude		81:35:45.27 W	81"35"45.26 W		
GPS (Y or N) / Date (if applicable)		Yes, 7/16/97	Yes, 7/16/97		
Florida Well ID		AAC1868	AAC1867		
Static Water Level		28'	28'		
Actual Yield (If different than rated capacity)					
Stralner		Unknown	Unknown		
Length (outside casing)		126'	126'		
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	Appx. 150'	Appx. 150'		
	Reuse Water				
	WW Plumbing				
	Other Sanitary Hazard				
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Unknown	Sta-Rite		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)				
	Motor Horsepower	5	5		
Well casing 12" above grade?		Yes	Yes		
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		OK –screened	OK - screened		

COMMENTS The wells appear to be in good operating condition.

PWS ID # 2540905
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 2.8 Remote 2.8
Remote tap location
DPD Test Klt: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points upstream of hydro tank
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 Klts	☐	☐	
Fitted Wrench	☐	☐	
Housing/Protection	☐	☐	

AERATION (Gases, Fe, & Mn Removal)
Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments Not Required

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

Tank Type/Number	H		
Capacity (gal)	5000		
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	60/70		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Tank appers to be in good condition.

HIGH SERVICE PUMPS

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

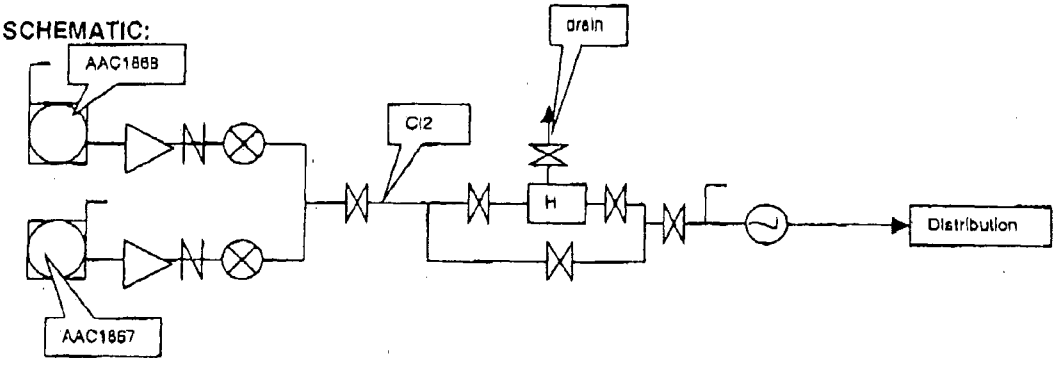
Comments

PWS ID # 2540905
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	2005	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 # 2540905
Survey Date 3-Mar-04

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None

DEFICIENCIES:

This facility was well maintained and appeared to be in good operating condition. This system is in compliance with the Florida Safe Drinking Water Act.

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

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

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name QUAIL RIDGE ESTATES County Lake PWS ID # 3354867
Plant Location 33713 Quail Ridge Circle, 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
- [x] Community (5C)
- [ ] Non-transient Non-community
- [ ] Non-Community

PWS STATUS
- [x] Approved system with approval number & date WC35-178565, 6/5/90, cleared 12/5/90
- [ ] Unapproved system

SERVICE AREA CHARACTERISTICS
Residential - MHP

Food Service: [ ] Yes [ ] No [x] N/A

OPERATION & MAINTENANCE
Certified Operator: [x] 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: [x] Yes [ ] No [ ] Not required
Operator Visitation Frequency
Hrs/day: *Required* _____ *Actual* _____
Days/wk: *Required* 3 *Actual* 6
Non-consecutive Days? [ ] Yes [ ] No [x] N/A
MORs submitted regularly? [x] Yes [ ] No [ ] N/A
Data missing from MORs? [x] No [ ] Yes [ ] N/A

Number of Service Connections 64
Population Served 160 Basis per MOR
Average Day (from MORs) 13,618 gpd
Max. Day (from MORs) .028 MGD 7/03
Max-day Design Capacity .468 MGD
Comments

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE
- [x] GROUND; Number of Wells 1
- [ ] SURFACE/UDI; Source
- [ ] PURCHASED from PWS ID #
- [ ] Emergency Water Source
  Emergency Water Capacity

AUXILIARY POWER SOURCE
[ ] Yes [ ] None [x] 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 8" Water Specialities 1000 gpm
Backflow Prevention Devices: [x] Yes [ ] No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: [x] Yes [ ] No [ ] N/A
Comments

Received
MAY 12 2004
Environmental Services

PWS ID # 3354867
Date 5/6/04

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1989			
Depth Drilled		340'			
Drilling Method		Rotary Combo			
Type of Grout		Neat Cement			
Static Water Level		62'			
Pumping Water Level		UNK			
Design Well Yield		UNK			
Test Yield		UNK			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		131'			
Diameter (outside casing)		10"			
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	>200'			
	Reuse Water	--			
	WW Plumbing	--			
	Other Sanitary Hazard	None observed			
PUMP	Type	Vert. Turbine			
	Manufacturer Name	Goulds			
	Model Number	10RJHO-6			
	Rated Capacity (gpm)	650			
	Motor Horsepower	60			
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 # 3354867
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity 60* gpd
Chlorine Feed Rate @ 70% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.0 Remote 0.9
Remote tap location Fire hydrant **
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 hypochlorinators.
**Corner of Bob white blvd. and Quail ridge.

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)	6,500		
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	40/62		
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 # 3354867
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies at the time of inspection. The plant looked good!!
Keep up the good work!!

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

Approved by Roberto C. 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 RAVENSWOOD PARK County Lake PWS ID # 3351062
Plant Location US Hwy 27, Leesburg, FL 34748 Phone 352/369-4881
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 352/369-4881
This Survey Date 10/26/04 Last Survey Date 8/1/00 Last C.I. Date 10/30/02

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

PWS STATUS
☒ Approved system with approval number & date
HRS, 8653, 8/18/66
☐ 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
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 41
Population Served 82 Basis MOR
Average Day (from MORs) 10,234 gpd
Max. Day (from MORs) 25,000 gpd 5/04
Max-day Design Capacity 56,160 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 MPSG20 (propane)
Capacity of Standby (kW) 20
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 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 Required to have a Coliform Sampling Plan.

PWS ID # 3351062
Date 1/10/05

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1966			
Depth Drilled		104'			
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)		83'6"			
Diameter (outside casing)		6"			
Material (outside casing)		Blk. Iron			
Well Contamination History		UNK			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	--			
	Reuse Water	--			
	WW Plumbing	>100'			
	Other Sanitary Hazard	None Observed			
PUMP	Type	Submersible			
	Manufacturer Name	UNK			
	Model Number	UNK			
	Rated Capacity (gpm)	UNK			
	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 Provide additional information for "UNK", if available.

PWS ID # 3351062
Date 1/10/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 2.5%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.1 Remote 1.03
Remote tap location 3840 Palm Drive
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	35/50		
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 # 3351062
Date 1/10/05

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No Deficiencies!!

Inspector _____ 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

David B. Struhs
Secretary

March 11, 2004

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

Dear Mr. Anderson:

Putnam County – Potable Water
River Grove Subdivision WTP
PWS ID: 2540959

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 via my Internet e-mail address at Annalise.Stahlman@dep.state.fl.us or by telephone at (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
Correspondence File

Enclosure: Sanitary Survey Dated 3/3/04

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name RIVER GROVE SUBDIVISION WTP County Putnam PWS ID # 2540959
Plant Location River Drive, East Palatka, Florida 32131 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 119
Population Served 371 Basis estimate
Plant Design Capacity 90,000 gpd
Basis well design capacity
Average Day (from MORs) 17,309 gpd
Max. Day (from MORs) 26,747 gpd
Total Storage Capacity 16,800 gallons
Comments Data based on January 2004 MOR.

LOCATION
Latitude 29° 38' 54.23" North
Longitude 81° 36' 27.22" West
GPS: Yes Date: 7/23/97
Directions Hwy. 17 south, North onto Masters Rd., east onto Ferry Rd., north onto River Terrace, right at River Drive, plant is on the right side.

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 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
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 3" Neptune Meter
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections none seen
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Satisfactory

PWS ID # 2540959
Survey Date 3/3/04

GROUND WATER SOURCE

Well Number (PWS Identification)		2540959			
Well Name (System Identification)		1			
Year Drilled		1962			
Depth Drilled		200'			
Latitutude		29:38:54.247 N			
Longitude		81:36:27.217 W			
GPS (Y or N) / Date (if applicable)		Yes, 7/23/97			
Florida Well ID		AAC1899			
Static Water Level		Unknown			
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			
8' 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	4BF15035			
	Rated Capacity (gpm)	125			
	Motor Horsepower	5			
Well casing 12" above grade?		OK			
Well Casing Sanitary Seal		OK			
Raw Water Sampling Tap		OK – smooth			
Above Ground Check Valve		OK			
Fence/Housing		Secure			
Well Vent Protection		Not Required			

COMMENTS The well appears to be in good operating condition.

PWS ID # 2540959
Survey Date 3/3/04

CHLORINATION (Disinfection)
Type: Hypo-Chlorination
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 40%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.1 Remote 2.1
Remote tap location
DPD Test Kit: ☒ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Upstream of Aerator
Booster Pump Info Myers, QP20, HP=2
Comments Satisfactory chlorination

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 215 gpm
Aerator Condition Clean, well maintained
Bloodworm Presence None
Visible Algae Growth None
Protective Screen Condition Clean, Secure
Comments Aerator appears to be clean and well maintained.

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

Tank Type/Number	H	G	
Capacity (gal)	3000	15000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	N/A	
Sight Glass or Level Indicator	No	No	
Fittings for Sight Glass	N/A	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 Storage tanks appear to be in good condition.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Cent.	Cent.	
Make	Goulds	Goulds	
Model	unk.	unk.	
Capacity (gpm)	170	170	
Motor HP	10	10	
Date Installed	unk.	unk.	
Maintenance	Good	Good	

Comments HSP's appear to be in good operating condition.

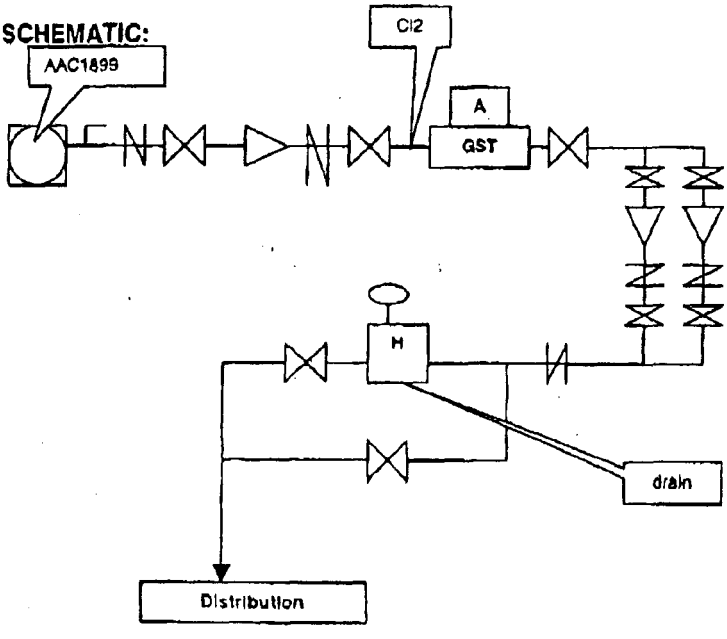
PWS ID # 2540959
Survey Date 3/3/04

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	2003	2012	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	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 # 2540959
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 3/11/04

Approved by Blanca R. Rodriguez Title Engineer IV Date 3/11/04

AQUA
Utilities Florida.

Aqua Utilities Florida, Inc.
1343 NE 17th Road
Ocala, FL 34470

www.aquafl.com

Via UPS Ground

November 9, 2004

Mr. Patrick W. Lewis
Environmental Specialist I
Polk County Health Department
2090 E. Clower Street
Bartow, FL 33830-6741

Re: Rosalie Oaks
PWS ID No. 3531546

Mr. Patrick Lewis;

The purpose of this correspondence is to provide a written response as requested in regards to the sanitary survey that was conducted at the above referenced facility on September 22, 2004

Aqua Utilities Florida has place a generator on-site at the above reference water facility. Auxiliary power is not required for this facility at this time; however we feel it is essential to have a generator, thus our customers will be able to obtain water if power failure occurs. The generator is an Elliott, MNPSG (serial # 01-03272) and has a capacity of standby at 20 kW. It will be an automatic switchover when the generator is connected and will operate the well pumps and treatment equipment to satisfy ½ maximum day demand.

We trust this response is sufficient to address your concerns. However, should you need additional information please do not hesitate to contact me at (352)732-6027.

Sincerely,

Nicole A. Zinn
Administrative Assistant

FLORIDA DEPARTMENT OF HEALTH

Jeb Bush
Governor

John O. Agwunobi, MD, MBA
Secretary

September 28, 2004

RECEIVED
SEP 3 0 2004
Aqua Utilities
Florida Inc.

COMMUNITY/ROSALIE OAKS
PWS: Id. No. 3531546

ROSALIE OAKS
6960 PROFESSIONAL PARKWAY E. STE. #400
SARASOTA, FL 34240

Elliott
MNPSG 20

Dear Public Water System Owner:

A sanitary survey of your system conducted on September 22, 2004 indicates the following deficiencies in reference to the public drinking water requirements listed in *Chapter 62 Florida Administrative Code.*

> There is a generator (unconnected) on-site. Please ensure that prior to permanent installation that it is in compliance with Chapter 62-555.320(14) and that adequate documentation including water system proposed modifications including equipment specification is submitted to our office for the Department to determine any applicable approval or clearance.

Please take the necessary steps to correct this deficiency within thirty (30) days of the date of this notice and **notify the Department in writing.**

If you have any questions, please contact this office at (863) 519-8330 ext. 1148.

Thank you for your cooperation in resolving this matter.

Sincerely,

Patrick W. Lewis
Environmental Specialist I

PWL:mag
xc: Aqua Source

Daniel O. Haight, MD
Director

POLK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, FL 33830-6741
Phone (863) 519-8330 / SC 515-7365 / Fax (863) 534-0245

Lynne M. Saddler, MD, MPH
Assistant Director

printed on recycled paper

AQUA
Utilities Florida.

1343 NE 17th Road
Ocala, FL 34470
(352)732-6027
(352)732-3213 fax

FACSIMILE TRANSMITTAL SHEET

TO: Carolyn
FROM: Nicole
FAX NUMBER: 941-907-0965
DATE: 1-11-2005
COMPANY:
TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:
RE: Rosalie Oaks

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

This is the only thing I can find.

Docket No. 060368-WS

Application to Increase Rates and Charges

For a "Class A" Utility
In

Florida

Missing Report: Sanitary Survey Report

For: Sebring Lakes

Aqua Utilities Florida, Inc.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SILVER LAKE ESTATES County Lake PWS ID # 3351182
Plant Location 10438 Barrington Court, 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 (5C)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date
  HRS #13594, 11/24/71
  WC35-266211, 4/4/95, cleared 3/6/96
- ☐ 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 1120
Population Served 3928 Basis per MOR
Average Day (from MORs) .810 MGD
Max. Day (from MORs) 1.832 MGD 12/03
Max-day Design Capacity 2.202 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 Western Shores
  Emergency Water Capacity .432 MGD

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source Catepillar generator
Capacity of Standby (kW) 250
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 All
- ☒ Treatment Equipment All

Satisfy 1/2 max-day demand? ☒Yes ☐No ☐Unk
Comments Interconnected with Western Shores PWS ID no. 3351484

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 *
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments *10" McCrometer on each well and 10" flowmeter on discharge line to distribution. with a totalizer.

PWS ID # 3351182
Date 5/6/04

GROUND WATER SOURCE

Well Number		1	2		
Year Drilled		1971	1980		
Depth Drilled		366'	327'		
Drilling Method		UNK	Cable Tool		
Type of Grout		UNK	UNK		
Static Water Level		UNK	41'		
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	UNK		
Length (outside casing)		200'	132'		
Diameter (outside casing)		10"	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	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Vert. Turbine	Vert. Turbine		
	Manufacturer Name	Goulds	Goulds		
	Model Number	58895-7	58895-7		
	Rated Capacity (gpm)	1425	1425		
	Motor Horsepower	50	50		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Yes	Yes		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes*	Yes		
Fence/Housing		Yes	Yes		
Well Vent Protection		Yes	Yes		

COMMENTS Provide additional information for "UNK", if available.
*Check and repair/ replace leaking valve stem.

PWS ID # 3351182
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☒ Gas ☐ Hypo
Make Regal Capacity * ppd
Chlorine Feed Rate 37 ppd
Avg. Amount of Cl_2 gas used 20 ppd
Chlorine Residuals: Plant 1.7 Remote 1.3
Remote tap location Cnr Brigdoon & Famich Ct
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to ground storage
Booster Pump Info 1 HP Goulds model no. HB2510
Comments *100 ppd chlorinator for each well.

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	G/1	G/2	
Capacity (gal)	25,000	25,000	
Material	(1)	(1)	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	N/A	N/A	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	N/A	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	N/A	
On/Off Pressure	(2)	(2)	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments 1) Concrete. 2) On/ off - 8'/ 10'.

HIGH SERVICE PUMPS

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

Comments See page 3a

PWS ID # 3351182
Date 10/29/01

HIGH SERVICE PUMPS

Pump Number	MP-1	MP-2*	MP-3	MP-4*	
Type	Centrif.	Centrif.	Centrif.	Centrif	
Make	Paco	Paco	Paco	Paco	
Model	Unk	Unk	Unk	Unk	
Capacity (gpm)	950	950	950	950	
Motor HP	50	50	50	50	
Date Installed	1996	1996	1996	1996	
Maintenance	--	--	--	--	

Comments
*Check and repair/ replace leaking valve stems.

JOCKEY PUMPS

Pump Number	JP-1	JP-2			
Type	Centrif.	Centrif.			
Make	Paco	Paco			
Model	Unk	Unk			
Capacity (gpm)	310	310			
Motor HP	15	15			
Date Installed	1996	1996			
Maintenance					

Comments
JP-1 and JP-2 are jockey pumps used during low flow conditions

PWS ID # 3351182
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

1. Check and repair/ replace leaking valve stem for HSP MP-2 and MP-4
2. Check and repair/ replace leaking valve stem for Well #1.

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 WESTERN SHORES S/D County Lake PWS ID # 3351464
Plant Location 34210 Carl Road, 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 (5C)
- ☐ Non-transient Non-community
- ☐ Non-Community

PWS STATUS
- ☒ Approved system with approval number & date
  HRS #10900, 7/2/69, WC35-2077, 8/23/83
  WC35-266209, 3/28/95, cleared 12/12/95
- ☐ 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 384
Population Served 960 Basis per MOR
Average Day (from MORs) 22,030 gpd
Max. Day (from MORs) .149 MGD 11/03
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 Silver Lake Estates
  Emergency Water Capacity 2.202 MGD

AUXILIARY POWER SOURCE
☒ Yes ☐ None ☐ Not Required
Source Interconnected w/ Silver Lake Estates
Capacity of Standby (kW) 250
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 Interconnected with Silver Lake Estates
PWS ID no. 3351182

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 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

Received
MAY 12 2004
Environmental Services

PWS ID # 3351464
Date 5/6/04

GROUND WATER SOURCE

Well Number		1(Abandoned)	2		
Year Drilled			1982		
Depth Drilled		223'	423'		
Drilling Method			Cable Tool		
Type of Grout			Neat Cement		
Static Water Level			11'		
Pumping Water Level			UNK		
Design Well Yield			UNK		
Test Yield			UNK		
Actual Yield (if different than rated capacity)			UNK		
Strainer			Open		
Length (outside casing)		80'	20'/175'		
Diameter (outside casing)		4"	14"/ 8"		
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		>200'		
	Reuse Water		--		
	WW Plumbing		>100'		
	Other Sanitary Hazard		None observed		
PUMP	Type		Vert. Turbine		
	Manufacturer Name		Goulds		
	Model Number		8DHH		
	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.
Well #1 properly abandoned 2/96.

