

State of Florida



## Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD  
TALLAHASSEE, FLORIDA 32399-0850

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

---

**DATE:** January 21, 2016  
**TO:** Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk  
**FROM:** Clayton Lewis, US Engineering Specialist, Division of Engineering *CKL p54*  
**RE:** Docket No. 150224-WU-Application for staff-assisted rate case in Polk County by Pinecrest Utilities, LLC.

---

Please file the attached "Revised and Corrected Sanitary Survey Report Pinecrest Utilities" in the above mentioned Docket File.

Thank you.

## Terri Jones

---

**From:** Clayton Lewis  
**Sent:** Thursday, January 21, 2016 11:52 AM  
**To:** Terri Jones  
**Cc:** Robert Graves  
**Subject:** Docket No. 150224 - Revised and Corrected Sanitary Survey Report Pinecrest Utilities  
**Attachments:** 2016\_01\_08\_15\_53\_48.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Please file this message and the attachment in Docket No. 150224 – Pinecrest. Please use this title, “Revised and Corrected Sanitary Survey Report Pinecrest Utilities”

Thank you

---

**From:** Stadelbacher, Ron [<mailto:Ronald.Stadelbacher@flhealth.gov>]  
**Sent:** Friday, January 08, 2016 3:58 PM  
**To:** [jennifer@constaflow.com](mailto:jennifer@constaflow.com); [utilityconsultant@yahoo.com](mailto:utilityconsultant@yahoo.com); [gaines@constaflow.com](mailto:gaines@constaflow.com); Clayton Lewis  
**Cc:** Devine, Owen F; Taghiof, Henry  
**Subject:** Revised and Corrected Sanitary Survey Report Pinecrest Utilities

Good Afternoon All,

I have attached the revised 12/31/2015 Sanitary Survey report, and will mail a hard copy to the water system owner. The original version inadvertently included the 2014 Sanitary Survey Report’s owner mailing address, and a comment regarding the chlorination system not functioning. Both of these items were corrected and updated in the DEP database in early 2015, but were not taken off the form used on the 12/31/15 Sanitary Survey Report. This error is now corrected.

We thank you for notifying us of this error, and apologize for any inconveniences this may have caused.

Best Regards,

Ron

***Ronald L. Stadelbacher***  
Environmental Supervisor II  
Environmental Engineering Division  
Florida Department of Health in Polk County  
2090 East Clower Street, Bartow, Florida 33830-6741  
Office: (863) 519-8330 ext. 12152  
FAX: (863) 534-0245  
[Ronald.Stadelbacher@flhealth.gov](mailto:Ronald.Stadelbacher@flhealth.gov)

Mission: To protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.



**DISINFECTION**

Type	Chlorination				Comments
Phase	<input type="checkbox"/> Gas <input checked="" type="checkbox"/> Liquid				
Number of Feeders	2				
Adequate Air-Pak	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Alarms					
Loss of Cl <sub>2</sub> Capability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Loss of Cl <sub>2</sub> Residual	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Cl <sub>2</sub> Leak Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Fresh Ammonia	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Injection Point Location(s)	prior to tank				
Automatic Switchover	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Reserve Supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Maximum Day Capacity	[gas (lb/day)]	[liquid (gpd)]	30 gpd / 17 gpd		
Adequate Ventilation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Room Lightning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Safety Equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Feed Rate or Stroke	[gas (lb/day)]	[liquid (%)]	100% / 100%		
Sign of Leaks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Feeder(s) Manufacturer	Pulasatron / Stenner				
Housed or Protected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Chained Cylinders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Plant Residuals	[mg/l]	Free	0.69	Total	n/a
Remote Residuals	[mg/l]	Free	0.32	Total	n/a
Scales Functioning Properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Repair Kits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
DPD Test Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Additional Comments					none

**STORAGE FACILITIES**

	(G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell (R) Retention											
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Tank Type/Number	H / 1											
Capacity (gal)	6,000											
Material	steel											
Gravity Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By-Pass Piping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protected Openings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								
Pressure Gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Relief Valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Glass / Level Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fittings for Sight Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On/Off Pressure (PSI)	30/50											
Secured Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Height to Minimum Water Level	n/a											
Height to Maximum Water Level	n/a											
Tank Equipped With Access Manhole	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Inspection Report Date	01/2011											
Comments	tank is equipped with air compressor											

Plant Name: Pinecrest Utilities, LLC

PWS ID# 6535079  
Survey Date 12/31/2015

**ADDITIVES**

Product Name	Aqua Mag			
Chemical Name	Ortho-Phosphate			
Chemical Purpose	iron sequestering			
Meets NSF 60 or Equivalent	yes			
Injection Point Location	prior to tank			
Feeder Manufacturer	Stenner			
Feeder Model	unknown			
Feeder Capacity (gpm)	17			
Comments	none			

System Name: Pinecrest Utilities, LLC

PWS ID# 6535079  
 Survey Date 12/31/2015

**MONITORING COMPLIANCE DATA**  
**{Last Twelve Months}**

COMPLIANCE GROUP	MONITORING	REPORTING	EXCEEDANCE	MCL
Chemical	compliant	compliant	none	none
Bacteriological	compliant	compliant	none	none

Items checked with an (x) are explained below.

**COMMENTS**

All sampling is current.

