

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: February 12, 2016
TO: Carlotta S. Stauffer, Commission Clerk, Office of Commission Clerk
FROM: Clayton Lewis, US Engineering Specialist, Division of Engineering *CK RES*
RE: DN 150224-WU- Application for staff-assisted rate case in Polk County by
Pinecrest Utilities, LLC.

Please file the attached "2014 Sanitary Survey-Pinecrest Utilities" in the above mentioned Docket File.

Thank you.

Terri Jones

From: Clayton Lewis
Sent: Tuesday, February 09, 2016 4:08 PM
To: Terri Jones
Cc: Robert Graves; Laura King
Subject: 2014 Sanitary Survey - Pinecrest Utilities - 6535079
Attachments: 6535079_20141217_Pinecrest Ranches.docx

Please file this message and the attached document in Docket No. 150224 – Pinecrest.

Please title “2014 Sanitary Survey - Pinecrest Utilities”

Thank you

From: Devine, Owen F [<mailto:Owen.Devine@flhealth.gov>]
Sent: Tuesday, February 09, 2016 11:46 AM
To: Clayton Lewis
Cc: Stadelbacher, Ron; Nickerson, Matthew A
Subject: RE: 2014 Sanitary Survey - Pinecrest Utilities - 6535079

Clayton,

Please find attachment as requested.

Thank you

Owen

From: Clayton Lewis [<mailto:CLewis@PSC.STATE.FL.US>]
Sent: Tuesday, February 09, 2016 11:18 AM
To: Devine, Owen F <Owen.Devine@flhealth.gov>
Subject: 2014 Sanitary Survey - Pinecrest Utilities - 6535079

Owen,

The 11/26/2014 Sanitary Report for Pinecrest is not in Oculus. Can you forward a copy to me?

Thanks

Clayton K. Lewis
Division of Engineering
850 413-6578



Vision: To be the Healthiest State in the Nation
 Environmental Engineering
 2090 East Clower Street, Bartow, FL 33830
 Phone (863) 519-8330

SANITARY SURVEY REPORT

DATA INPUT

Date: 12/17/2014
 Initials: MN

COMPLIANCE RESULTS

I C
 M F
 O

System/Plant Name	<u>Pinecrest Utilities, LLC</u>	County	<u>Polk</u>	PWS ID#	<u>6535079</u>
Plant Location	<u>Citrus Highlands Drive, off Hankin Road Bartow</u>			Phone	<u>n/a</u>
Owner Name	<u>Michael Smallridge</u>			Phone	<u>352-302-7406</u>
Owner Address	<u>1902 Barton Park Road, Suite 210, Auburndale, FL 33823</u>			Cell	<u>352-302-7406</u>
Owner Email	<u>utilitymessage@yahoo.com</u>			Fax	<u>352-726-0547</u>
Contact Person	<u>Michael Smallridge</u>	Title	<u>Owner</u>	Email	<u>utilitymessage@yahoo.com</u>
Alternate Contact	<u>Gaines Alexander</u>	Title	<u>Operator</u>	Email	<u>gaines@constaflow.com</u>
This Survey Date	<u>11/26/2014</u>	Last Survey Date	<u>02/12/2013</u>		

PWS TYPE & CLASS Community Non-transient Non-Community Transient Non-Community

PWS STATUS Approved System Accepted System Unapproved System

SERVICE AREA CHARACTERISTICS

Subdivision
Food Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

GENERAL SURVEY COMMENTS

A copy of this report will be sent to the system.

DEFICIENCIES

ACTION TAKEN:

There is a problem with the chlorination system, chlorine residual below 0.20 mg/L.	Letter, correct as soon as possible
The system may not have an auxiliary power source.	Letter, respond in 30 days
There was no cross-connection plan available for inspection at time of survey.	Letter, correct in 30 days
Matthew A. Nickerson	

Inspector _____ Title Environmental Specialist II Forward Date 12/17/2014
 Reviewer _____ Title _____ Review Date _____

PA SITE ID _____
 ENV. ENG SS Rev 08/2013

System Name: Pincrest Utilities, LLC

PWS ID# 6535079
 Survey Date 11/26/2014

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
Pincrest 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 11/26/2014**TREATMENT PROCESSES IN USE**

disinfection by hypochlorination

iron sequestering by ortho-phosphate injection

Is any additional treatment needed? / Reason? none at this timeDo 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)	4,934,720	
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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)	14,499	gpd
System Maximum Day Demand (Last 12 Months)	61,000	gpd
System Firm Capacity (Calculate assuming largest plant is out of service)	129,600	gpd
System Maximum Day Design Capacity	417,600	gpd
		Permitted for 150,000 gpd
Adequate Flushing Program (Frequency)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	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, LLC

PWS ID# 6535079
 Survey Date 11/26/2014

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 checked="" type="checkbox"/> Yes <input 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.	

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 ₂ Capability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Loss of Cl ₂ Residual	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
Cl ₂ 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	0.00	Total	n/a
Remote Residuals	[mg/l]	Free	0.00	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	The chlorination system is not functioning properly; operator has been trying to address the problem.				

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"/>	<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 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 11/26/2014

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