PWS ID # 3351464
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☒ Gas ☐ Hypo
Make Regal Capacity 25 ppd
Chlorine Feed Rate 12ppd
Avg. Amount of Cl_2 gas used .5 ppd
Chlorine Residuals: Plant 1.1 Remote 1.5
Remote tap location near 640 N. Abbey
DPD Test Kit: ☒ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & by-pass
Booster Pump Info 1 HP Goulds mod 25GBC10
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)	15,000		
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	60/80		
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 # 3351464
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies at the time of inspection. The plant looked good!!
Keep up the good work!!

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

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

Department of
Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

July 18, 2006

SENT VIA EMAIL: CMMcClure@aquaamerica.com

Ms. Candice McClure
Silver Lake Oaks
P.O. Box 490310
Leesburg, FL 34749

Putnam County – Potable Water
Compliance Inspection 2006
Silver Lake Oaks// PWS ID: 2544258

Dear Ms. McClure:

On July 14,2006, a Compliance Inspection of the above referenced Community water system was conducted with the courteous assistance of Mr. Paul Thompson. 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.

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, Secondaries, Disinfection Byproducts (TTHMs and HAA5s), Bacteriologicals (monthly), and Disinfectant Residual Levels (monthly with Bacti's).

Enclosed is a copy of the Compliance Inspection. 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

BRR:AMO:ao

cc: Paul Thompson, Operator (via mail)

State of Florida
Department of Environmental Protection

PUBLIC WATER SYSTEM INSPECTION REPORT

System Name: **Silver Lake Oaks** Inspection Date: 7/14/2006
Location: Silver Lake Dr. at Lake Shore Dr. PWS ID: **2544258**
Owner: Candice McClure (CMMCCLURE@AQUAAMERICA.COM) Phone No.: (352)732-6027
Address P.O. Box 490310 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. Selections marked with an I are in need of improvement.
Referenced sections are from Title 62, Florida Administrative Code

OK	Aeration	555.350	Screens secure, Clean
OK	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)	Cl2 injection point was unclogged and fixed during inspection
	Plant 0.66 mg/l Remote 0.35 mg/l		Remote from WWTP
N/A	Chlorination, Gas	555.320(13)(a)	
OK	Chlorine Test Kit - DPD	555.330(3)	On-site and with operator
OK	Flow Meter	555.320(16)	Master Meter
OK	Logs, on-site	555.350(12)	Current, 5 visits per week
OK	Maintenance of Facilities	555.350	Very good
OK	Monitoring: Bacteriological	550.518	Due MONTHLY; Current
OK	Monitoring: Chemical	550.500-521	DUE in 2006: Inorganics, SOCs, VOCs, Secondaries & DBPs
N/A	Monitoring: Well Clearance	555.315(6)(b)	
OK	Monthly Operation Reports	550.730(1)(d)	Due MONTHLY; Current
OK	Operator, Certified	555.350(8)	Paul Thompson; A-7251
OK	Plant Design	555.330	
OK	Security of Water System	555.315(1) & .320(5)	Locked fence
OK	System Pressure	555.320(15)(a)2	40psi, gauge on hydrotank
OK	Well, Concrete Apron	532.500(3)(c)	
1	Wells, Number of	555.315(2)	AAC1924
OK	Well, Raw Sample Tap	555.320(8)(b)2	
OK	Well Set Backs	555.312	None seen

Comments:

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: Date: July 18, 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 5, 2004

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

Dear Mr. Anderson:

Putnam County – Potable Water
Silver Lake Oaks WTP
PWS ID: 2544258

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

Annalise M. Stahlman
Environmental Specialist

EDC:BRR:AMS:ams
Correspondence File

Enclosure: Sanitary Survey Dated 3/3/04

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name SILVER LAKE OAKS WTP County Putnam PWS ID # 2544258
Plant Location Silver Lake Drive @ Lake Shore Drive, Palatka, 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 - (5D)

SERVICE AREA CHARACTERISTICS
Mobile Home Park

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 35
Population Served 88 Basis estimate
Plant Design Capacity 57,600 gpd
Basis well pump capacity
Average Day (from MORs) 4,097 gpd
Max. Day (from MORs) 10,100 gpd
Total Storage Capacity 18,500 gallons
Comments data based on December 2003 MOR

LOCATION
Latitude 29° 37' 23" North
Longitude 81° 42' 53" West
GPS: No Date:
Directions US 17 south to Palatka, right on Hwy 19, right on Silver Lake Dr., plant is on left at Lake Shore Drive.

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 on site.

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
Hypo-chlorination, Aeration

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

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 Satisfactory

PWS ID # 2544258
Survey Date 3/3/04

GROUND WATER SOURCE

Well Number (PWS Identification)		2544258			
Well Name (System Identification)		1			
Year Drilled		2000			
Depth Drilled		260'			
Latitutude		29:37:23 N			
Longitude		81:42:53 W			
GPS (Y or N) / Date (if applicable)		No			
Florida Well ID		AAC1924			
Static Water Level		Unknown			
Actual Yield (if different than rated capacity)					
Strainer		Unknown			
Length (outside casing)		197'			
Diameter (outside casing)		4"			
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	Submersible			
	Manufacturer Name	Unknown			
	Model Number	Unknown			
	Rated Capacity (gpm)	75			
	Motor Horsepower	5			
Well casing 12" above grade?		OK			
Well Casing Sanitary Seal		OK			
Raw Water Sampling Tap		OK – smooth			
Above Ground Check Valve		OK			
Fence/Housing		Secure			
Well Vent Protection		Not required			

COMMENTS Well appears to be in good operating condition.

PWS ID # 2544258
Survey Date 3-Mar-04

CHLORINATION (Disinfection)
Type: Hypo-Chlorination
Make Stenner Capacity 10 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.1 Remote 2.1
Remote tap location
DPD Test Kit: ☒ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points upstream of aerator
Booster Pump Info N/A
Comments Satisfactory chlorination

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 40 gpm
Aerator Condition Clean
Bloodworm Presence No
Visible Algae Growth None
Protective Screen Condition Secure, clean
Comments Aerator is in good operating condition

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

Tank Type/Number	H	G	AG
Capacity (gal)	1,000	6,000	6,000
Material	Steel	Conc.	Conc.
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	Yes	N/A	N/A
Sight Glass or Level Indicator	No	No	Yes
Fittings for Sight Glass	N/A	N/A	N/A
Protected Openings	Yes	Yes	Yes
PRV/ARV	PRV	N/A	N/A
On/Off Pressure	45/55	N/A	N/A
Access Padlocked	Yes	Yes	Yes
Height to Bottom of Elevated Tank	N/A	N/A	N/A
Height to Max. Water Level	N/A	N/A	N/A

Comments Storage tanks appear to be clean and in good operating condition.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Cent.	Cent.	
Make	Peerless	Peerless	
Model	C610A	C610A	
Capacity (gpm)	20	20	
Motor HP	5	5	
Date Installed	unk	unk	
Maintenance	Good	Good	

Comments Pumps appear to be in good condition.

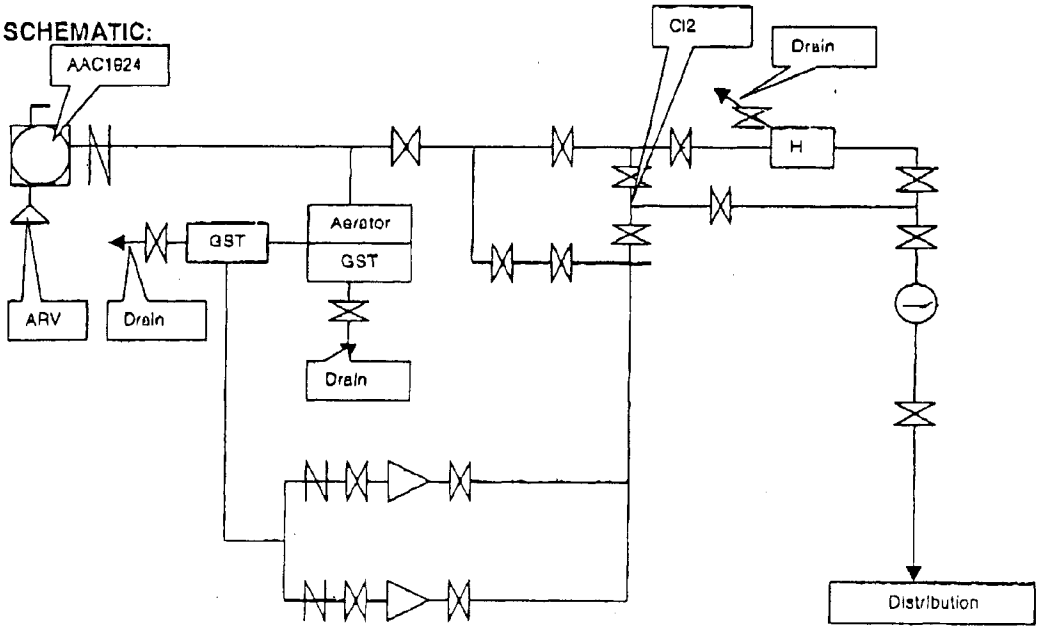
PWS ID # 2540258
Survey Date 3-Mar-04

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	2004	Annual VOC samples due in 2004
Synthetic Organic Contaminants	2003	2006	SOC's on triennial monitoring.
Nitrate & Nitrite (as N)	2003	2004	Nitrate & Nitrite Samples are due annually
Inorganic Contaminants	2003	2006	Inorganic Contaminants 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	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	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 # 2544258
Survey Date 3-Mar-04

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None

DEFICIENCIES:

The facility appears to be well maintained and in good operating condition.

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

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

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name SKYCREST S/D County Lake PWS ID # 3351205
Plant Location 36815 Skycrest Blvd., 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 10/3/01 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 #8419, 4/21/66, WC35-8419, 10/2/86
WC35-162398, 6/11/91, WC35-229460, 5/28/93
WC35-242126, 12/27/93
☐ Unapproved system

SERVICE AREA CHARACTERISTICS
Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
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 116
Population Served 291 Basis per MOR
Average Day (from MORs) 25.345 gpd
Max. Day (from MORs) .0515 MGD 6/03
Max-day Design Capacity .126 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 Olympian generator (propane)
Capacity of Standby (kW) 150
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

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 4" McCrometer,
Well #2 6" Precision

PWS ID # 3351205
Date 5/6/04

GROUND WATER SOURCE

Well Number		1	2 Fire		
Year Drilled		UNK	1993		
Depth Drilled		130'	290'		
Drilling Method		UNK	UNK		
Type of Grout		UNK	UNK		
Static Water Level		UNK	UNK		
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	UNK		
Length (outside casing)		60'	126'		
Diameter (outside casing)		6"	8"		
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	Vert. Turbine		
	Manufacturer Name	Goulds	Goulds		
	Model Number	UNK	6DHHO		
	Rated Capacity (gpm)	175	500		
	Motor Horsepower	10	40		
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		Yes	--		

COMMENTS Provide additional information for "UNK", if available.
Well #2 is for fire/ emergency. (It is not considered in the design capacity calculations.)

PWS ID # 3351205
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 34* gpd
Chlorine Feed Rate (1)
Avg. Amount of Cl_2 gas used , N/A
Chlorine Residuals: Plant 1.1 Remote 0.5
Remote tap location 36421 West Drive
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info
Comments *2 - 17gpd chlorinators
1) Well #1- 20, Well #2 - 70% 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)	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 # 3351205
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

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

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

Approved by Roberto C. Quiroz 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: St. John's Highlands

Aqua Utilities Florida, Inc.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name STONE MOUNTAIN County Lake PWS ID # 3351282
Plant Location 1730 Lakeview Drive, Yalaha, 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 32860-9520
Contact Person Will Fontaine Title Lead Operator Phone 352/787-0980
This Survey Date 4/29/04 Last Survey Date 6/6/00 Last C.I. Date 10/4/01

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

PWS STATUS
☒ Approved system with approval number & date
WC35-2005, 4/14/78
☐ 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, B. Heath C-5824
W. Fontaine C-6813
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 9
Population Served 32 Basis last MOR
Average Day (from MORs) 2,307 gpd
Max. Day (from MORs) .0106 gpd 7/03
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
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
Disinfection
What additional treatment is needed?
For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow Measuring Device Flow Meter
Meter Size & Type 2" Neptune 100 gpm
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 # 3351282
Date 5/6/04

GROUND WATER SOURCE

Well Number		1			
Year Drilled		1976			
Depth Drilled		270'			
Drilling Method		UNK			
Type of Grout		UNK			
Static Water Level		56'			
Pumping Water Level		UNK			
Design Well Yield		500 gpm			
Test Yield		UNK			
Actual Yield (if different than rated capacity)		UNK			
Strainer		UNK			
Length (outside casing)		106'4"			
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	165'			
	Reuse Water	N/A			
	WW Plumbing	>150'			
	Other Sanitary Hazard	*			
PUMP	Type	Submersible			
	Manufacturer Name	Sta-rite			
	Model Number	V1P4E02-01B			
	Rated Capacity (gpm)	100			
	Motor Horsepower	1			
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 *Nursery and orange grove near well head area.

PWS ID # 3351282
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-Tech Capacity 30 gpd
Chlorine Feed Rate 50% Stroke
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.2 Remote .8
Remote tap location Cnr Stone Mtn & Lakeview
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & 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		
Capacity (gal)	1,000		
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	35/53		
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 # 3351282
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 _____ 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 SUMMIT CHASE County Lake PWS ID # 3354112
Plant Location Tavares Ridge Road, Tavares, FL Phone 877/369-4880
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 4/17/03 Last C.I. Date 9/20/00

PWS TYPE & CLASS

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

PWS STATUS

☒ Approved system with approval number & date
WC35-2066, 11/82, WC35-2066A, 11/88
WC35-259244, 12/8/94
☐ 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/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 220
Population Served 162 Basis 10/04 MOR
Average Day (from MORs) .0817 MGD
Max. Day (from MORs) .096 MGD 5/04
Max-day Design Capacity .4896 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 Model no. 12TC2 (propane)
Capacity of Standby (kW) 23
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 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 # 3354112
Date 1/10/05

GROUND WATER SOURCE

Well Number		1(east)	2(west)	1 (Modified)	
Year Drilled		1982	1987	1994	
Depth Drilled		278'	278'	320'	
Drilling Method		Cable tool	Combination	Combination	
Type of Grout		Neat Cement	UNK	Cement	
Static Water Level		48'	UNK	50'	
Pumping Water Level		UNK	UNK	UNK	
Design Well Yield		UNK	UNK	UNK	
Test Yield		UNK	UNK	600 gpm	
Actual Yield (if different than rated capacity)		UNK	UNK	UNK	
Strainer		Open	UNK	UNK	
Length (outside casing)		159.5'	159'	155'	
Diameter (outside casing)		8"	6"	8"	
Material (outside casing)		Black steel	Black steel	Black steel	
Well Contamination History		None noted	None noted	None noted	
Is inundation of well possible?		No	No	No	
6' X 6' X 4" Concrete Pad		Yes	Yes	Yes	
SET BACKS	Septic Tank	--	--	--	
	Reuse Water	--	--	--	
	WW Plumbing	>100'	>100'	>100'	
	Other Sanitary Hazard	None noted	None noted	None noted	
PUMP	Type	Vert. Turbine	Submersible	Vert. Turbine	
	Manufacturer Name	Goulds	Franklin		
	Model Number	UNK	2366026010		
	Rated Capacity (gpm)	550	80	600	
	Motor Horsepower	40	10		
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 # 3354112
Date 1/10/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate Well 1 - 80 %, Well 2 - 30%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.01 Remote .97
Remote tap location 12539 Orangewood Ct.
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & By-pass
Booster Pump Info
Comments Has 175 gal. 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)	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 Tank replaced in 2004

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3354112
Date 1/10/05

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies!!

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

Approved by _____ Title Env. Manager Date 1/10/05

NC recieved on 1/17/05

Department of Environmental Protection

Panama City Branch Office
2353 Jenks Ave
Panama City, FL 32405-4389
(850) 872-4375

Jeb Bush
Governor

Colleen M. Castille
Secretary

January 5, 2006

Mr. Brian Heath,
Supervisor, Sunny Hills Utilities
Aqua Utilities Florida
P.O. Box 490310
Leesburg, FL 34749

Dear Mr. Heath,

A Sanitary Survey of the Sunny Hills Utilities public water system (PWS ID #1670647) was conducted on December 5th, 2005 by David Hines and Jerry Sheehan, Environmental Specialists of this office. The assistance kindly provided during the inspection by your operator, Ms. Jean Pitzer, was most helpful.

The purpose of this survey was to evaluate the capability of the water system to continually produce safe drinking water. Public water systems in this state are regulated by the Department under the Florida Safe Drinking Water Act as promulgated by Florida Administrative Code Chapters 62-550, 555 and 560. The Department determines compliance with these regulations.

Two deficiencies were identified during the survey, as described in the enclosed *Schedule of Deficiencies*. **We would appreciate a written response within 15 days of receipt of this letter advising us of the actions and time frames planned for correcting these deficiencies.** In addition, four other **recommendations** listed do not require a written response, but, of these, two do advise that studies be performed this year on your system's water loss and storage capacity. Please address your response to David Hines, Department of Environmental Protection, 2353 Jenks Avenue, Panama City, FL 32405.

If you have any questions, please contact Mr. Hines at (850) 872-4375 extension 106 or by e-mail at david.hines@dep.state.fl.us.

Sincerely,

Josie Penton
Environmental Manager

JP:dh

cc: Ms. Jean Pitzer – Sunny Hills Utilities
John Pope - DEP Pensacola
Tom Pratt - NWFWMD

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SANITARY SURVEY REPORT

COMMUNITY SYSTEMS

SYSTEM AND OWNER INFORMATION

System	Sunny Hills Utilities	County	Washington	PWS ID #	1670647
Address	3810 Gables Blvd.,	City	Sunny Hills, FL 32428		
Phone	850-773-2802	Fax	850-773-2626	E-mail	Jpitzer@aquaamerica.com
Owner	Aqua Utilities Florida (Brian Heath, Supervisor) (Candice, ext-4020)	Phone	352-787-0980 Fax 352-787-6333		
Address	P.O. Box 490310 Leesburg, FL 34749	E-mail	bheath@aquaamerica.com		

INSPECTION AND CONTACT INFORMATION

Date of this survey	December 5, 2005	Date of last survey	April 29, 2004
DEP Representative(s)	David Hines & Jerry Sheehan		
Person(s) Contacted	Jean Pitzer (Operator), Ken Ledbetter (Maintenance)		
Emergency Number	258-8155 (Ken Ledbetter, Maint. Tech.)	Cell	850-527-1529
Pager		Other	

CERTIFIED OPERATORS AND CERTIFICATION NUMBER
Jean Pitzer #C 7605

DIRECTIONS TO PLANT OR OFFICE (see maps on page 12)

From the Panama City Branch Office go left (north) on Jenks Ave. and turn right (east) on Baldwin Rd. At Hwy 77, turn left (north) and follow this route approximately 24 miles and turn right on Sunny Hills Blvd. About 1 mile in, turn left on Gables Blvd. Water system is ¼ mile in on the left.

SERVICE AREA

Service Area Characteristics: Sunny Hills is a residential community developed by Deltona Corporation. There are approximately 500 home sites built, with 3000 more platted.

Population Served	1747	Basis	Meter records
Service Connections	499	% Metered	100
Design Capacity (DC) (gallons)	1,872,000		
DC without best well	1,008,000		
Storage Capacity	87,500	Avg. Day	172,984
Max. Day (GPD)	1,211,000	% Design Capacity	65%
25% Max. Day	302,750	% Storage Capacity	346%

	NAME	PHONE NUMBER
Television	WMBB Ch 13 WJHG Ch 7	763-6000 233-1977
Radio FM	Styles Media	230-5855 (258-6381)
Radio FM	Styles Media	230-5855 (258-6381)
Newspaper	P.C. News Herald	747-5000

PERMANENT SOURCES OF RAW WATER:

☒ Ground* — How Many Wells: 3 (one offline)
☐ Surface** — Source: Floridan Aquifer
☐ Purchased*** — PWS No.: 1670647

STANDBY POWER REQUIREMENTS

Emergency Preparedness Plan On file: ☒ Yes ☐ No ☐ Not Required
Does plan include the following:
☒ Communication Chart ☐ Written Agreements ☒ Disaster Plan
☒ Standby Power Info ☐ Inventories ☐ Other
Avg. Day Percentage of Auxiliary Supply
Standby Equipment Operated at Least Monthly? ☒ Yes ☐ No
Any Interconnects ☐ Yes ☒ No
If yes, which systems:
Comments:

EMERGENCY MEDIA CONTACT NUMBERS

TREATMENT IN USE AT THIS PLANT: (CHECK ALL THAT APPLY)

Number of Plants: 3

☐ Aeration	☐ E.D.	☒ Iron Removal (Well #1)	☐ pH Adjustment	☒ Chlorination
☒ Filtration (Well #1)	☐ Lime Softening	☐ T&O Control	☐ Chlorination-Pre	☐ Filt. Hi-Rate
☐ Recarbonation	☒ Settling (Well #1)	☐ Chlorination-Post	☐ Fluoridation	☐ Reverse Osmosis
☐ Zeolite Softener	☐ Coagulation	☐ Orthophosphate	☐ Aqua Mag	☐ Other-Specify

Any additional treatment is needed?
For control of what deficiencies?