**PERMITS/APPROVALS/ACCEPTANCES**

Project Name	Approval Number	Approval Date	Connections Approved	Scanned
Citrus Highlands S/D	5386-331	12/23/1986	150	003696
Pinecrest Ranches Well Addition	5389-5079	11/20/1989	n/a	n/a
Distribution & Backup Well Addition	5302-5079-A1	10/10/2002	28	n/a

**COMMENTS**

none

**ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}**

OGC Case Number	Referral Date	Resolution Date	Comments
10-653PW5079A	01/29/2010	03/01/2010	Failure to pay license fee
10-653PW5079B	04/07/2010	08/31/2010	Bac-T MCL Violation

System Name: Pinecrest Utilities, LLCPWS ID# 6535079  
Survey Date 12/31/2015**TREATMENT PROCESSES IN USE**

disinfection by hypochlorination

iron sequestering by ortho-phosphate injection

Is any additional treatment needed? / Reason?

none at this time

Do components / chemicals meet NSF standards?

yes

**DISTRIBUTION SYSTEM**

Comments

Pipe Size Range/Type(s)	6" - 2" PVC	
New/Altered Piping @ Plant(s) Color Coded & Labeled	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Flow Measuring Device Type/Size/Location	6" inline totalizing	
Flow Measuring Device Reading (gallons)	012,926	
Point of Entry Taps for Each Plant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Backflow Prevention Devices	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Cross-connections Observed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Bacteriological Sampling Plan Date	03/08/2013	
Satisfactory Bacteriological Sampling Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
System Records Retention Compliance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	At utility office
Lead & Copper Sampling Plan Date	06/21/2012	
Disinfection By-Products Sampling Plan Date	04/11/2014	
Cross-connection Control Program Plan Date	no plan found	
Satisfactory Cross-connection Control Program Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	no plan found
Emergency Preparedness/Response Plan Date	no date on plan, current	
Current Drinking Water Distribution System Map	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Asbestos Waiver or Plan Date	01/01/2011	Oracle date

**OPERATION & MAINTENANCE**

Comments

Certified Operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operator Name	Gaines Alexander	Consta Flow	
Operator Certification Class-Number	C-5472		
Operator Phone Number	863-965-2599		
Operator Cell Phone Number	863-287-2417		
Operator Fax Number	863-965-1733		
Operator Mailing Address	5574 Commercial Blvd., Winter Haven, FL 33880		
Operator E-mail Address	gaines@constaflow.com		
Operation & Maintenance Log	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operation and Maintenance Manual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Operator Visitation Frequency → → → →	<i>Required</i>	<i>Actual</i>	
	Hrs/wk	0.3	0.7
	Days/wk	3	3
Non-consecutive Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Monthly Operation Reports Submitted Regularly & Timely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Data Missing From Monthly Operation Reports	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Plant Category - Class	V-D		
Number of Service Connections	178		
Present Population Served	405		
Population Basis	owner		
Population Seasonal (Timeframes)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Water System Used Over 60 Days Per Year	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Number of Water Users 6 - 9 Months Per Year	n/a		
Number of Water Users Over 9 Months Per Year	405		
System Average Day Demand (Last 12 Months)	20,090	gpd	
System Maximum Day Demand (Last 12 Months)	47,500	gpd	
System Firm Capacity (Calculate assuming largest plant is out of service)	129,600	gpd	
System Maximum Day Design Capacity	417,600	gpd	
Adequate Flushing Program (Frequency)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Permitted for 150,000 gpd as needed, no dead ends	
Sufficient Valve Exercising	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	no isolation valves	
Additional Comments		none	

Plant Name: Pinecrest Utilities, LLCPWS ID# 6535079  
Survey Date 12/31/2015**GROUND WATER SOURCES**

Well Number	2	4		
WMD Permit Number	unknown	808751		
Florida Unique Well ID Number	AAC3938	AAO1210		
Grout Type	cement	neat cement		
Well Completion Date	1989	11/28/2010		
6'x6'x4" Concrete Pad / Condition	yes / fair	yes / good		
Depth Drilled (feet)	315	115		
Well Contamination History	none	none		
Drilling Method	rotary	combination		
Casing Material	black steel	black steel		
Casing Diameter (inches)	6	4		
Casing Length (feet)	78	90		
Well Inundation Possible	unlikely	unlikely		
SET BACKS (feet)	Septic Tank	>500'	>500'	
	WW Plant	>500'	>500'	
	WW Plumbing	>500'	>500'	
	Other Sanitary Hazard	none seen	none seen	
PUMP	Type	submersible	submersible	
	Manufacturer	Betta Flo	Schaefer Pump	
	Model Number	200710B	90LD554-PE	
	Rated Capacity (gpm)	200	90	
MOTOR	Manufacturer	Franklin Elec.	Franklin Elec.	
	Model Number	unknown	PH#2243038b02	
	Horsepower	25	5	
Well Casing 12" Above Pad	yes	yes		
Well Casing Sanitary Seal	watertight	watertight		
Raw Water Sampling Tap	compliant	compliant		
Above Ground Check Valve	yes	yes		
Secured / Housed	secured	secured		
Well Vent Protected	yes	yes		
Comments				none

**AUXILIARY POWER SOURCE**

	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments
Type	Honda Generator	
Description	Portable	*
Functional	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*
Automatic Switchover	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	*
Exercised Under Continuous Load Frequently	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*
Operates All Necessary Equipment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*
Capacity Satisfies System Average Daily Water Demand	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	*
Additional Comments	*Generator was not onsite, uncertain if this generator is still available.	