Number of Licensed Operators: 1 — Plant Cat/Class: 5C — Staffing compliant? ☒ Yes ☐ No — Actual visits per week: 6

[redacted]: WELL AND PUMP INFORMATION

	Well Number (or name)→	1 (out of service)	4	5	
	Street location of well (street name)	3810 Gables Blvd. (@ System Office)	Cash Circle	Elkcam Blvd.	
	Year Drilled	1971	1973	1977	
W	Depth Drilled (feet)	433'	436'	400'	
E	Drilling Method	Rotary	Rotary	Rotary	
L	Length, Outside Casing (feet)	433'	204'	199'	
L	Diameter, Outside Casing (inches)	18"	12"	6"	
	Material, Outside Casing	Steel	Steel	Steel	
D	Type of Strainer	None	None	None	
A	Depth to Top of Strainer	N/A	N/A	N/A	
T	Type of Grout	Cement	Cement	Cement	
A	Depth to Static Water Level (feet)	86'	198'	156'	
	Normal Suction Lift (working level-ft)	94'	205'	158'	
P	Pump Type	Turbine (now water lubed)	Turbine	Turbine	
U	Horse Power	30	60	20	
M	Normal Yield, GPM / Test Yield (GPM)	500	600	200	
P	Capacity(GPM)	510	517	200	
R	Protection From Surface Water	Yes	Yes	Yes	
O	Is Inundation of Well Possible?	No	No	No	
U	Well Ever Been Contaminated?	No	No	No	
T	Check Valve Present in Line?	Yes	Yes	Yes	
I	Proper Venting?	Yes	Yes	Yes	
N	Meter Accuracy and Year of Test	See comments**	3/15/05 (FRWA)	3/15/05 (FRWA)	
E	Date of Last Servicing?	2005	2000	2000	
A	Auxiliary Capability (if yes, list type)	Yes (LP gas generator)	Yes (Kohler Diesel)	Yes (LP gas generator)	
U	Manual or Automatic?	Manual	Automatic	Manual	
X	Capacity (GPM)	500	600	200	
G	Florida Unique ID# (GPS well tag)	AAA5155	AAA5156	AAA1095	
P	GPS latitude N (accuracy≈1m)	30:32:39.3230	30:32:09.0000	30:33:33.058	
S	GPS longitude W (accuracy≈1m)	85:35:51.7800	85:35:55.0000	85:31:46.963	

Comments: Well #1 offline since 4/4/05 for repairs. Recased to 433' in attempt to reduce iron problem there. Pump bearings just replaced; Plan to start 20 bacti-s on 1/3/06 to restart pump and reassess iron situation. **Meter accuracy test at Well #1 required larger gauge equipment than FRWA had on hand; test abandoned.

TREATMENT

• CHLORINATOR

PLANT NUMBER (OR NAME)→	1 (out of service)	2	3	comment
Type of chlorination (if hypo list strength)	Hypo (12.5%)	Hypo (12.5%)	Hypo (12.5%)	
Condition of Chlorination Equipment	Good	Good	Good	
Capacity (PPD, GPD)	30 gpd	30 gpd	30 gpd	
Chlorine Feed Rate (PPD, GPD)	N/A (usually 2 gpd)	1 gpd	0.17 gpd	
Adequate Housing and Security?	Yes	Yes	Yes - pumphouse door needs replacement (already ordered)	
Associated Well(s) (if any)	None	None	None	
Auxiliary Power Capability?	Yes	Yes	Yes	
O & M Log/Manual Onsite?	Yes	Yes	Yes	
Chlorine Residual (mg/L) / pH	Out of service	0.71 mg/L @ pH = 7.8	1.66 mg/L @ pH = 7.6	
Chlorine Alarms Functional?	N/A	N/A	N/A	
G Auto Switchover	N/A	N/A	N/A	
Dual System	N/A	N/A	N/A	
Evidence of Leaks	N/A	N/A	N/A	
A Air-Pack Respirator Adequate?	N/A	N/A	N/A	
Ammonia Smells Fresh	N/A	N/A	N/A	
Chained Cylinders	N/A	N/A	N/A	
S Fitted Wrench	N/A	N/A	N/A	
Proper Ventilation	N/A	N/A	N/A	
Scale Condition	N/A	N/A	N/A	

Spare Parts/Backups Operative? ☒Yes ☐No ☐ Spare Parts Not Retained More capacity needed? ☐Yes ☒No

Comments: Hypochlorite solution is pumped full-strength directly from shipping drums. No daytanks are used at any of this facility's treatment plants.

Sunny Hills Utilities – Sanitary Survey of December 5, 2005

PWS I.D. No. 1670647

AERATOR

Type of Aerator: N/A

Tray Area or Weir Length:

Condition of Screens:

Bloodworms: Condition of aerator:

Adequate for Fe, H2S control:

COAGULATION

Chemical used: N/A

Purpose:

Blanket visible: Flocculation good or poor:

Settling good? Carryover:

LIME SOFTENING

Quicklime or hydrated: N/A

Name of unit:

Size and type:

Any auxiliary chemicals used:

Points of application (in unit):

Nature and abundance of flux:

Appearance of sludge blanket:

Is settling good? Excessive carryover:

Any filter cementation:

Effluent stability:

Turbidity in clearwell: Secondary precipitation:

Recarbonation type:

Sludge recirculation Used:

FLUORIDATION

Chemical Used Is Dilution: N/A

Strength if Acid: Used(acid):

Corrosion Noted Feeder:

Gelling or Plugging:

Make and Model:

Split Sample Agreement:

Sufficient Analysis:

Feeder Condition:

Is pH control Practiced? N/A

Is a index computed? ☐Yes ☐No (if so, check below below)
☐Langelier ☐Ryznar ☐Puckorius ☐Larson
☐Stiff ☐Oddo ☐Other

Results of index:

Chemical(s) used:

FILTERS & FILTRATION

Type of filters: Well #1 only - Rapid sand filters (out of service)

Size and number: (2) 25.45 sq. ft.

Length of filter runs: 15 minutes

Can you see filter media? N/A Clean after backwash? N/A

Are mudballs visible? N/A Binding? N/A

What is the normal filter rate: 200 gpm/filter

What is the usual backwash rate? 1500 gpm

Capacity of filters: 200 gpm Filters overloaded? N/A

Loss in head gauge present? No

At what head loss is BW done? Unknown

Cracks and channeling? N/A Cementation ever occurred? Unk

Where in relation to filtration is stabilization done? N/A

If high rate, what is turbidity at interface Range of turbidity in effluent:

Can you observe algae in filters? N/A

Distance from top of media to trough overflow: Unknown

REVERSE OSMOSIS

Make and type of units: N/A

Pressure required:

Auxiliary chemicals:

Proportion of waste used to product streams:

Quality of effluent: Stabilization:

Type of Pre-treatment: Booster pump:

Type of membranes:

ZEOLITE SOFTENING

Unit mfg. & model: N/A

Resin capacity: Disinfection of beds:

Grade of salt for regen.:

Stability of effluent: Resin prevented from escaping?

PUMP CATEGORY	High-Service @ Well #1 (all out of service)							
PUMP NUMBER→	1	2	3					
PUMP TYPE	Peerless	Peerless	Peerless					
MOTOR HP	10 HP	25 HP	25 HP					
DATE INSTALLED	06/72	06/72	06/83					
CAPACITY (GPM)	100	200	200					
AUXILIARY CAPACITY?								
PROPER SECURITY?	Yes	Yes	Yes					
CONDITION OF PUMP	Good	Good	Good					
MAINT. SCHEDULE	Out of service	Out of service	Out of service					
DATE LAST SERVICED	Routine	Routine	Routine					

STORAGE FACILITIES:

TANK NUMBER→	1A	1B	1C
TYPE (GROUND, ELEVATED, HYPO)	Hydro	Hydro	Hydro
YEAR OF CONSTRUCTION			
CAPACITY (GALLONS)	30,000	30,000	10,000
MATERIAL	Steel	Steel	Steel
GRAVITY DRAIN CAPACITY/DIAMETER	6"	6"	6"
OVERFLOW STRUCTURES PROPER?	N/A	N/A	N/A
BYPASS CAPACITY	Yes	Yes	Yes
COVERED/SCREENED OPENINGS	N/A	N/A	N/A
PRESSURE GAUGE	Yes	Yes	Yes
ON/OFF PRESSURE (PSI)	Out of service	Out of service	Out of service
HGT. TO BOTTOM OF EL. TANK (FT)	N/A	N/A	N/A
HGT. TO MAX. WTR. LEVEL(FT)	N/A	N/A	N/A
DATE OF LAST ANNUAL INSPECTION	Ongoing	Ongoing	Ongoing
YEAR OF LAST 5-YEAR INSPECTION	2002	2002	2002
YEAR OF LAST WASHOUT	Uncertain (2002?)	Uncertain (2002?)	Uncertain (2002?)

STORAGE FACILITIES:

TANK NUMBER→	4	5	
TYPE (GROUND, ELEVATED, HYPO)	Hydro	Hydro	
YEAR OF CONSTRUCTION	1993	1977	
CAPACITY (GALLONS)	10,000	7,500	
MATERIAL	Steel	Steel	
GRAVITY DRAIN CAPACITY/DIAMETER	6"	6"	
OVERFLOW STRUCTURES PROPER?	N/A	N/A	
BYPASS CAPACITY	Yes	Yes	
COVERED/SCREENED OPENINGS	N/A	N/A	
PRESSURE GAUGE	Yes	Yes	
ON/OFF PRESSURE (PSI)	50/60	42/52	
HGT. TO BOTTOM OF EL. TANK (FT)	N/A	N/A	
HGT. TO MAX. WTR. LEVEL(FT)	N/A	N/A	
DATE OF LAST ANNUAL INSPECTION	Ongoing	Ongoing	
YEAR OF LAST 5-YEAR INSPECTION	2002	2002	
YEAR OF LAST WASHOUT	Uncertain (2002?)	Uncertain (2002?)	

Does system provide fire protection? ☒Yes ☐No Security Adequate? ☒Yes ☐No Low Level Alarm? ☐Yes ☒No
Does current storage capacity comply with requirements in FAC 62-555? ☒Yes ☐No

COMMENTS: Sight glasses on Tanks 4 and 5 have been removed for the winter to prevent freezing.

Sunny Hills Utilities – Sanitary Survey of December 5, 2005 PWS I.D. No. 1670647

DISTRIBUTION SYSTEM

Material of mains? Cast iron and PVC | System looped? No | How many hydrants? 92 new/25 old

Any fire hydrants < 6" lines? ☐Yes ☒No ☐Unknown | Max. pipe diameter 16" | Min. pipe diameter 4"

General operation pressure 50/60# | Lowest pressures 50 | Location of low pressure Home on Zinnia Dr.

Number of dead ends 60 | How many without flush hydrants? None | Flushing program? Monthly

# of line valves Unknown | How often exercised Monthly | Properly Mapped? Yes | Properly Marked? See comments

System Maps Adequate? Yes | Any uncleared permits? 2 | Any uncleared and in use? No

Percent water loss:
Jan-05 47.8% | Feb-05 51.7% | Mar-05 44.4% | Apr-05 34.5% | May-05 38.0% | Jun-05 35.9% | Jul-05 33.3% | Aug-05 14.0% | Sep-05 45.5% | Oct-05 8.0% | Nov-05 17.0%

Does the system have reuse? No

Comments: All valves were marked until recent paving was done in some areas. These are currently being re-marked.

CROSS CONNECTION CONTROL (C_3)

Cross Connection Control (C_3) Program Meet Requirements? ☐Yes ☒No (See comments below and deficiencies)

Comment:

Annual Testing - Annual testing on existing RPZ devices is not being performed by the water system, nor are they currently requiring either commercial or residential customers to submit their own test reports. For the coming year, a plumbing company has been contracted to resume testing.

Auxiliary Water Systems - New homes with irrigation systems are being built w/ RPZ's. Existing homes have been prohibited by ordinance from connecting wells to their homes, but it is known that approximately 90 of the system's customers have private wells, some of which are connected to the PWS. Until a connection is discovered, the issue is apparently not addressed. Upon discovery of an actual connection to the PWS, the system tells the owner to install a backflow device. If they refuse to install, however, no consistent action is currently being taken. Since 1996, both the current and former operators have tracked known and suspected wells through water-use records, visual observations, etc. They have addressed the situation with letters to Southern States Utilities (the system's former owner), verbal communications with the Health Department and county officials (notifying them as instances arose), and written and verbal communications with individual homeowners themselves. Despite their efforts, the problem continues. While up to fifteen homes may have been disconnected in the past for non-compliance, for the most part the Utility has stopped short of this in order to preserve their customer base. Two existing homes have installed RPZ's at the request of the current operator and she has gotten authorization from the Utility to mail letters to all homeowners with private wells, informing them of the requirement for RPZ's whether or not wells are connected. The Utility's C_3 program manual contains several sample letters to be used for communicating with customers on this issue (attached), but the actual policy to be followed here in the event of non-compliance remains to be determined.

Testing Frequency ? N/A | Tracking: ☒Hard Copy ☐CPU | # of BFDs: 47 (plus 5 at a closed business) | Hydrant Meters☐ Lift Stations☐ WWTP☐

Date of Last Audit (commercial or residential): N/A | Name of Certified BFD Tester: Corbitt Moseley's Plumbing Co.; (Possibly also former operator, Harold Register)

Chlorine & pH	Remote 1	Remote 2	Remote 3	Remote 4
Chlorine Residual	1.24 mg/L			
pH	7.6			
Location	Hydrant @ Ainsworth Dr. & Florence Ct.			

COMPLIANCE MONITORING

Compliance Schedule: The following parameters are due during the year shown.

Inorganics	2006	SOCs	2006**	TTHMs/HAA5	2006	Asbestos	2012
VOCs	2006	Radiologicals	2009	Secondaries	2006	Pb & Cu	2008

Comment: **SOC's - May apply for waiver for 2006. Regardless of the waiver, sampling for di(2-ethlyhexyl)phthalate at Wells 1, 4 and 5 still required annually (due 2006).

System out of compliance with any of the above parameters?

Testing Equipment & Reagents ☒Adequate ☐Inadequate Comment:

Bacteriological Sampling Plan: ☒Adequate ☐Inadequate Comment: Submitted 12/30/05; contains map.

Disinfection Byproducts Plan: ☒Adequate ☐Inadequate Comment: Submitted 12/20/05; contains map.

How is the system structured? ☒ Investor ☐ Municipal ☐ Private ☐ Cooperative ☒ Other Does the system follow a budget? ☒ Yes ☐ No
Preventative Maintenance Program in place? ☒ Yes ☐ No Is adequate training provided to water system personnel? ☒ Yes ☐ No

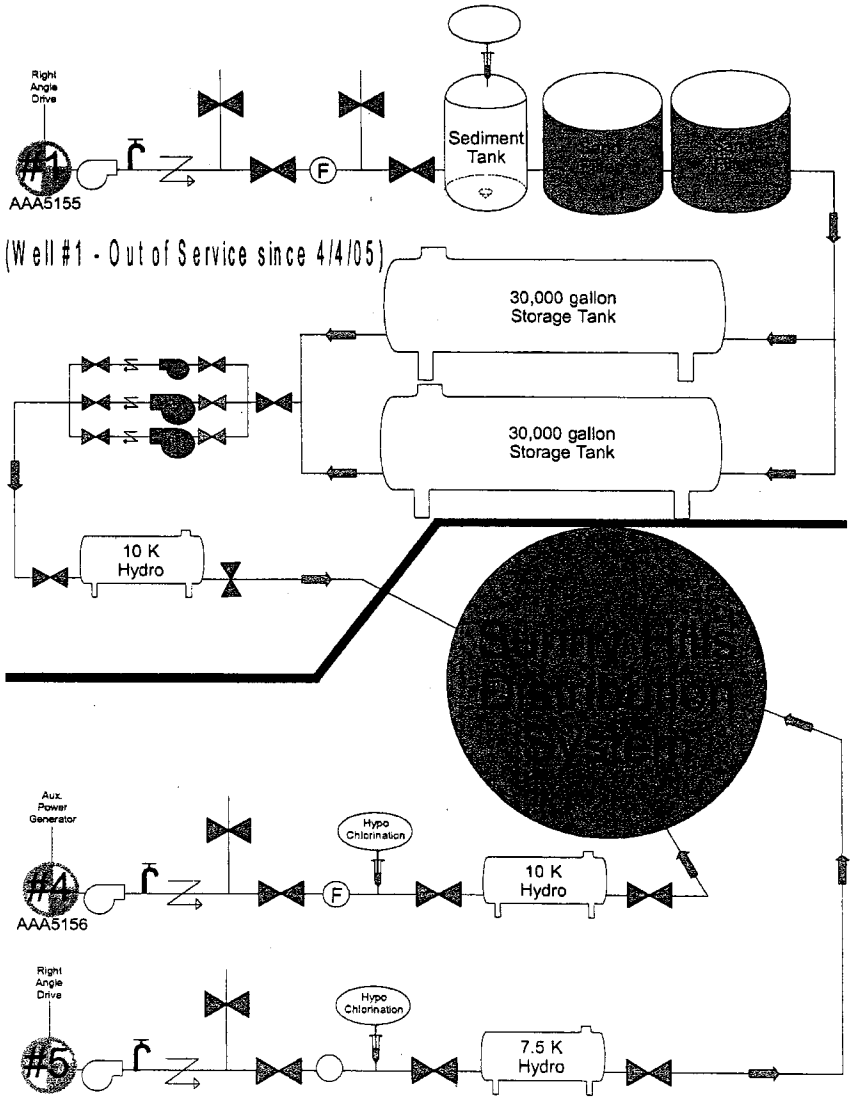
Comment: **Budget:** Aqua Florida plans a $20M budget for 2006 for system expansion and the hiring of one or two additional employees. At least 90 additional service connections are planned for this year.
Training: Ms. Pitzer has recently (Dec. 2005) attended FRWA training on "Pumps" and is scheduled to take their "Focus on Change" seminar at Gulf Coast Community College in Feb 2006.

System Diagram

SUNNY HILLS WATER SYSTEM

PWS ID# 1670647

SANITARY SURVEY OF DECEMBER 5, 2005



Schedule of Deficiencies

SUNNY HILLS WATER SYSTEM

PWS ID# 1670647

SANITARY SURVEY OF DECEMBER 5, 2005

DEFICIENCY #1: CROSS CONNECTION CONTROL (C3) PROGRAM.

It was noted during the survey that the Utility's existing C3 program, outlined in their *Backflow Prevention Policy Manual*, is not being consistently implemented. Approximately ninety private wells are known to exist within the franchise area. Customers with these auxiliary water systems are not being required to install backflow prevention devices however, until it is known that they have connected to the PWS. In most cases, despite the Utility's efforts, these customers are not complying, but the Utility has stopped short of disconnection in an effort to preserve their customer base. As a result, in the event of a drop in system pressure, from Point A to Point B, it may not be certain whose water is actually in the distribution system.

It was also noted that existing backflow devices were lacking timely annual testing. AWWA Manual 14 states, in part, that it shall be the duty of the water system to insure, at any premises where backflow-prevention assemblies are installed, that certified inspections and operational tests are made at least once per year.

REGULATION REFERENCE: FAC Rule 62-555.360

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. **AWWA recommends that C3 programs should require the installation and annual testing of a backflow prevention device of the reduced-pressure zone (RPZ) type at each service connection where the existence of an auxiliary water system on the property is either known or discovered. This should be done regardless of whether the auxiliary system is actually connected to the PWS, due to the potential high hazard posed by an unproven source of water on the premises and the ease of connection to the PWS.**

RECOMMENDED ACTION:

1) Please develop your policies to be followed in the event of customer non-compliance on this issue (installation and/or testing) and implement your cross-connection control program as soon as possible within 90 days.

2) Arrange to have existing backflow preventers (RPZ, double-check valve) tested on an annual basis by a certified backflow prevention device tester. The testing should be completed no later than December 31, 2006.

3) Retain for at least 10 years accurate records of all backflow installation and testing and have them available for review during routine inspections and sanitary surveys.

4) It is also recommended that adequate training be provided to staff and education to the public in order to support and promote the program.

DEFICIENCY #2: WASHOUT FOR STORAGE FACILITIES REQUIRED EVERY 5 YEARS.

It was noted during the survey that documentation of washouts of your storage tanks in the last five years could not be found.

REGULATION REFERENCE: FAC Rules 62-555.350(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 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.

RECOMMENDED ACTION:

Please review your records further to ensure that your storage tanks have been washed-out in the last five years. If so, please forward that documentation to this office. If not, please perform the required actions referenced above, document, and forward a copy to this office within 90 days.

Recommendations and Remarks

Recordkeeping on the Premises

While it was noted that only one required record from the last year was missing from your files, (the MOR for April 2005, which had been submitted properly but a file copy had not been made due to a computer malfunction), **improved recordkeeping procedures would ease review at your next inspection.** The requirements for record retention for all documents relating to your water system are listed below.

REGULATION REFERENCE: FAC RULE 62-550.720

RECOMMENDED ACTION:
Retain on the premises of the public water system treatment plant or at a convenient location near the premises, the following records:

(1) Records of bacteriological analyses shall be kept for not less than 5 years. Records of chemical analyses made shall be kept for not less than 10 years.

(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 programs or sanitary surveys of the system conducted 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) Water plant operation reports shall be kept for a period of not less than 5 years.

Preventative Maintenance (PM) Program

Improper maintenance can lead to system failures and sanitary deficiencies. A written PM should be established and followed for each piece of equipment in the pumping facility. The programs should be based on manufacturers' recommended maintenance tasks, and records should be kept of maintenance as it is performed. In general, smaller water systems need much less sophisticated PM programs, however, all water system should have a program in place, even if it is very basic. Critical components of a PM program include:

- Equipment Inventory
- Manufacturers' Technical Literature
- Written PM Tasks and Schedule
- Records of Maintenance Performed
- List of Technical Resources
- Tools
- Spare Parts Inventory

The Department recommends that a PM program be established and implemented to prevent system failures and sanitary deficiencies. **The Department is pleased that the hiring of additional personnel is planned for this year to assist with this effort.**

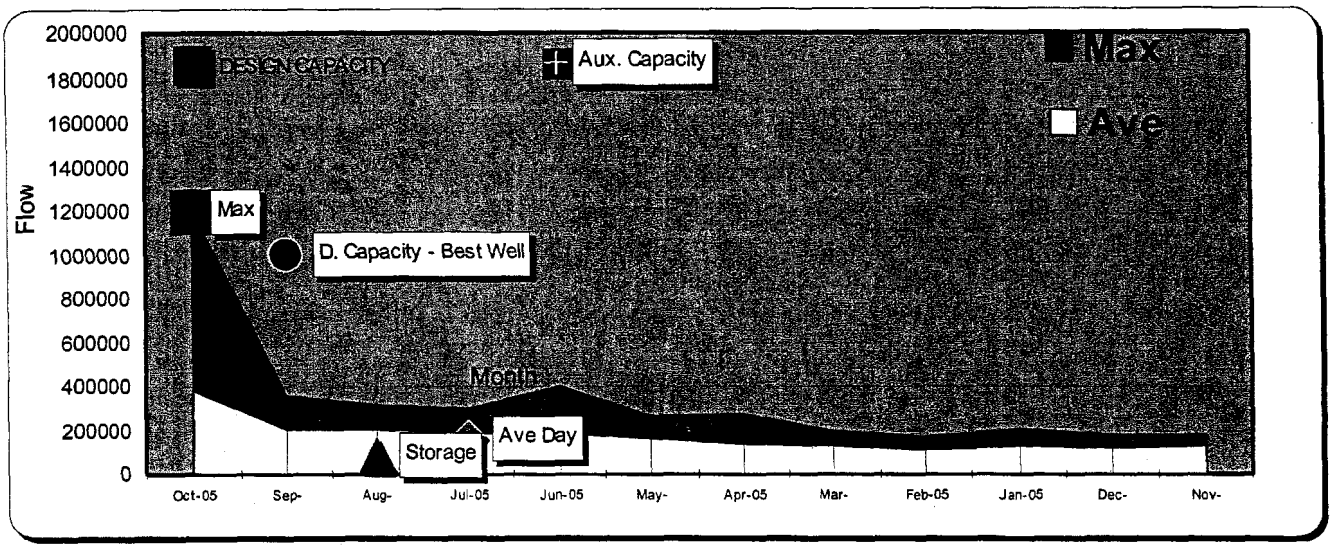
Water Loss

A review of the pumping vs. sold statistics during the inspection indicated that the system's annual water loss for 2005 (year to date) was approximately 33.6%. As a rule, a water system with 20% or more of unaccounted for water should consider conducting a leak survey. The Department is aware of some flushing done by your system, which can contribute to water loss. However, **a leak survey should be strongly considered if the percentage remains constant during periods when water loss maintenance (flushing) is light.** If you are interested in conducting a leak survey, please contact the Florida Rural Water Association at (850) 668-2746.

Storage Capacity

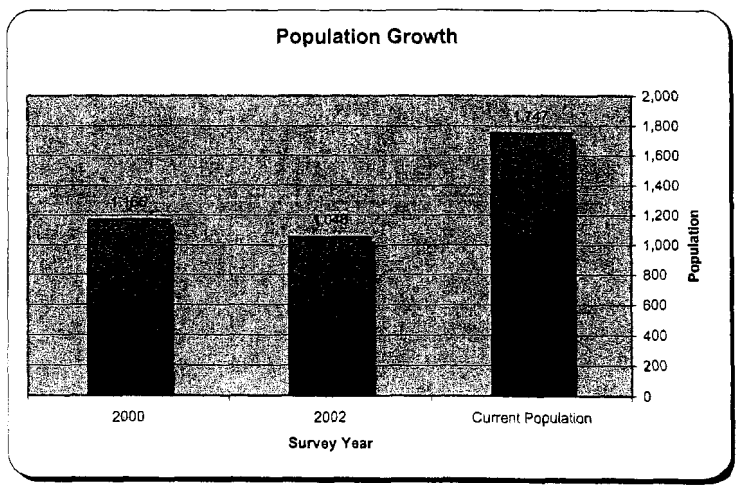
According to the Flow and Capacity calculations below (page 11), while source capacity appears adequate, storage capacity may be falling short of requirements. A storage capacity study is strongly recommended this year to further assess the situation.

Flow & Capacity and Population Graphs



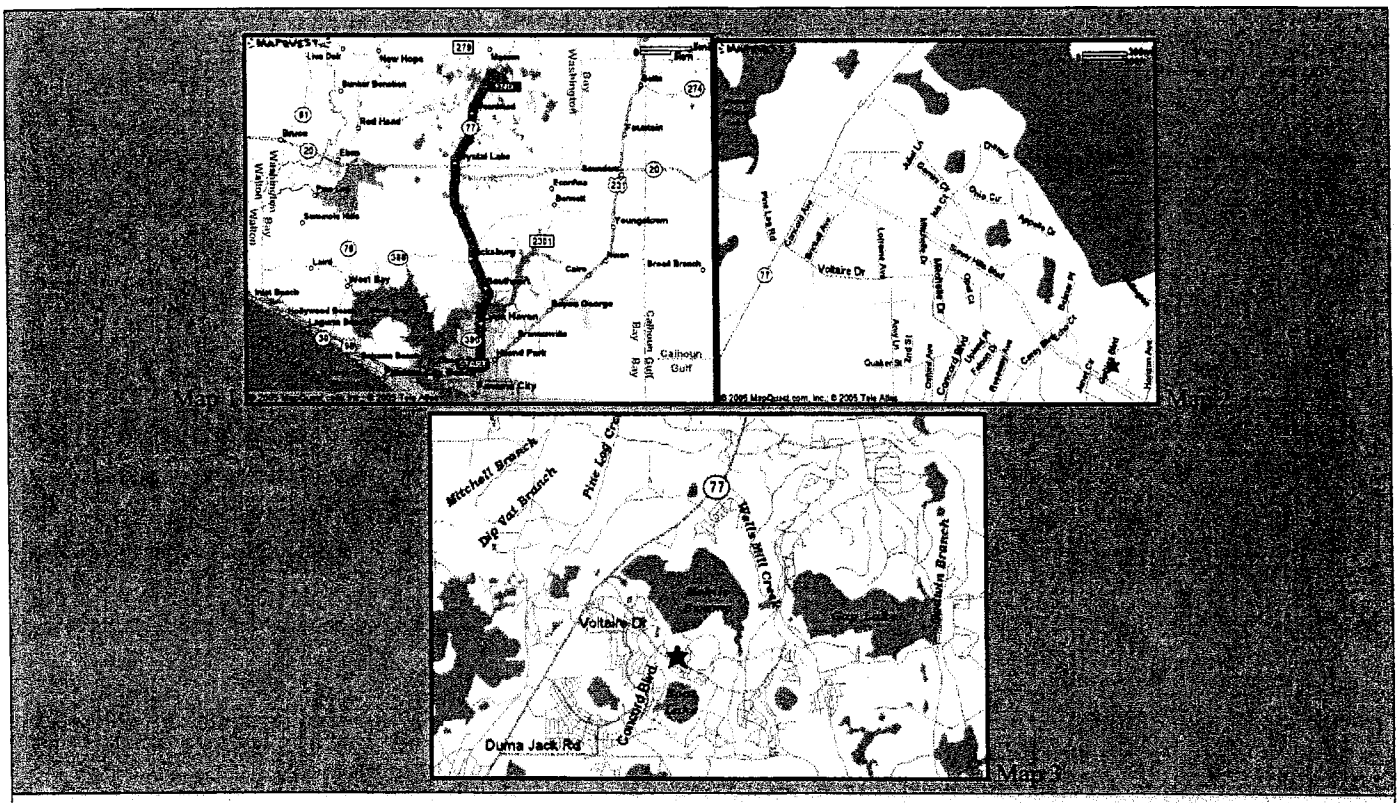
COMMENTS

This system is expanding due to a new round of home building within the development. The graph above shows that the system has experienced a gradual growth in demand through the past twelve months. Analysis of the system's capacity is complicated by the fact that Well #1 and its 70,000 gallons of storage are currently offline for upgrades, but are due to be back online soon. The production spike of 1.2M gallons seen in October 2005 may have been due to the flushing of Well #1 (as an attempt was being made to bring it back online), so this max day figure should likely be disregarded. If the 400,500 gallon demand seen in June 2005 is used instead, and the 70,000 gallon storage at Well #1 (currently offline) is included, the total storage capacity of 87,500 gal is still less than ¼ of max day, at 21.85% of max day (about 13% under the storage needed to achieve the recommended 25% of max day level). Comparing total storage to an <u>average</u> day (again with Well #1's tanks included and without the extraordinary October 2005 demand), storage still falls short at only 57% of demand. As such, additional storage should be considered. Source capacity without Well #1 (max day as % of design capacity) is at 34%; with Well #1 it is 21%, both of which are in compliance. Figures for auxiliary capacity are similar, since all three wells have auxiliary power and are capable of full output even in emergency conditions.



After a slight drop in population between years 2000 and 2002, growth has begun anew, with 700 more served by the franchise, and 56 service connections having been added since the last survey in 2004. At least 90 more connections are planned for this year.

Geographical Information



DIRECTIONS: (see maps 1 and 2 above)

From the Panama City Branch Office go left (north) on Jenks Ave. and turn right (east) on Baldwin Rd. At Hwy 77, turn left (north) and follow this route approximately 24 miles and turn right on Sunny Hills Blvd. Approximately 1 mile in, turn left on Gables Blvd. The water system office and Well #1 are approximately ¼ mile in on the left.

COMMENTS:

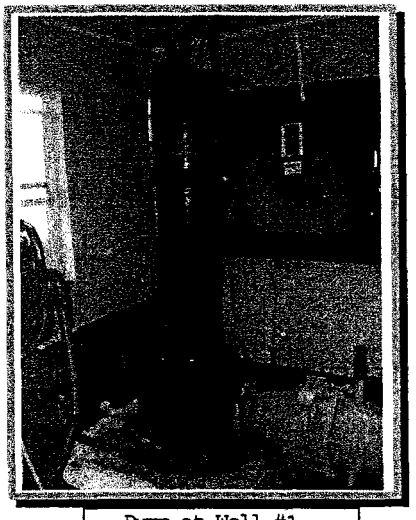
The Sunny Hills community (see map 3, above) is a Deltona Corporation development with a planned build-out to approximately 3500 homesites. Of these, about 500 have been built to date. Sunny Hills is located in an area of limestone (or Karst) topography, with abundant sinkhole lakes. The water system, operated by Aqua Utilities Florida, Inc., draws from the Floridan Aquifer.

Digital Images

Well #1 (out of service for improvements)
- Pumphouse -

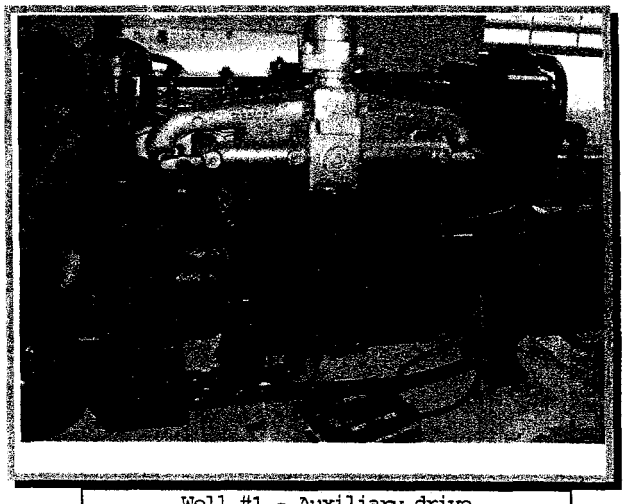
Well #1 (out of service) - Sand filtration system and twin hydro storage tanks (30,000 gal each)

Digital Images (cont'd)



Pump at Well #1 - pulled for refurbishing shortly after this visit; now resuming operations.

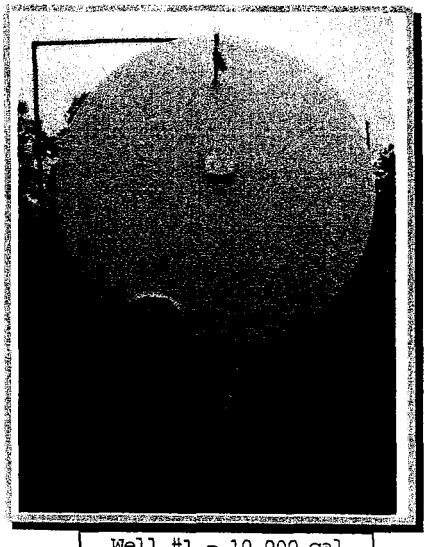
Preparing to pull pump



Well #1 - Auxiliary drive

Well #1 - Unusual vent placement

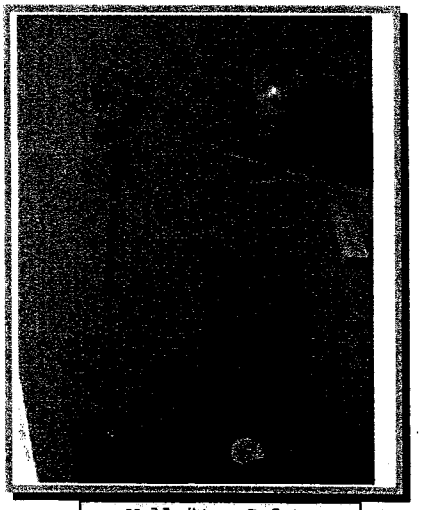
Well #1 - High service pump



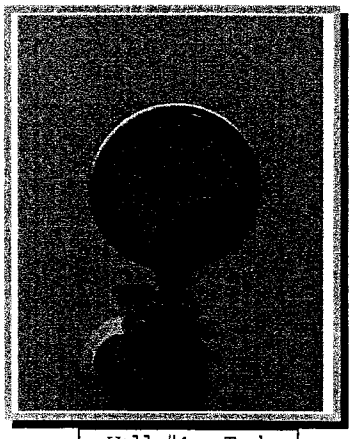
Well #1 - 10,000 gal hydro tank in excellent condition

Digital Images (cont'd)

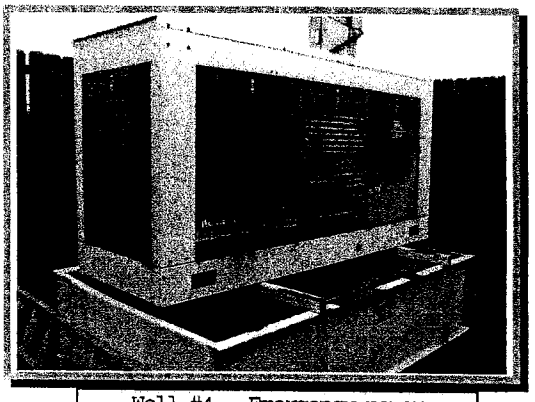
Well #4 - 10,000 gal hydro tank



Well #4 - Safety equipment (installed at all three plants)

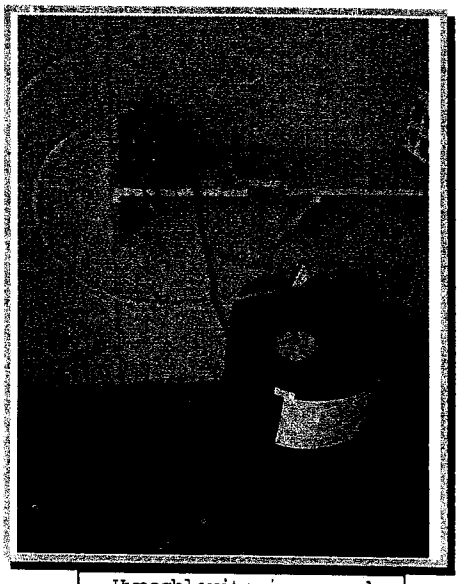


Well #4 - Tank pressure 60#



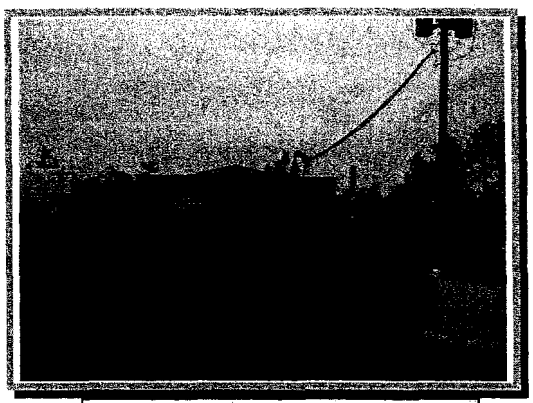
Well #4 - Emergency power

Well #4 - Vertical turbine pump

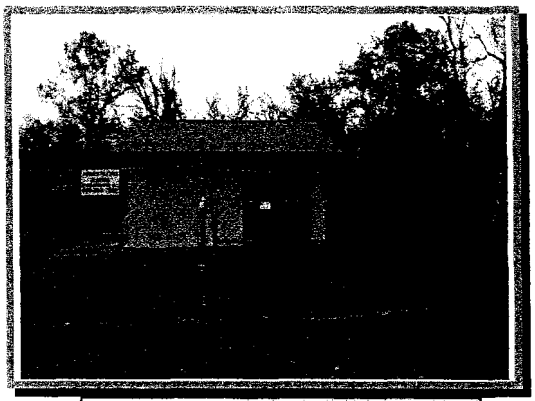


Hypochlorite is pumped directly from shipping drum at all plants; no dilution is performed.

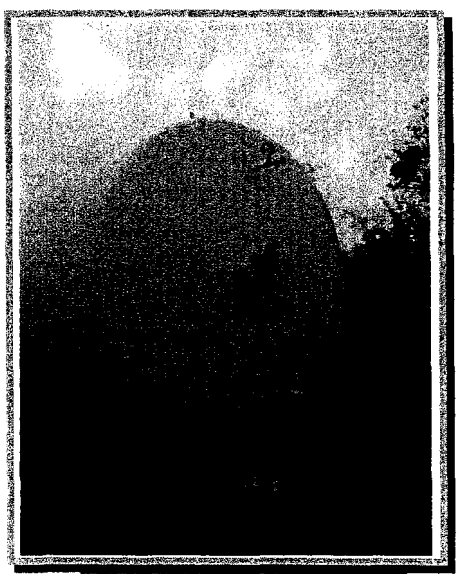
Digital Images (cont'd)



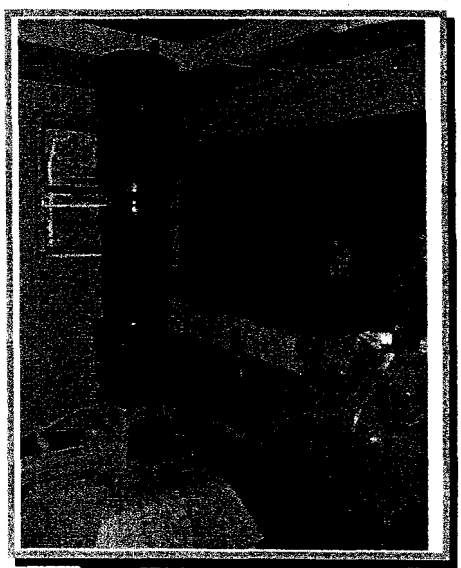
Security at Well #4



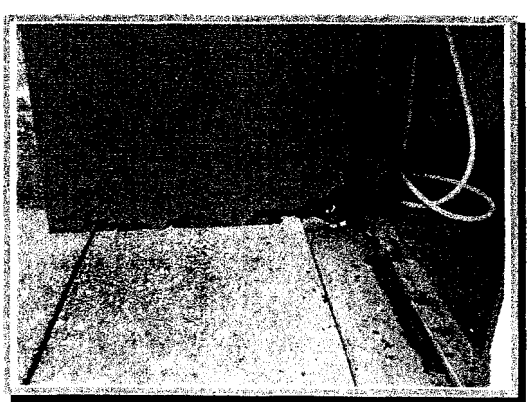
Security at Well #5



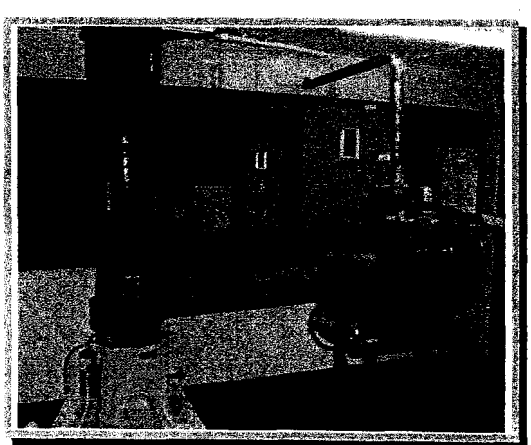
Well #5 - 10,000 gal hydro tank in excellent condition; sight glass removed for winter.



Well #5 - Pump and auxiliary drive



Door at Well #5 corroded - replacement already ordered.



Well #5 - Controls

OUTSTANDING PERMITS

As of 1/3/2006

1) Deadening Road **(clearance granted 1/3/06)**
(Permit # 0080182-008-DSGP/01)

2) Davenport Blvd (clearance package due to be mailed Jan. '06)
(Permit # 0255874-001-DSGP/01

INSPECTOR'S SIGNATURE David Hwang TITLE ESI DATE: January 5, 2006

INSPECTOR'S SIGNATURE Gerald Sheka TITLE ESI DATE: January 5, 2006

APPROVED BY Jim Fenton TITLE EM DATE: 1/6/06

END OF REPORT

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name TANGERINE WATER County Orange PWS ID # 3481329
Plant Location 5539 Huron Street, Tangerine, 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 32860-9520
Contact Person Will Fontaine Title Lead Supervisor 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
3302, 4/28/59
☐ 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
G. Kissick C-7846
W. Fontaine C-6813
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 255
Population Served 884 Basis MOR
Average Day (from MORs) .107 MGD
Max. Day (from MORs) .189 MGD 4/03
Max-day Design Capacity .360 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 Cummins Diesel
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 Disinfection
Satisfy 1/2 max-day demand? ☒Yes ☐No ☐Unk
Comments In process of upgrading system

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 4" 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 * on each well.

Received
MAY 12 2004
Environmental Services

PWS ID # 3481329
Date 5/6/04

GROUND WATER SOURCE

Well Number		1(inside)	2(outside)		
Year Drilled		1945	1959		
Depth Drilled		438'	413'		
Drilling Method		Cable Tool	Cable Tool		
Type of Grout		UNK	UNK		
Static Water Level		UNK	UNK		
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)		130'	176'		
Diameter (outside casing)		6"	6"		
Material (outside casing)		Blk. Iron	Blk. Iron		
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	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	N/A	N/A		
PUMP	Type	Vert. Turbine	Vert. Turbine		
	Manufacturer Name	Goulds	Peerless		
	Model Number	6DH2	UNK		
	Rated Capacity (gpm)	250	250		
	Motor Horsepower	25	25		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Yes	Yes		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Yes	Yes		
Well Vent Protection		Yes	N/A		

COMMENTS Provide additional information for "UNK", if available.
Irrigation well installed less than 50' from well area. Operator stated the well will be abandoned.

PWS ID # 3481329
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity * gpd
Chlorine Feed Rate 100% stroke rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 2.1 Remote 1.3
Remote tap location 5107 Dora road
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info
Comments Well #1 - 30 gpd, Well #2 - 30 gpd and transfer pump 30 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)	10,000		
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	ARV		
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 # ~~3351426~~ 3481329
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Plant looked great!!

Note: Irrigation well installed less than 50' from well area. Per operator well be abandoned in place.

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

Approved by Roberto C. [illegible] Title Env. Manager Date 5/7/04

Department of Environmental Protection

Jeb Bush
Governor

Southwest District
13051 North Telecom Parkway
Temple Terrace, FL 33637-0926
Telephone: 813-632-7600

Colleen M. Castille
Secretary

August 11, 2006

RECEIVED
AUG 14 2006
By

Mr. Will Fountaine
P.O. Box 490310
Leesburg, FL 34749

Re: Compliance Inspection
The Woods
PWS-ID No. 660-0347
Sumter County

Dear Mr. Fountaine:

The attached Compliance Inspection was conducted on the referenced public water system. No deficiencies were noted at the time of this inspection.

If you have any questions, please contact me at (813) 632-7600, extension 460.

Sincerely,

James Berghorn
Environmental Specialist
Drinking Water Section

JB/dm[c]

Attachment

cc: John Worrell, Operator

COMPLIANCE INSPECTION

OWNER/ADDRESS
Candice McClure
P.O. Box 490310
Leesburg, FL 34749

SYSTEM NAME The Woods
ID# 6600347
SYSTEM TYPE C
COUNTY Sumter

SUPERVISOR: Bill Dunn
INSPECTOR: Jim Berghorn
INNSPECTION DATE: 7/31/06

Check List:

( ) Well Protection - Housing ☐ Security Fencing ☐
*( ) Sanitary Seal/Disinfection Port *( ) Sanitary Hazard _____
*( ) 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 ☒ Make 2-Rockwell Missing ☐ Broken ☐
( ) Water Pressure Gauge - Missing ☐ Broken/Cracked ☐ On/Off _____ P.S.I.
*( ) Disinfection Free Cl_2 Plant 2.77 mg/l Remote _____ mg/l Chlorinator 2-Stenners 17 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 Alarm
( ) NSF or UL Approved Chlorine Yes ☐ No ☐
*(☒) Cross-Connection - Location: Hose faucet
*( ) Auxiliary Power/Second Well Operated Monthly - Yes ☒ No ☐ 4 hrs/month
( ) Certified Operator Name: John Worrell Number C-6597 ( ) Maintenance Logs _____
( ) OTHER TREATMENT – Softeners ☐ Filters ☐ Aerators ☐ Other _____
( ) Tanks checked annually Yes ☐ No ☐ Date Cleaned _____ Date Inspected _____
( ) ARV/PRV testing on Hydro tank Yes ☐ No ☐ ( ) Exercising of isolation valves Yes ☐ No ☐
( ) O & M manual Yes ☐ No ☐ Distribution Map Yes ☐ No ☐ N/A ☐
( ) Emergency/response Plan Yes ☐ No ☐ N/A ☐
( ) System flushing plan Yes ☐ No ☐ System flushed Yes ☐ No ☐
( ) Preventative maintenance plan Yes ☐ No ☐
( ) Miscellaneous _____
( ) NO DEFICIENCIES NOTED THIS DATE

***(X) REQUIRES REINSPECTION**

Well #	ID #	Well #	ID #	Well #	ID #	Well #	ID #

Comments
Provide back flow preventers on all faucets, operator installed one while on site

Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Colleen M. Castille
Secretary

May 20, 2005

Response due:
June 20, 2005

Ms. Carolyn McFalls
6960 Professional Parkway
Suite 400
Sarasota, FL 34240

Re: Sanitary Survey Report
The Woods
PWS-ID No. 660-0347
Sumter County

Dear Ms. McFalls:

Enclosed please find a copy of the Sanitary Survey Report for the above-referenced potable water system. On the last page of the report you will find a list of deficiencies that were noted during the recent inspection, along with recommended corrective action.

You are requested to correct all listed deficiencies, as recommended, and to notify this office within 30 days, in writing, of your action.

If you have any questions or concerns, please contact me at (813) 744-6100, extension 460.

Sincerely,

James Berghorn
Environmental Specialist
Drinking Water Section

JB

Enclosure

State of Florida
Department of Environmental Protection
Southwest District

SANITARY SURVEY REPORT

Plant Name THE WOODS County SUMTER PWS ID # 660-0347
Plant Location CR 675 Off 301 South Webster, FL 33597 Phone 352-260-2214
Owner Name Aqua Source Services, LP Phone 877-369-4881
Owner Address 1343 NE 17th Rd. Ocala, FL 33470
Contact Person Aqua Source/Brian Heath Title Owner/Manager Phone 352-787-0980
This Survey Date 5/18/05 Last Survey Date 2/13/02 Last C.I. Date 11/3/04

PWS TYPE & CLASS

☒ Community (3C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

☒ Approved system with approval number & date 02/78
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Mobile Home Community

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
John 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 70
Population Served 150 Basis Permanent
Average Day (from MORs) gpd
Max. Day (from MORs) gpd
Max-day Design Capacity gpd
Comments

COMET: SITE ID PROJECT ID

RAW WATER SOURCE

☒ GROUND; Number of Wells 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

Hypo-Chlorination/Pottassium Permanganate
Filtration/ Aeration
What additional treatment is needed?
None
For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type Rockwell International 10^7
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments

PWS ID # 6600347
Date 5/19/05

GROUND WATER SOURCE

I Number		1 (AAC 1546)			
Year Drilled		1974			
Depth Drilled		136'			
Drilling Method		Cable Tool			
Type of Grout		None			
Static Water Level					
Pumping Water Level					
Design Well Yield					
Test Yield					
Actual Yield (if different than rated capacity)					
Strainer					
Length (outside casing)		75'			
Diameter (outside casing)		4"			
Material (outside casing)		Steel			
Well Contamination History		No			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	Unk			
	Reuse Water	No			
	WW Plumbing				
	Other Sanitary Hazard				
PUMP	Type	Submersible			
	Manufacturer Name	Franklin			
	Model Number				
	Rated Capacity (gpm)	100			
	Motor Horsepower	5 H.P.			
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 Directions: I-75 to Exit 62 (Webster). Take CR 673 and go left to SR 301. Then go 301 South to CR 675 and you will be at The Woods.

PWS ID # 6600347
Date 5/19/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make 2-Stenner Capacity 17 gpd
Chlorine Feed Rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.08 Remote
Remote tap location
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points
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 Tray Capacity Unk
Aerator Condition Ok
Bloodworm Presence No
Visible Algae Growth No
Protective Screen Condition Good
Comments

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

Tank Type/Number	(H)	(H)BW	
Capacity (gal)	2,500	5000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	No	
Sight Glass or Level Indicator	Yes	No	
Fittings for Sight Glass	Yes	No	
Protected Openings	Yes	Yes	
PRV/ARV			
On/Off Pressure	28/38		
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments The 5,000 Gallon tank is only used for back-wash water.

HIGH SERVICE PUMPS

Pump Number	1		
Type	Turbine		
Make	Baldor		
Model	JMM3219 7		
Capacity (gpm)	102		
Motor HP	7.5 H.P.		
Date Installed	1990		
Maintenance	weekly		

Comments

PWS ID # 6600347
Date 5/19/05

COMPLIANCE MONITORING
COMMUNITY PUBLIC WATER SYSTEMS

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

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

See Page 5 for description of italicized notes.

PWS ID # 6600347
Date 5/19/05

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

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

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

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

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

Note D Contact the Southwest District's Drinking Water Program at (813) 744-6100 or contact the Florida Rural Water Association.

Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.

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

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

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

FREQUENCY:

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

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

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

Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)

Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)

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

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

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

PWS ID # 6600347
Date 5/19/05

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

1) Aerators walls leaking 62-555-350 Repair walls of aerator to stop leaks

Note: Please notify the Department in the future of any owner, or operator changes that occur.

Inspector J. Brighton Title Env. Specialist II Date 5/19/05

Approved by [signature] Title Env. Supervisor II Date 5/20/05

February 23, 2005

Mr. Glenn LaBrecque, President
Aqua Utilities Florida, Inc.
6960 Professional Parkway East
Sarasota, Fl. 34240

RE: Sanitary Survey Inspection Report : PWS # 3641373
Tomoka View Estates Community Water System

Dear Mr. LaBrecque,
This will confirm my visit to the above referenced community public water system for the purpose of conducting a sanitary survey. The survey of the Tomoka View Estates water treatment plant was conducted on December 16, 2004 in the company of Mr. Paul Thompson, the facility's certified operator. I also visited the plant for a follow-up inspection on February 9, 2005.

Overall, the Tomoka View Estates drinking water system is well maintained and operated. However, this Department is concerned about the system's water quality problems – namely high copper and trihalomethane (THM) concentrations in the finished drinking water. Optimal corrosion control treatment needs to be maintained; and the treatment options for trihalomethane reduction need to be evaluated. As noted in previous correspondence, this office requests that a written proposal be submitted by no later than June 1, 2005 outlining a plan of action for achieving compliance with the THM Maximum Contaminant Level (MCL).

The three deficiencies noted during this survey are listed below. On page 6 of the enclosed sanitary survey report, these deficiencies have been listed along with reference to the pertinent section of the Florida Administrative Code. (FAC) Additionally at the end of this letter, I have included some additional information about new permitting requirements applicable to this water system.

The following is a description of corrective action required for each noted deficiency:

1. Repair the damaged areas of the fence surrounding the water plant including the top strands of barbed wire that are bent down or entirely missing in some sections.
2. Submit an updated written cross connection control plan to this office reflecting current system ownership and demonstrate implementation of this plan.
3. Document operator testing of phosphate additive concentration in finished water (at least twice per month) and compare operator 's test kit readings to certified laboratory results of phosphate concentration at least once per year. (NOTE: A tap sample should be submitted to a laboratory for both ortho-phosphate and phosphate concentration when Lead/Copper tap samples are collected.)

You are required to correct the listed deficiencies for this water system no later than April 15, 2005. On or before this date provide a written response to this Department stating that all deficiencies have been corrected or listing specific dates of completion for any items still in progress. If any deficiencies need further explanation, please contact me immediately.

In addition, this office requests that an updated Lead/Copper sample plan be submitted as soon as possible and prior to sample collection in the current monitoring period (January – June 2005). This system's service population has been increased to 644 based on a factor of 3.5 persons per household. Therefore, a minimum of 20 samples must be collected in each 6 month monitoring period. Please include at least five additional sample sites (minimum of 25 sites) in the sample plan - preferably selecting taps without water softeners. If a sample tap with a water softener is selected, note this in PART IV of the sample plan.

I have listed below some requirements for this community water system as detailed in the revised Chapter 62-555 F.A.C., effective August 28, 2003:

1. Biogrowths shall be routinely cleaned (at least annually) from the walls of the water storage tanks at this facility. Accumulated sludge and biogrowths shall be cleaned from inside water storage tanks and these tanks shall be inspected for structural and coating integrity by a professional engineer once every five years (certified no later than August 2008).
2. Equipment manuals must be bound and indexed or a plant operation and maintenance manual must be provided at the water treatment plant by no later than December 31, 2005. ALL preventive maintenance work and equipment repairs must be documented in plant maintenance logs.
3. A written "Emergency Response Plan" (ERP) for this water system addressing vandalism; drought; hurricanes; fire; flooding; and hazardous material release, if applicable, must be developed and be available for review by this office no later than December 31, 2005. (NOTE: Florida Rural Water Association will be conducting training seminars during March and April 2005.)
4. An audio-visual alarm system that is activated in the event that any power source fails must be provided by no later than December 31, 2005. If the water plant is not staffed during all hours that the stand-by power is in operation, the alarm shall telemeter notification to a place staffed during all hours that the stand-by power source is in operation; or trigger automatic telephone dialing or paging to enable notification to an authorized represenative of the water system.
5. Key isolation valves of the distribution system need to be indentified and regularly exercised (or replaced, as needed) to ensure that line breaks can be repaired without total loss of system pressure. The exercising of these main valves should be documented in operational log and their replacement noted on distribution system map which must be kept up-to-date.
6. All legitimate customer complaints and responses by system personnel should be documented in a separate section of operational log book or in a separate log available for periodic review.

Please be aware that the Florida Rural Water Association (FRWA) is available to public water suppliers for consultation and technical assistance. Water suppliers are not required to be a member of the association in order to receive assistance and it is recommended that their services by utilized when assistance is needed. The local FRWA circuit rider is Mr. David Hanna and he may be contacted at (850) 668-2746.

In conclusion, I would like to thank Paul Thompson and Nicole Zinn of Aqua Utilities for their cooperation during the course of this survey. If you should have any questions regarding this correspondence, please feel free to contact me at (386) 274-0717.

Sincerely,

Patricia Carrico

Patricia Carrico, R.E.H.S.
Environmental Specialist II

c.c: Paul Thompson, Operator – Central Florida Office

SANITARY SURVEY REPORT

Plant Name TOMOKA VIEW ESTATES County Volusia PWS ID # 3641373
Plant Location 336 Apache Trail, Ormond Beach, Fl. 32176 Phone 386-937-1143
Owner Name Aqua Utilities Florida, Inc. Phone 941-907-7420
Owner Address 6960 Professional Parkway East, Sarasota, FL. 44240
Contact Person Paul Thompson Title Operator Phone 386-937-1143
This Survey Date 12/16/04 – 2/09/05 Last Survey Date 12/20/01 Last C.I. Date 04/27/04

PWS TYPE & CLASS

☒ Community (4C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

☒ Approved system with approval number & date
AS-BUILTS accepted 10/1975 (Plan #6348-5/1963)
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision (All single family homes)

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Paul Thompson #A 7251

O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* N/A
Days/wk: *Required* 6 *Actual* 7
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 184
Population Served 644 Basis 3.5 per S.C.
Average Day (from MORs) 45,841 gpd
Max. Day (from MORs) 85,000 gpd (Apr. 2004)
Max-day Design Capacity 193,000 gpd
Total Storage 18,000 gal. (%Storge/MaxDay=21%)
Comments Ave and Max Day based on period from Jan.-Dec. 2004. Note: System is built-out. No increase in service connections since last survey; but population increased – previously a factor of 2.3 X (service connections) was used.

RAW WATER SOURCE

☒ GROUND; Number of Wells 2
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☐ Emergency Water Source
NOTE: Ormond Bch. (PWS 3640963) water main with hydrants is adjacent to subdivision for some fire water.

AUXILIARY POWER SOURCE

☒ Yes ☐ None ☐ Not Required
Source LP gas fueled generator-GENERAC
Capacity of Standby (kW) 30 kW
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4 hrs/mo.
What equipment does it operate?
☒ Well pumps 2
☒ High Service Pumps 3 (All)
☒ Treatment Equipment All
Satisfy 1/2 max-day demand? ☒Yes ☐No ☐Unk
Comments 250 gal. LP Storage Tank on-site.

TREATMENT PROCESSES IN USE

Aeration; Corrosion Control, Hypochlorination
What additional treatment is needed?
None Noted.
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 8D, Neptune, turbine meter-3"
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None observed.
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Florida Rural Water checks calibration of meters annually. Septic tanks are in use and some residential wells. No RPZ or DC backflow devices are installed on distribution system.

GROUND WATER SOURCES

Well Number		1 (North)	2 (South)	3	4
FLUID # Location (NO FLUID #'s)		(Outside Plant Fence)	(Inside Plant Fence)		
Year Drilled		2003	1965		
Depth Drilled		136 ft.	150 ft.		
Drilling Method		Combination	Unknown		
Type of Grout		Neat Cement	Unknown		
Length (outside casing)		120 ft.	120 ft.		
Diameter (outside casing)		6 in.	6 in.		
Material (outside casing)		Black.Steel	Galv. 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	< 100 ft.*	< 100 ft.*		
	Reuse Water	N/A	N/A		
	WW Plumbing	< 100 ft.*	< 100 ft.*		
	Other Sanitary Hazard	None Noted	None Noted		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Unknown	Unknown		
	Model Number	75S	Unknown		
	Rated Capacity (gpm)	75 gpm	200 gpm		
	Motor Horsepower	5 HP	5 HP		
Well casing 12" above grade?		Yes	Yes		
Well Casing Sanitary Seal		Good	Good		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Housing	Fence		
Well Vent Protection		Yes	Yes		

COMMENTS *Both Wells are within 100' of nearby septic systems. Department has waived setback requirement for septic tanks provided monthly well samples remain negative for total coliform bacteria.

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner 85M5 (2) Capacity 85 gpd
Chlorine Feed Rate
Avg. Amount of Cl_2 used 30 gal. per day
Chlorine Residuals: Plant 1.4 Remote 0.8
Remote tap location 160 Greenbriar
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points @ influent line of (15K) storage tank.
Comments Individual CL2 pump for each well.
Dumont Chem. Co. fills two-150 gal. drums, as needed.

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

AERATION (Gases, Fe, & Mn Removal)
Type Cascade Capacity Unknown
Aerator Condition Good
Bloodworm Presence None
Visible Algae Growth No
Protective Screen Condition Good
Comments Aerator trays located above 15K tank.

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

Tank Type/Number	G	C	
Capacity (gal)	15,000	3,000	
Material	Conc.	Conc.	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	No	
Pressure Gauge	N/A	N/A	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	N/A	N/A	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	N/A	
On/Off Pressure	N/A	N/A	
Access Padlocked	Yes	Yes	
Height to Max. Water Level	N/A	N/A	

HIGH SERVICE PUMPS

Pump Number	1	2	3
Type	Cent.	Cent.	VFD
Make	Marathon	Marathon	StaRite
Model	Unknown	Unknown	Unknown
Capacity (gpm)	Unknown	Unknown	Unknown
Motor HP	5	5	5
Date Installed	1999	?	2004
Maintenance	OK	OK	OK

Comments VFD = Variable Frequency Drive pump
Pump #3 runs continuously. Others for back-up only to maintain pressure @ 55-60 psi.

OTHER CHEMICAL ADDITIVES:
Chemical Stiles-Kem Phosphate Blend= SK 7661
Purpose Corrosion Control Inhibitor for Cu/Pb.
Equipment Used 2-Stenner -3 GPD pumps (each well)
Feed Rate/ Dose 1.0 ppm PO4 *
Comments: 60% Poly/40% Ortho Blend added before aerator into larger tank. *PO4 conc. not documented regularly. Test kit should be checked annually with lab.

DISTRIBUTION SYSTEM MAINTENANCE

Cross-Connection Control

Is A CCC Plan On File?	Yes
CCC Plan Appears Adequate?	Yes
CCC Plan Date:	April 2002*
Record Of CCC Plan Implementation?	No *
Number Of RPZ-DC Backflow Devices on System:	None
ReUse Water in Use?	No
Adequate Annual Testing Records?	No testing/ No devices

Comments: *Florida Water Services Plan. No record of adoption by Aqua Utilities. Operator checks individual homes, only if there is a problem.

Flushing And Valve Maintenance

Distribution	Size of Mains Shown?	Yes
	Valves and Dead-Ends Shown ?	Yes
	Hydrants Shown?	No Hydrants on system
Is Distribution Map Available? Map Updated?		Yes /Yes
Is Flushing Plan on File?		No
Flushing Documented?		Yes
# Sites and Frequency of Flushing?		6*/ Monthly
Valve Maintenance Program?		No
Valve Maintenance Activity Documented?		No

Comments: *6 dedicated flush/sampling valves installed on distribution system.

SAMPLING PLANS

Total Coliform Sampling Plan

Approved Sampling Plan?	Yes
Total Coliform Plan Date:	6/2002
# of Samples Required Monthly:	2
Total # of Unique Sites in Plan:	6

Comments: Samples are being collected per plan

Disinfection By-Product (DBP) Sampling

Is The Plan Adequate?	Yes
Maximum Residence Time Site:	160 Greenbriar
Plan Date:	March 2004

Comments: July specified as "annual" sample month.

Lead And Copper (Tap Water) Sampling

Lead And Copper Plan Date:	Sept. 2002
No. Of Standard Sites (In Plan)	17 listed*
No. Of Reduced Sites (In Plan)	5*
Is Corrosion Control Treatment Required? (for Cu or Pb?)	Yes
Present Monitoring Status	Bi Annual
No. Of WQP Sites (In Plan)	1*
Samples Collected per Plan (# Collected)	7

Comments: *Sample plan based on 420 pop. Increase to 20 regular/10 reduced sites and 2 WQP sites required due to adjustment in population with this survey.

PWS ID # 3641373
Date 12/16/04

MISCELLANEOUS

Emergency Response Plan (ERP)

Required (+ 350 pop.)?	Yes
Date Created:	Due: 12/31/05
Location of Plan:	No plan currently

Comments: _____

Consumer Confidence Reports (CCR)

Distribution / Reporting Timeframes Met?	Yes
CCRs In Conformance With Rules?	Yes
Delivery Methods Appropriate?	Yes
Usual Delivery Method(s):	Mail/ Internet

Comments: _____

Recordkeeping

Analyses, MOR, Inspections Retained for 5 (Bacteria) to 10 yrs?	Yes
Where are the above records stored?	Main Office
Equipment Manuals at Plant (or nearby location)?	Yes*
Operation and Preventive Maintenance Manual ?	No
Maintenance Work Properly Documented?	Yes
Customer Complaints Documented?	Yes

Comments: *All manuals are not bound/indexed.

Security:

Security is adequate except fence is bent over in some areas. Some barbed wire is damaged and missing on top of entrance gate.

MONITORING REQUIREMENTS

Contaminant	Samples Required	Sampling Location	Frequency	Next Deadline For Sampling
Microbiological (Bacti)	2	Each Well	Monthly	02/28/05
	2	Distribution / Per Approved Sampling Plan	Monthly	02/28/05
Volatile Organic Contaminant Group	1	POE	3 years	12/31/06
Synthetic Organic Contaminant Group	1	POE	3 years	12/31/06
Nitrate & Nitrite (as N)	1	POE	Annually	12/31/05
Inorganic Contaminant Group	1	POE	3 years	12/31/06
Asbestos	1	Distribution / Per Approved Sampling Plan	9 years	09/30/12
Radionuclide Contaminant Group	1	POE	Qtrly	03/31/09
Disinfection By-Products (TTHM & HAA5)	1 each	Distribution / Per Approved Sampling Plan	THM - Qtrly HAA - Annual	03/31/05 07/31/05
Disinfection Residual Monitoring	2	Distribution / Same as microbiological samples	Monthly	02/28/05
Secondary Contaminant Group	1	POE	3 years	12/31/06
Lead and Copper (Tap Water)	20	Distribution / Per Approved Sampling Plan	6 months	06/30/05

PWS ID # 3641373
Date 12/16/04

Known Water Quality Issues
None - except for high Trihalomethane and Copper concentrations as listed below.

MAXIMUM CONTAMINANT Level / ACTION Level MCL / AL VIOLATIONS	Other Violations
Trihalomethane MCL Exceeded (12/2004)	Minor CCR Report Violation (7/2002)
90% Copper Action Level Exceeded (9/2004)	Insufficient Pb/Cu TAP Sample Sites (6/2002)
	Late Reporting Pb/Cu TAP Sample Results (12/2001)

Deficiencies:

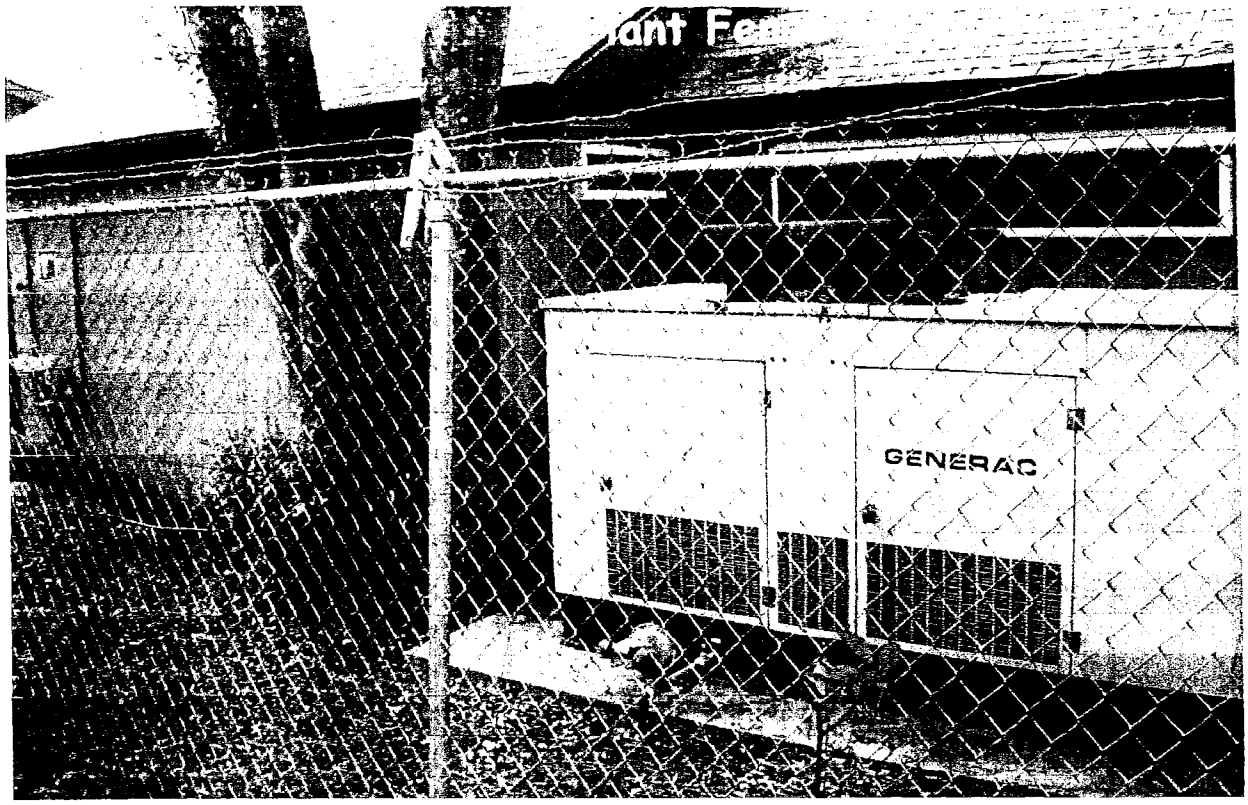
1.) Water plant fence and top barbed wire damaged. (62-555.350 Florida Administrative Code= F.A.C.)
2.) No record of cross connection control plan implementation by current owner. (62-555.360 F.A.C.)
3.) No documentation of Phosphate concentration in finished water. (Chapter 62-555.35 F.A.C.)

Additional Requirements/Comments:

1.) Submit updated Lead/Copper sample plan with increased tap sample and water quality sites.
2.) Document annual cleaning of storage tanks and certified tank inspections every five years.
3.) Consolidate all equipment manuals into one bound and indexed notebook. (Due: 12/31/05)
4.) Create Emergency Response Plan by 12/31/05.
5.) Install audio-visual alarm system for power outage or auxiliary power source operation.
6.) Exercise key isolation valves and maintain updated distribution system map.
7.) Document all legitimate customer complaints and operator responses in a log book.

Inspector: Patricia Carrico / Patricia Carrico Title Environmental Specialist II Date 2/23/05

Approved by: Paul Hextell / Title Environmental Supervisor II Date 3/24/05.


GENERAC


REPLACE BARBED WIRE HERE
PWS #3641373 - Tomoka Vi
Well #1/Plant Gate (missing top bar

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

John O. Agwunobi, M.D., M.B.A.
Secretary

Sent Certified: 7000 1670 0008 8254 3007

November 14, 2003

Twin Rivers, PWS ID: 3641399

Florida Water Services
Paul Thompson
P.O. Box 609520
Orlando, FL 32860

Dear Mr. Thompson:

This letter confirms my visit to the above referenced facility on October 17, 2003, in the presence of your representative (Jim Hogan) for the purpose of conducting a sanitary survey. A copy of the Sanitary Survey inspection form is enclosed for your records. There were deficiencies noted during the survey and an office file review was conducted. The deficiencies are listed on page six of the survey form and as follows:

1. Submit updated bacteriological sampling plan for review that represents the extent of the distribution area. Collect samples from indicated sampling points each month. Chapter 62-550.518(1) Florida Administrative Code.
2. Submit water line distribution system area map, valve locations, valve exercise plan and flushing plan. Submit justification that plans are adequate to control biofilm and sedimentation in distribution system. Ch.62-555.330(8) F.A.C. (2003)
3. Install flow meter at point of entry to record water flow rates. Ch.62-555.350(1) F.A.C.
4. Replace severely corroded Hydropneumatic tank. Ch. 62-555.350(1) F.A.C.
5. Submit Cross Connection Control Plan to include placement, annual maintenance, record keeping and potential sites of backsiphonage from used water, industrial, sewage, or any other substance other than potable water. Follow guidance of "Recommended Practice for Backflow Prevention and Cross Connection Control" by American Water Works Association.Ch.62-555.360(2)F.A.C.

You are required to correct items 1,2,3 and 5 deficiencies for the subject system and to provide a written statement to this Department no later than January 15, 2004. Letter should state any changes in equipment and when deficiencies were corrected. Replacement of hydropneumatic tank shall be replaced by March 1, 2004 and notify Department upon completion of replacement.

Please provide the information, where available, for items marked unknown "Unk" on the sanitary survey report. Thank you for you cooperation with this Department. If you have any questions or any items in this letter need further explanation, feel free to call Tuesday through Friday (386) 274-0719.

Sincerely,

Darren R. Guffey
Environmental Specialist II

CC: PWS File # 3641399

State of Florida
Department of Health
Volusia County Health Department

SANITARY SURVEY REPORT

Plant Name TWIN RIVERS County Volusia PWS ID # 3641399
Plant Location Riverdale Avenue Phone 386-503-4339
Owner Name Florida Water Service Phone 386-445-3311
Owner Address #2 Utility Drive, Palm Coast, FL 32137
Contact Person Jim Hogan/Donald Hulcolm Title A operator Phone 386-503-4339
This Survey Date 10/17/03 Last Survey Date 9/27/00 Last C.I. Date 1/22/03

PWS TYPE & CLASS

☒ Community (4C)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

☒ Approved system with approval number & date
9374 (9/5/67), As Builts (10/7/75)
209892-001 5/27/2003
☐ 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
David Nelson C-10109, Jim Hogan A-4052,
Ron Pirkle C-6762, Donnie Holcomb A-5091
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* N/A *Actual* 1.5 hrs.
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
N/A

Number of Service Connections 82
Population Served 190 Basis 2.3 x con.,est
Average Day (from MORs) 19,303 gpd
Max. Day (from MORs) 28,250 gpd
Max-day Design Capacity 385,000 gpd
Comments none

RAW WATER SOURCE

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

AUXILIARY POWER SOURCE

☐ Yes ☐ None ☒ Not Required
Source Generac Power Systems (Diesel 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 1 well pump
☒ High Service Pumps 2
☒ Treatment Equipment all treatment
Satisfy 1/2 max-day demand? ☒Yes ☐No ☐Unk
Comments none

TREATMENT PROCESSES IN USE

Chloramine
corrosion inhibitor
What additional treatment is needed?
N/A
For control of what deficiencies?
N/A

DISTRIBUTION SYSTEM

Flow Measuring Device None
Meter Size & Type none
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections none
Written Cross-connection Control Program: No
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments Submit updated coliform sampling plan.
Submit distribution flushing and valve excercising
plan. Install flow meter at point of entry.

PWS ID # 3641399
Date 10/17/03

GROUND WATER SOURCE

Well Number		1	2	3	4
Year Drilled		1967	N/A	N/A	N/A
Depth Drilled (ft.)		190'			
Drilling Method		Rotary			
Type of Grout		Unk			
Static Water Level (ft.)		Unk			
Pumping Water Level (ft. below surface)		Unk			
Design Well Yield (gpm)		Unk			
Test Yield (gpm)		Unk			
Actual Yield (if different than rated capacity)		Unk			
Strainer		Unk			
Length (outside casing) (ft.)		95'			
Diameter (outside casing) (in.)		6"			
Material (outside casing)		Steel			
Well Contamination History		No			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	150'			
	Reuse Water	No			
	WW Plumbing	100			
	Other Sanitary Hazard	N/A			
PUMP	Type	Submersible			
	Manufacturer Name	Franklin			
	Model Number	Unk			
	Rated Capacity (gpm)	268			
	Motor Horsepower	7.5			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Yes			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		See comment			
Fence/Housing		Yes			
Well Vent Protection		Yes			

COMMENTS No check valve needed at well because of airgap at aeration spray nozzles.

PWS ID # 3641399
Date 10/17/03

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 3 gpd
Chlorine Feed Rate unk
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant * Remote *
Remote tap location Last house on Tymber Creek rd.
DPD Test Kit: ☒ On-site ☐ With operator ☐ None ☐ Not Used Daily
Injection Points Drips into Clearwell
Booster Pump Info N/A
Comments Backup Chlorine pump with operator.
*Chloriamine residuals: Plant: 1.82ppm.
Remote: 1.6

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

AERATION (Gases, Fe, & Mn Removal)
Type Spray Capacity unk
Aerator Condition fair
Bloodworm Presence no
Visible Algae Growth no
Protective Screen Condition very good
Comments none

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

Tank Type/Number	C	C	G
Capacity (gal)	4500	4500	1500
Material	concrete	concrete	steel
Gravity Drain	No	No	No
By-pass Piping	No	No	Yes
Pressure Gauge	N/A	N/A	No
Sight Glass or Level Indicator	N/A	N/A	No
Fittings for Sight Glass	N/A	N/A	No
Protected Openings	Yes	Yes	N/A
PRV/ARV	N/A	N/A	Unk
On/Off Pressure	N/A	N/A	N/A
Access Padlocked	Yes	Yes	Yes
Height to Bottom of Elevated Tank	6'	6'	20'
Height to Max. Water Level	5'	5'	19'

Comments Hydropneumatic tank serves as ground storage. Hydropneumatic tank is in poor condition and has several patches covering leaky rusted areas.

HIGH SERVICE PUMPS

Pump Number	1	2	N/A
Type	cent.	cent.	
Make	Magnetek	Magnetek	
Model	Century	Century	
Capacity (gpm)	unk	unk	
Motor HP	5	5/3	
Date Installed	unk	unk	
Maintenance	monthly	monthly	

Comments Pressure gauge is inline at plant.

PWS ID # 3641399
Date 10/17/03

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS								
CONTAMINANT	# Samples Required	Sampling Location	C > 3300			C ≤ 3300		
			Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bact)	1	Each well	monthly			monthly		
	2	Distribution					monthly	Tenth of next month
Volatile Organics	*(Note A)*	*(Note G)*	*(Notes A, 1)*			*(Notes A, 2)*	2006	
Pesticides & PCBs	*(Notes B, E)*	*(Note G)*	3 years *(Note 1)*			3 years *(Note 2)*	2006	
Nitrate & Nitrite (as N)	1	POE	annually			annually	2004	
Inorganics	1	POE	3 years *(Note 1)*			3 years *(Note 2)*	2006	
Asbestos	1 *(Note F)*	Distribution	9 years *(Note 7)*			9 years *(Note 8)*	2012	
Secondaries	1	POE	3 years *(Note 1)*			3 years *(Note 2)*	2006	
Radionuclides	*(Note C)*	POE	3 years *(Note 1)*			3 years *(Note 2)*	2006	
Lead and Copper	*(Note D)*	---	---			Annually	2004	
Disinfection Byproduct	1	Distribution	Quarterly			Annually	2004	

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

See Page 5 for description of italicized notes.

PWS ID # 3641399
Date 10/17/03

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

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

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

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

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

Note D Contact the Volusia County Health Department at (904) 947-3436 or contact the Florida Rural Water Association.

Note E Contact the Volusia County Health Department at (904) 947-3436 to obtain an application for reduced monitoring.

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

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

FREQUENCY:

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

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

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

Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)

Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)

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

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

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

PWS ID # 41399
Date 10/17/03

MONITORING VIOLATIONS	MCL VIOLATIONS
9/9/02Failed to certify public education	
per department's deadline concerning	
Lead and Copper	
7/1/02 Two minor deficiencies on CCR.	
6/30/02 Insufficient number of sites	
sampled for Lead and Copper.	

DEFICIENCIES:

1.Submit updated bacteriological sampling plan that represents the extent of the distribution area. Collect samples from indicated sampling points. Chapter 62-550.518 (1) Florida Administrative Code

2.Submit water line distribution system area map, valve locations, valve exercise plan and flushing plan. Submit justification that plans are adequate to control biofilm and sedimentation in distribution system.Ch.62-555.330(8) F.A.C. (2003)

3.Install flow meter at point of entry to record water flow rates. Ch. 62-555.350 (1) F.A.C.

4.Replace severely corroded Hydropneumatic tank. Ch. 62-555.350(1) F.A.C.

5. Submit Cross Connection Control Plan to include placement, annual maintenance, record keeping and potential sites of backsiphonage from used water, industrial, sewage, or any other substance other than potable water. Follow guidance of "Recommended Practice for Backflow Prevention and Cross Connection Control" by American Water Works Association.Ch.62-555.360(2)F.A.C.

COMMENTS:

1. Stage 1 Disinfection Byproduct Rule requirements pertinent to this system will become effective January 1, 2004. This includes 1 sample per treatment annually per sampling plan during month of warmest water temperature. Submit sampling plan by March 30, 2003 (Example: One sample during one of summer months.)
Chapter 62-550.310(2a) F.A.C.

2. Action Levels were exceeded from samplings of Lead and Copper during fall 2001 and spring 2002 (See data for dates and results). Owner of system changed corrosion inhibitor chemical on 8/21/02 from Stiles-Kem SK-7641 to SK-7661. The change was made upon recommendation of corrosion inhibitor supplier. Subsequent Lead and Copper results in November 2002 and May 2003 have shown no new Action Level trigger.

3. Disinfection Byproducts or total trihalomethanes were elevated consistently from February 2000 (See data for dates and results). Owner installed Ammoniation system early 2003 to reduce the levels of Disinfection Byproducts produced in water system. Subsequent Total Disinfection Byproduct sample from July 2003 show a significant reduction in contaminant levels.

Inspector _____ Title Environmental Specialist II Date 11/14/2003

Approved by _____ Title Environmental Supervisor II Date _____

PWS ID 3640557
Date 5-8-03

OTHER TASTE/ODOR CONTROL PROCESSES
Explain: N/A

AMMONIATION
Make Capital Capacity 400 #/day
Injection Points Recarb basin
Comments

COAGULATION (Turbidity Removal)
Chemicals Used N/A
Condition of Floc
Is settling OK?
Comments

SOFTENING (Ca/Mg Hardness Removal)

Chemical Precipitation Process:
Chemicals Used Slaked lime and a polymer: LC-214 acrylamide
Nature of Floc white flocculent mass
Sludge Blanket Appearance fine
Is settling OK? settles
Excessive carry-over? No
Secondary Precipitation not seen
Effluent Stability stable
Recarbonation Type CO_2 gas
Sludge Recirculation Used Sludge piped to pond
Comments Repairs on softeners alternates

Ion Exchange Process:
Make N/A Model
Capacity
Grade of Salt for Regeneration
Backwash Effluent Destination
Comments

STABILIZATION
Effluent S.I. N/A Is pH control done?
Chemical Used
Injection Point
pH Range of Effluent

FILTRATION (Suspended Solids Removal)
Type Rapid Sand
Size 30 yards^3 each No. of Units 3
Length of Filter Runs 95-100 hours
Type of Filter Media silica sand
Is media visible? yes Clean after BW? yes
Filter Rate 800 gpm BW Rate 2700 gpm
Filter Capacity 2.4 MG/d
Cracks/Cementation/Channeling none
Effluent Stability good Algae Growth no
Turbidity in clearwell? Not significant
Head Loss Gauge On each unit
Comments

FLUORIDATION
Chemical Used $NaHSiF_6$ Strength 22-26%
Corrosion Noted on glass Plugging Noted no
Feeder Make/Model LMI A-151-91 FS
High Level Ventilation (acid) Yes
Acid carboys/day tank vented outside N/A
Designated Electrical Outlet (acid) Yes
Analytical Testing Equipment Yes
Anti-siphon Valves Yes
Residual Range 0.6 mg/l
Point of Application Added to main whenever HS pumps are engaged-then to service or starage
Emergency Eyewash Yes
Comments

ADDITIVES
Meets NSF 60 & 61 Yes

Volusia County Health Department • Environmental Health • Engineering Office
501 S. Clyde Morris Blvd. Daytona Beach, FL 32714 • (904) 947-3436

PWS ID 3641399
Date10/17/2003

OTHER TASTE/ODOR CONTROL PROCESSES
Explain: N/A

AMMONIATION
Make Stenner/45M1 Capacity 3gpd
Injection Points Clear well feed point
Comments 19% aqua ammonia in 15 gal containers.

COAGULATION (Turbidity Removal)
Chemicals Used N/A
Condition of Floc
Is settling OK?
Comments

SOFTENING (Ca/Mg Hardness Removal)

Chemical Precipitation Process:
Chemicals Used: N/A
Nature of Floc
Sludge Blanket
Is settling OK?
Excessive carry-over?
Secondary Precipitation
Effluent Stability
Recarbonation Type
Sludge Recirculation Used Comments

Ion Exchange Process:
Make N/A Model
Capacity
Grade of Salt for Regeneration
Backwash Effluent Destination
Comments

STABILIZATION
Effluent S.I. N/A Is pH control done?
Chemical Used
Injection Point
pH Range of Effluent

FILTRATION (Suspended Solids Removal)
Type N/A
Size No. of Units
Length of Filter Runs
Type of Filter Media
Is media visible? Clean after BW
Filter Rate BW Rate
Filter Capacity
Cracks/Cementation/Channeling
Effluent Stability Algae Growth
Turbidity in clearwell?
Head Loss Gauge
Comments

FLUORIDATION
Chemical Used N/A Strength
Corrosion Noted Plugging Noted
Feeder Make/Model
High Level Ventilation (acid)
Acid carboys/day tank vented outside N/A
Designated Electrical Outlet (acid)
Analytical Testing Equipment
Anti-siphon Valves
Residual Range
Point of Application
Emergency Eyewash
Comments

ADDITIVES NSF 60/61: YES

CORROSION CONTROL:
Corrosion Control is poly-orthophosphate SK 7661, Stiles-Kem Division, Metro Corp.and is NSF 60 Approved. Feeding rate of 1mg/l Stenner Pump, Chlorine to Ammonia rate 4:1.

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name VALENCIA TERRACE S/D County Lake PWS ID # 3351421
Plant Location Trout Lane, Fruitland Park 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 8/24/99

PWS TYPE & CLASS

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

PWS STATUS

☒ Approved system with approval number & date
HRS #8412, 11/8/72, HRS #B-14673, 7/26/73, WC35-2019, 1/12/78, WC35-261196, 12/19/94
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Residential and Commercial

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 330
Population Served 839 Basis per MOR
Average Day (from MORs) 73,935 gpd
Max. Day (from MORs) .1565 MGD 5/03
Max-day Design Capacity .720 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 (propane)
Capacity of Standby (kW) 85
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
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

Received

MAY 12 2004

Environmental Services

PWS ID # 3351421
Date 5/6/04

GROUND WATER SOURCE

Well Number		1	2(back-up)		
Year Drilled		1973	1977		
Depth Drilled		285'	350'		
Drilling Method		UNK	Cable Tool		
Type of Grout		UNK	Cement		
Static Water Level		UNK	50'		
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	UNK		
Length (outside casing)		130'	190'		
Diameter (outside casing)		8"	8"		
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	--	--		
	Reuse Water	--	--		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Vert. Turbine	Submersible		
	Manufacturer Name	Goulds	Jacuzzi		
	Model Number	8DHHC	2056-H5-TZ		
	Rated Capacity (gpm)	750	250		
	Motor Horsepower	50	20		
Well casing 12" above grade?		Yes	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		Yes	Yes		

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

PWS ID # 3351421
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☒ Gas ☐ Hypo
Make Regal Capacity 50 ppd
Chlorine Feed Rate 9-10 ppd
Avg. Amount of Cl_2 gas used 3 ppd
Chlorine Residuals: Plant 1.5 Remote 1.1
Remote tap location Clubhouse sink
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1 & by-pass
Booster Pump Info 1 HP Goulds mod 25GBC10
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	☒	☐	w/operators
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)	6,600		
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 # 3351421
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Overall, the plant looked good!!

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

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

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name VENETIAN VILLAGE County Lake PWS ID # 3351426
Plant Location 38217 Tammi Drive, Lake Jem, 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 32860-9520
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 (5D)
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

☒ Approved system with approval number & date
HRS B14513, 11/9/72, WC35-193389, 6/24/92
WC35-21855, 9/28/94
☐ 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, J. Worrell C-6597
W. Fontaine C-6813
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 144
Population Served 502 Basis MOR
Average Day (from MORs) 28,932 gpd
Max. Day (from MORs) .063 gpd 5/03
Max-day Design Capacity .216 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 LP Gas
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 All
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 *4" Precision on primary well.
2" Master Meter on back-up well.

PWS ID # 3351426
Date 5/6/04

GROUND WATER SOURCE

Well Number		1(inside)	2(outside)		
Year Drilled		1971	1977		
Depth Drilled		200'	230'		
Drilling Method		Rotary	Cable Tool		
Type of Grout		UNK	Neat Cement		
Static Water Level		UNK	UNK		
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	UNK		
Length (outside casing)		UNK	123'		
Diameter (outside casing)		8"	6"		
Material (outside casing)		Blk. 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	N/A	N/A		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	N/A	N/A		
PUMP	Type	Vert. Turbine	Submersible		
	Manufacturer Name	Peerless	Goulds		
	Model Number	81B-6	6A5		
	Rated Capacity (gpm)	240	100		
	Motor Horsepower	15	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		Yes	N/A		

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

PWS ID # 3351426
Date 5/6/04

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem-tech Capacity 30* gpd
Chlorine Feed Rate 100% W1, 80% W2
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.3 Remote 1.1
Remote tap location LS #4 hose bibb
DPD Test Kit: ☒ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H/1
Booster Pump Info
Comments This is a dual system - primary system includes 2 chlorinators at 15 gpd capacity each. And a back-up chlorinator at 15 gpd capacity.

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 2-4" Neptune compound meter on discharge side of plant.

HIGH SERVICE PUMPS

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

Comments _____

PWS ID # 3351426
Date 5/6/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies!! Keep up the good work!!

Inspector K [illegible] 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

John O. Agwunobi, M.D., MBA
Secretary

July 19, 2005

CS/Village Water Ltd
PWS: Id. No. 6532779

Carolyn McFalls
Aqua Source Utility, Inc.
6960 Professional Parkway East, Suite 400
Sarasota, FL 34240

Dear Ms. McFalls:

A sanitary survey of your water system conducted on July 18, 2005 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 system is not being flushed as necessary. Chapter 62-555.350(2) indicates that all dead end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water. Please submit a copy of the flushing plan to this Department.

2. Please revise the flushing plan and submit a copy to this Department since new flush valves have been added to the distribution conveyance. Chapter 62-555.350(2)indicates that all dead end water lines supplying drinking water shall be flushed in accordance with a written flushing program.

3. 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 ascertain that a manual will be made available for reference at the plant or at a convenient location near the plant no later than December 31, 2005.

POLK COUNTY HEALTH DEPARTMENT
Daniel O. Haight
Director
ENVIRONMENTAL ENGINEERING DIVISION
2090 East Clower Street, Bartow, Fl 33830
Lynne M. Saddler, MD, MPH
Assistant Director

4. 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 no later than December 31, 2005.

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

Sincerely,

H. Taghiof

Henry Taghiof
Engineer III

HT/adh

Cc: David Rodriguez

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen Castille
Secretary

May 3, 2006

SENT VIA EMAIL: CMMCCLURE@AQUAAMERICA.COM

Ms. Candice McClure
P.O. Box 490310
Leesburg, FL 34749

Putnam County – Potable Water
Compliance Inspection 2006
Welaka Mobile Home Park // PWS ID: 2541242

Dear Ms. McClure:

A sanitary survey of the above referenced Community Public Water System was conducted on April 19, 2006 with the courteous assistence of Mr. Paul Thompson. 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.

To update our files, please provide the Department copies of the following:

1. The Department does not have a Cross-Connection Control Plan for this system. Please provide a copy to this office. If needed, enclosed is a copy of two sample CCCP's to use as an example. Rule 62-555.360(2).

2. The Department has not received a copy of a written Coliform (i.e. bacteriological) Sampling Plan. Please provide a written Plan that addresses the location, timing, and frequency of sampling. Also, it is recommended that the Plan include the protocol that will be followed if either a well or a distribution sample is positive. A copy of a Sample Bacteriological Plan is enclosed. Rule 62-550.518(1).

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, Bacteriologicals (monthly), and disinfectant residual levels (monthly with Bacti's).

Please call me at (904) 807-3321 or email me at Amber.Otto@dep.state.fl.us if you have any questions. Your cooperation with the Florida Safe Drinking Water Program is appreciated.

Sincerely,

Amber M. Otto

Amber Otto
Environmental Specialist

JJD:BRR:AMO:ao

Correspondence File

cc: Paul Thompson, operator (via mail)

enclosed: Sanitary Survey, CCCP examples, Bacti plan example

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name Welaka Mobile Home Park County Putnam PWS ID # 2541242
Plant Location Hamilton Road; Satsuma, FL Phone
Owner Name Candice McClure Phone 352-73[illegible]-0627
Owner Address P.O. Box 490310; Leesburg, FL 34749
Designated Rep. Paul Thompson Title Lead Operator Phone 386-93[illegible]-1143
Facility Contact Paul Thompson Title Lead Operator Phone 386-93[illegible]-1143
This Survey Date 4/19/2006 Last Survey Date 11/17/2006 Last C.I. Date 7[illegible]2/02

PWS TYPE & CLASS: Community - (5D)

SERVICE AREA CHARACTERISTICS
Mobile Home Park

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 110
Population Served 250 Basis estimate
Plant Design Capacity 86,000 gpd
Basis MORs
Average Day (from MORs) 13,577 gpd
Max. Day (from MORs) 32,130 gpd
Total Storage Capacity 1,800 gallons
Comments Based on March 2006 data

LOCATION
Latitude 29° 31' 53.75" North
Longitude 81° 40' 7.49" West
GPS: Yes Date: 7/16/1997
Directions HWY. 17 South. Right on CR309. Right on Hamilton Road. Plant is on left past Welaka MHP sign

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Paul Thompson A-7251

O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
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

RAW WATER SOURCE
☒ GROUND; Number of Wells
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID #
☒ Emergency Water Source Saratoga Harbor
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
Hypo-chlorination

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 Meter
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections None Seen
Written Cross-connection Control Program: No
Coliform Sampling Plan: ☐ Yes ☒ No ☐ N/A
Comments Please submit a cross-connection control plan, and a coliform sampling plan – neither could be found in our files.

Welaka Mobile Home Park

PWS ID # 2541242
Survey Date 4/19/2006

GROUND WATER SOURCE

Well Number (PWS Identification)		2541242
Well Name (System Identification)		1
Year Drilled		1963
Depth Drilled		183'
Latitude		29 31' 53.75"N
Longitude		81 40 7.49"W
GPS (Y or N) / Date (if applicable)		Yes 7/16/1997
Florida Well ID		AAC1852
Static Water Level		Unknown
Actual Yield (if different than rated capacity)		
Strainer		Unknown
Length (outside casing)		85'
Diameter (outside casing)		4"
Material (outside casing)		Steel
Well Contamination History		None
Is inundation of well possible?		Not Likely
6' X 6' X 4" Concrete Pad		Yes
SET BACKS	Septic Tank	None seen
	Reuse Water	None seen
	WW Plumbing	None seen
	Other Sanitary Hazard	None seen
PUMP	Type	Submersible
	Manufacturer Name	Unknown
	Model Number	Unknown
	Rated Capacity (gpm)	76 (last survey)
	Motor Horsepower	5 (last survey)
Well casing 12" above grade?		Yes
Well Casing Sanitary Seal		Yes
Raw Water Sampling Tap		Yes – Smooth
Above Ground Check Valve		Yes
Fence/Housing		Both
Well Vent Protection		Yes

COMMENTS _____

Welaka Mobile Home Park

PWS ID # 25[illegible]1242
Survey Date 4/1[illegible]/2006

CHLORINATION (Disinfection)
Type: Hypo-Chlorination
Make Stenner Capacity 10 gpd
Chlorine Feed Rate
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.5 Remote 1.6
Remote tap location 116 Cherokee Road
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points Upstream of hydrotank
Booster Pump Info
Comments

Chlorine Gas Use Requirements	YES	NO	Comments N/A
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 N/A Capacity
Aerator Condition
Bloodworm Presence
Visible Algae Growth
Protective Screen Condition
Comments

STORAGE FACILITIES
(B) Bladder (CW) Clearwell (C) Contact (E) Elevated
(G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	H		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	No		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	S.G.		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/58		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments

HIGH SERVICE PUMPS

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

Comments

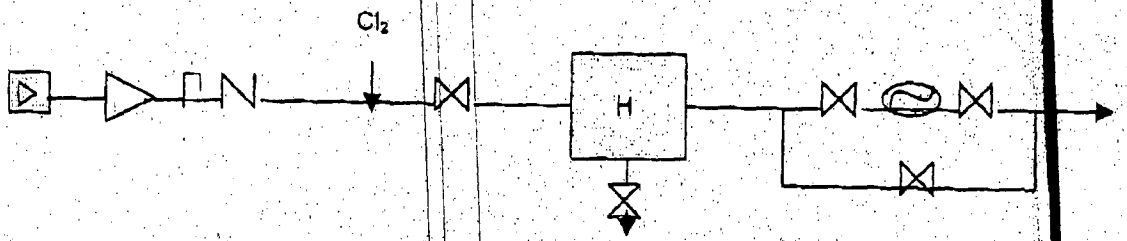
Welaka Mobile Home Park

PWS ID # 25[illegible]1242
Survey Date 4/19/2006

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS			
CONTAMINANT	**Last Sampled**	**Due Date**	**COMMENTS**
Microbiological (Bacteria)	xxxxxxxx	Monthly	2 distribution samples + 1 from each raw source (distribution number based upon the population served)
Disinfectant Levels	xxxxxxxx	Monthly	2 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	waiver	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	waiver	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	2005	2008	Samples taken from pre-approved sample plan sites.
Asbestos	waiver	2010	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:



Welaka Mobile Home Park

PWS ID # 254 242
Survey Date 4/19/2006

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None

DEFICIENCIES:

Cross-connection control plan should be submitted

Coliform Sampling plan should be submitted

Inspector Amber M. Otto
Amber Otto

Title Environmental Specialist I Date 5/3/06

Approved by Blanca R. Rodriguez
Blanca R. Rodriguez

Title Engineer Specialist IV Date 5/3/06

Department of Environmental Protection

Jeb Bush
Governor

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

Colleen M. Castille
Secretary

December 22, 2005

Mr. Paul Thompson
Aqua Utilities Inc.
P.O. Box 490310
Leesburg, FL 34749-0310

Putnam County – Potable Water
Saratoga Harbor Water System
PWS ID: 2541008

Dear Mr. Thompson:

On November 2, 2005 a sanitary survey was performed at the above referenced Community Water System with your courteous assistance. The water system was found in good condition. Based on the survey and the water quality data received, this facility is in compliance with the Safe Drinking Water Act, Section 403, Florida Statutes (FS), and the Florida Administrative Code (FAC) title 62.

However, the following is recommended to maintain the facility in compliance with the Drinking Water Program.

1. This facility needs to continue monitoring for Disinfection By-Products on a quarterly basis during 2006. Quarterly monitoring is needed because the annual average (last 4 quarters) for TTHMs is 70.2 ug/L which it is above 60 ug/L per Federal Rule 40 CFR 141.132(b). It is recommended that this water system continue adjusting the aeration/disinfection treatment as necessary to maintain the formation of TTHMs below the 80 ug/L MCL.

2. We recommend to schedule the cleaning and painting of the aerator and tanks during the next year to maintain the system in good condition.

We have received all the chemical analyses due for 2005, and the results were found satisfactory. Enclosed is a copy of the sanitary report for your records. If I may be of further assistance to you, please contact me at (904) 807-3303. Thank you for your cooperation with the Safe Drinking Water Act.

Sincerely,

Blanca R. Rodriguez
Potable Water Section

JD:BRR:brr

State of Florida
Department of Environmental Protection
Northeast District

SANITARY SURVEY REPORT

Plant Name Saratoga Harbor WTP County Putnam PWS ID # 2541008
Plant Location Gibbs Road, Satsuma, Florida Phone 386-937-1143
Owner Name Aqua Utilities Inc.- Candice McClure Phone 352-435-4020
Owner Address P.O. Box 490310, Leesburg, FL 34749-0310
Designated Rep. Paul Thompson, Lead Operator Title Supervisor Phone 386-937-1143
Facility Contact Paul Thompson Title Lead Operator Phone 800-250-7532 emerg.
This Survey Date 11/2/2005 Last Survey Date 6/18/01 Last C.I. Date

PWS TYPE & CLASS: Community - (4D)

SERVICE AREA CHARACTERISTICS
subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 46
Population Served 160 Basis
Plant Design Capacity 158,400
Basis
Average Day (from MORs) 20,500 gpd
Max. Day (from MORs) 58,800 gpd
Total Storage Capacity 45,000
Comments

LOCATION
Latitude 29° 31' 55.16" North
Longitude 81° 40' 59.47" West
GPS: Yes Date: 7/16/97
Directions US 17 South, pass Palatka and continue to Satsuma. Turn right on CR-309 (light in Satsuma). Turn right on Hamilton Rd. Turn left on Saratoga Dr. Turn right on Gibbs Avenue. Plant is on the right on Gibbs Ave.

OPERATION & MAINTENANCE
Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mr. Paul Thompson, C-7251, Aqua Utilities
Operator/Uti superv. 386-937-1143 (cell)
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
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

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
Aeration and hypo-chlorination

What additional treatment is needed?

For control of what deficiencies?

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

Saratoga Harbor WTP

PWS ID # 2541008
Survey Date 11/2/2005

GROUND WATER SOURCE

Well Number (PWS Identification)		1		
Well Name (System Identification)		1		
Year Drilled		1971		
Depth Drilled		179'		
Latitude		29 31' 55.156		
Longitude		81 40' 59.467"		
GPS (Y or N) / Date (if applicable)		Yes-1997		
Florida Well ID		AAC1853		
Static Water Level		Unk		
Actual Yield (if different than rated capacity)				
Strainer		Unk		
Length (outside casing)		Unk		
Diameter (outside casing)		4"		
Material (outside casing)		Steel		
Well Contamination History		None		
Is inundation of well possible?		No		
6' X 6' X 4" Concrete Pad		Yes		
SET BACKS	Septic Tank	Ok		
	Reuse Water	NA		
	WW Plumbing	Ok		
	Other Sanitary Hazard	Ok		
PUMP	Type	Centrifugal -two		
	Manufacturer Name	Goulds		
	Model Number	3556		
	Rated Capacity (gpm)	110 each		
	Motor Horsepower	7.5 each		
Well casing 12" above grade?		Yes		
Well Casing Sanitary Seal		Yes		
Raw Water Sampling Tap		Yes		
Above Ground Check Valve		Yes		
Fence/Housing		Fence		
Well Vent Protection		No		

COMMENTS

One well and two well pumps, same type.

Saratoga Harbor WTP

PWS ID # 2541008
Survey Date 11/2/2005

CHLORINATION (Disinfection)

Type: Hypo-Chlorination
Make Stenner Capacity 3 gpd
Chlorine Feed Rate 50%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.6 Remote 1.5
Remote tap location
DPD Test Kit: ☒ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points prior hydrotank
Booster Pump Info
Comments CL2 analyzer is not used anymore

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 215 gpm
Aerator Condition good
Bloodworm Presence none
Visible Algae Growth none
Protective Screen Condition good
Comments

STORAGE FACILITIES

(B) Bladder (CW) Clearwell (C) Contact (E) Elevated (G) Ground (H) Hydropneumatic (S.C.) See Comments

Tank Type/Number	G	H	
Capacity (gal)	40000	5000	
Material	steel	steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	No	
Pressure Gauge	N/A	Yes	
Sight Glass or Level Indicator	No	S.G.	
Fittings for Sight Glass	N/A	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	N/A	PRV	
On/Off Pressure	NA	40-60	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank		NA	
Height to Max. Water Level			

Comments
Pressure, good.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	centr	centr	
Make	Goulds	Goulds	
Model			
Capacity (gpm)	140	140	
Motor HP	7.5	7.5	
Date Installed			
Maintenance	fair	fair	

Comments

Saratoga Harbor WTP

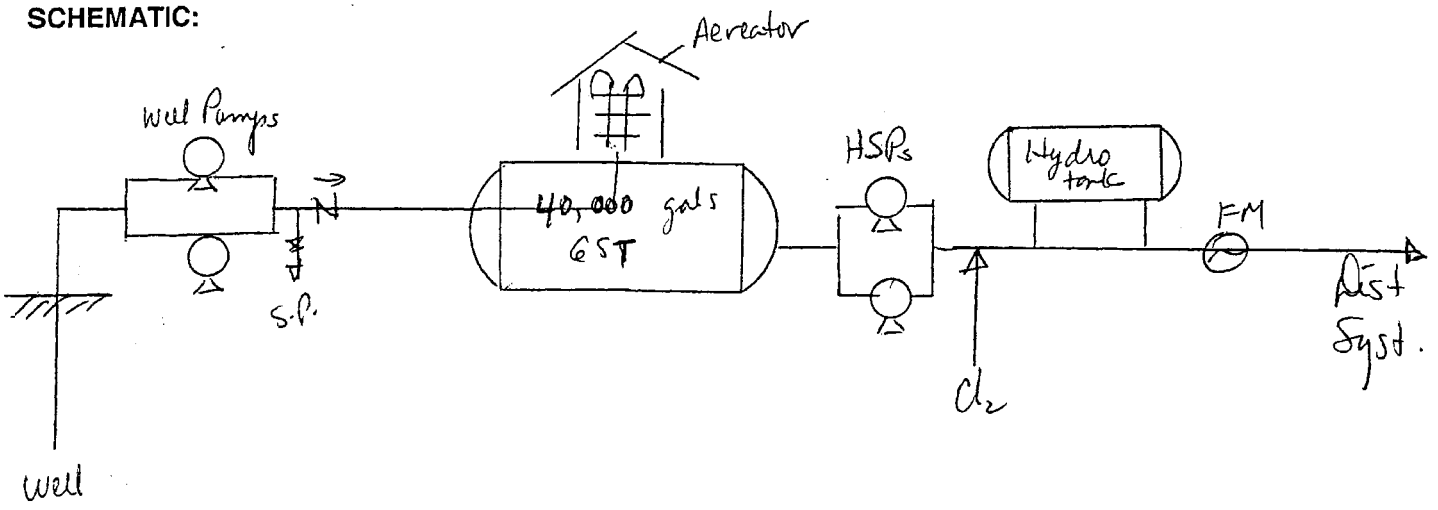
PWS ID # 2541008
Survey Date 11/2/2005

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)	2005	2006	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	2004	2007	**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:



Saratoga Harbor WTP

PWS ID # 2541008
Survey Date 11/2/2005

MONITORING VIOLATIONS	MCL VIOLATIONS
none	TTHMs > MCL in 2004
	TTHMs < MCL in 2005

DEFICIENCIES:

Facility was found in good condition.

Only the tanks and aerator need to be cleaned and/or painted as soon as possible.

Inspector Blanca R. Rodriguez Title Engineer IV Date 12/22/05

Approved by John J. Davis, P.G. Title Potable Water Supervisor Date 12/22/05

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

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
Wootens Mobile Home Park
PWS ID: 2541280

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

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 WOOTENS MOBILE HOME PARK County Putnam PWS ID # 2541280
Plant Location Point Pleasant at Hess Road, Georgetown, Florida Phone 386-329-1122
Owner Name Florida Water Services 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 6/18/01 Last C.I. Date 8/1/02

PWS TYPE & CLASS: Community - (5D)

SERVICE AREA CHARACTERISTICS
Residential Mobile Home Park

Food Service: ☐ Yes ☐ No ☒ N/A

GENERAL INFORMATION
Number of Service Connections 29
Population Served 29 Basis approximation
Plant Design Capacity 36,000 gpd
Basis well design capacity
Average Day (from MORs) 2,267 gpd
Max. Day (from MORs) 3,560 gpd
Total Storage Capacity 670 gallons
Comments Data based on January 2004 MOR

LOCATION
Latitude 29° 23' 45.66" North
Longitude 81° 39' 0.56" West
GPS: Yes Date: 7/30/97
Directions US 17 South, Right at CR309, right on Parker Rd., Right on Hess Rd., Plant is at the intersection with Pleasant Circle

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* 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
Complete Operations, Maintenance, Equipment Logs and Sampling plans on site.

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
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 2" Precision Meter
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 # 2541280
Survey Date 3/3/04

GROUND WATER SOURCE

Well Number (PWS Identification)		2541280			
Well Name (System Identification)		1			
Year Drilled		Unknown			
Depth Drilled		Unknown			
Latitutude		29:23:45.66			
Longitude		81:39:0.559			
GPS (Y or N) / Date (If applicable)		Yes, 7/30/97			
Florida Well ID		AAC1981			
Static Water Level		Unknown			
Actual Yield (If different than rated capacity)					
Strainer		Unknown			
Length (outside casing)		Unknown			
Diameter (outside casing)		2"			
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	Jet			
	Manufacturer Name	Goulds			
	Model Number	GT10			
	Rated Capacity (gpm)	20			
	Motor Horsepower	1			
Well casing 12" above grade?		OK			
Well Casing Sanitary Seal		OK			
Raw Water Sampling Tap		OK – smooth			
Above Ground Check Valve		OK			
Fence/Housing		Secure			
Well Vent Protection		Not required			

COMMENTS The well appears to be in good condition.

PWS ID # 2541280
Survey Date 3-Mar-04

CHLORINATION (Disinfection)
Type: Hypo-Chlorination
Make Stenner Capacity 17 gpd
Chlorine Feed Rate 40%
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 1.0 Remote 1.0
Remote tap location outside tap
DPD Test Kit: ☒ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points upstream of hydro tank
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
Aerator Condition Good
Bloodworm Presence No
Visible Algae Growth No
Protective Screen Condition Good
Comments Aerator appears to be in good condition

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

Tank Type/Number	G	H1	H2
Capacity (gal)	1000	480	315
Material	fiber	steel	steel
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	N/A	Yes	Yes
Sight Glass or Level Indicator	No	No	No
Fittings for Sight Glass	N/A	N/A	N/A
Protected Openings	Yes	N/A	N/A
PRV/ARV	N/A	None	None
On/Off Pressure	N/A	40/50	40/50
Access Padlocked	Yes	Yes	Yes
Height to Bottom of Elevated Tank	N/A	N/A	N/A
Height to Max. Water Level	N/A	N/A	N/A

Comments Storage Facilities appear to be in good operating condition.

HIGH SERVICE PUMPS

Pump Number	1	2	
Type	Cent.	Cent.	
Make	Goulds	Goulds	
Model	*	*	
Capacity (gpm)			
Motor HP	3	3	
Date Installed	Unk.	Unk.	
Maintenance	Good	Good	

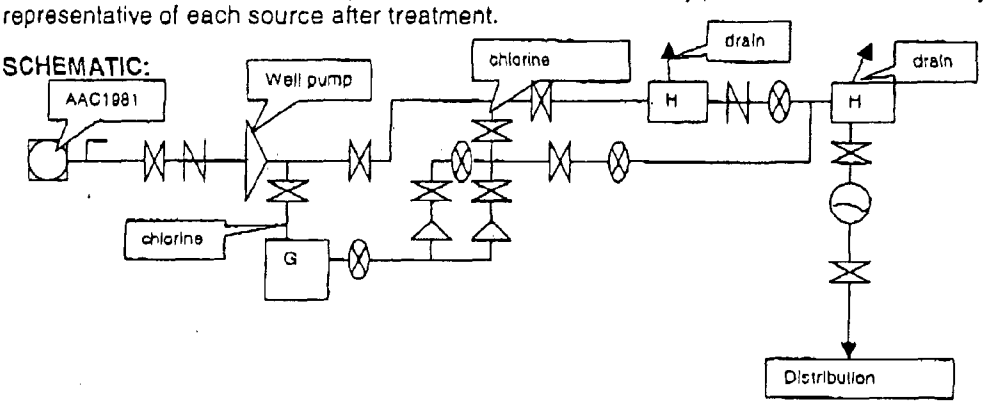
Comments * Model # 3BF23012H
Pumps appear in good condition

PWS ID # 2541280
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	Inorganic 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	Secondaries 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 # 2541280
Survey Date 3/3/04

MONITORING VIOLATIONS	MCL VIOLATIONS
None	None

DEFICIENCIES:

This facility appears to be well maintained and 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

Department of Environmental Protection

Jeb Bush
Governor

Southwest District
3804 Coconut Palm Drive
Tampa, Florida 33619

Colleen M. Castille
Secretary

March 17, 2005

RECEIVED
MAR 18 2005
Aqua Utilities Florida Inc.

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

Re: Sanitary Survey Report
Zephyr Shores MHP
PWS-ID No. 651-2018
Pasco County

Dear Ms. McFalls:

Enclosed please find a copy of the Sanitary Survey Report for the above referenced potable water system. No deficiencies were noted during the recent inspection.

If you have any questions or concerns, please contact me at (813) 744-6100, extension 319.

Sincerely,

Edward Watson
Environmental Specialist III
Drinking Water Section

EW

Enclosure

State of Florida
Department of Environmental Protection
Southwest District

SANITARY SURVEY REPORT

Plant Name ZEPHYR SHORES ESTATES County PASCO PWS ID # 6512018
Plant Location SR 54 West of Zephyrhills Phone 941-907-747
Owner Name Aqua Utilities Florida, Inc. Phone
Owner Address 6960 Professional Pkwy. East, Suite 400 Sarasota, FL 34240
Contact Person Carolyn McFalls Title Compliance Sup. Phone
This Survey Date 2/25/05 Last Survey Date 9/5/01 Last C.I. Date

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

PWS STATUS
☒ Approved system with approval number & date
permit 13515, 11-3-71 & WC-51-1146 10-2-78
☐ 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
David Rodriguez 7880-A
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: *Required* *Actual*
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

Number of Service Connections 215
Population Served 540 Basis Jan. 2005 MOR
Average Day (from MORs) 37129 gpd
Max. Day (from MORs) 49000 gpd
Max-day Design Capacity gpd
Comments

COMET: SITE ID PROJECT ID

RAW WATER SOURCE
☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source
☐ PURCHASED from PWS ID # 6512685
☐ 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 Has interconnect with PCUD SE #1

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 Water Spec.
Backflow Prevention Devices: ☐ Yes ☐ No
Cross-connections None
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☐ Yes ☒ No ☐ N/A
Comments

PWS ID # 6512018
Date 3/16/05

GROUND WATER SOURCE

Well Number		1 / AAC0104			
Year Drilled		Unk			
Depth Drilled		Unk			
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)		Unk			
Material (outside casing)		Unk			
Well Contamination History		None			
Is inundation of well possible?		No			
6' X 6' X 4" Concrete Pad		Yes			
SET BACKS	Septic Tank	-			
	Reuse Water	-			
	WW Plumbing	-			
	Other Sanitary Hazard	-			
PUMP	Type	Submersible			
	Manufacturer Name	Unk			
	Model Number	Unk			
	Rated Capacity (gpm)	Unk			
	Motor Horsepower	Unk			
Well casing 12" above grade?		Yes			
Well Casing Sanitary Seal		Ok			
Raw Water Sampling Tap		Yes			
Above Ground Check Valve		Yes			
Fence/Housing		Yes			
Well Vent Protection		Yes			

COMMENTS _____

PWS ID # 6512018
Date 3/16/05

CHLORINATION (Disinfection)
Type: ☐ Gas ☒ Hypo
Make Chem Tech Capacity 15 gpd
Chlorine Feed Rate _____
Avg. Amount of Cl_2 gas used N/A
Chlorine Residuals: Plant 4.28 Remote 1.67
Remote tap location lift station water tap
DPD Test Kit: ☐ On-site ☒ With operator ☐ None ☐ Not Used Daily
Injection Points _____
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)	7512		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass			
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	60 psi		
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 # 6512018
Date 03/16/05

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS									
CONTAMINANT	PWS Screen	# Samples Required	Sampling Location	C > 3300			C ≤ 3300		
				Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	024	1 2	Each well Distribution	monthly			monthly		monthly monthly
Volatile Organics	028	*(Note A)*	*(Note H)*	*(Notes A, 1)*			*(Notes A, 2)*	2003	2006
Pesticides & PCBs	029	*(Notes B, E)*	*(Note H)*	3 years *(Note 1)*			3 years *(Note 2)*	2003	2006
Nitrate & Nitrite (as N)	030	1	POE	annually			annually	2004	2005
Inorganics	030	1	POE	3 years *(Note 1)*			3 years *(Note 2)*	2003	2006
Asbestos	030	1 *(Note F)*	Distribution	9 years *(Note 7)*			9 years *(Note 8)*	Waiver	
Secondaries	031	1	POE	3 years *(Note 1)*			3 years *(Note 2)*	2003	2006
Radionuclides	033	*(Note C)*	POE	3 years *(Note 1)*			3 years *(Note 2)*	2003	2009
Group I UOCs	035	*(Notes B, E, G)*	POE	*(Note 4)*			*(Note 5)*		
Group II UOCs	034	1 *(Notes E,G)*	POE	3 years *(Note 1)*			3 years *(Note 2)*		
Group III UOCs	036, 037	1 *(Note G)*	POE	*(Note 4)*			*(Note 5)*		
Lead and Copper	047	*(Note D)*	---	---			---	2003	2006
DBPs	027	1	Distribution				Annual	2004	2005

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

See Page 5 for description of italicized notes.

PWS ID # 6512018
Date 3/16/05

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

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

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

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

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

Note D Contact the Southwest District's Drinking Water Program at (813) 744-6100 or contact the Florida Rural Water Association.

Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.

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

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

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

FREQUENCY:

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

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

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

Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)

Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)

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

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

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

PWS ID # 6512018
Date 03/16/05

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of inspection

**CCR needs to contain information from sampling of Zephyr Shores and Pasco County Utilities interconnect.

* Operator indicated at inspection interconnect valve is kept ¼ turn open at all times and no operational meter present to determine exact amount of water Pasco is providing.

Inspector Ed Watson Title Env. Specialist II Date 3/16/05

Approved by Craig A. Cox Title Env. Manager Date 3/16/05