

COASTAL INCOME PROPERTIES

October 23, 2017

VIA USPS and Online Submission

Office of Commission Clerk
State of Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

RECEIVED-FPSC
2017 OCT 25 AM 8:45
COMMISSION
CLERK

RE: Docket # 20170178-WS **UPDATE TO THE FILING** of Application for Original Certificate of Authorization for Existing Utility Currently Charging for Service in Lake Wales, Florida from The Harbor Waterfront Resort.

To Whom it May Concern:

Enclosed please find the UPDATE to the following information in connection with the above referenced Application for Original Certificate:

- New Sanitary Survey from Florida Department of Health-Polk County dated October 9, 2017

If you have any questions or need anything else, please do not hesitate to call and/or email me at kw@primeincome.properties.

Sincerely,



Kimberly Whitt
Executive Assistant
Coastal Income Properties – The Harbor, LLC

Mission:

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



Rick Scott

Governor

Celeste Philip, MD, MPH

State Surgeon General

Vision: To be the Healthiest State in the Nation

October 09, 2017

The HARBOR WATERFRONT RESORT
PWS: Id. No. 3530736

COASTAL INCOME PROPERTIES - THE HARBOR LLC
2840 WEST BAY DRIVE #174
BELLAIR BLUFFS, FL 33770

Dear Water System Owner:

A sanitary survey of your system conducted on October 09, 2017 indicates that the system is substantially in compliance with the public drinking water requirements listed in Chapter 62 Florida Administrative Code.

Reminders:

If you have any questions, please contact me at (863) 519-8330 ext. 2021.

Sincerely,

A handwritten signature in blue ink that reads "H. Taghiof".

Henry Taghiof
Engineer III

**Florida Department of Health
in Polk County**

ENVIRONMENTAL ENGINEERING
2090 East Clower Street • Bartow, FL 33830-6741
PHONE: (863) 519-8330 • FAX: (863) 534-0245
www.MyPolkHealth.org



www.FloridaHealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

Florida Health: the first accredited public health system in the U.S.

System Name: The Harbor Waterfront Resort

PWS ID# 3530736
 Survey Date 10/09/2017

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

none

PERMITS/APPROVALS/ACCEPTANCES

Project Name	Approval Number	Approval Date	Connections Approved	Microfilm #
Harry,s Harbor	14520	5/19/72	n/a	
Harry,s Harbor Phase II	5378-14520-A	5/5/78	52	Scanned
Harry,s Harbor Phase II	5379-14520-B	9/27/79	27	Scanned

There are more permits/approvals/acceptances then can be listed here.

ENFORCEMENT HISTORY {Minimum Last Twenty-Four Months}

OGC Case Number	Referral Date	Resolution Date	Comments
06-353PW0736A	7/31/2006	10/26/2006	Various violations

DISTRIBUTION SYSTEM

Comments

Pipe Size Range/Type(s)	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	Inline/2"/After Tank	
Flow Measuring Device Reading	<input checked="" type="checkbox"/> Gallons <input type="checkbox"/> Hours	27,243.900
Point of Entry Tap/Location	<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		12/10/2001
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	
Lead & Copper Sampling Plan Date		11/01/1993 <input type="checkbox"/> N/A
Disinfection By-Products Sampling Plan Date		06/20/2014 <input type="checkbox"/> N/A
Cross-connection Control Program Plan Date		2008 <input type="checkbox"/> N/A
Satisfactory Cross-connection Control Program Plan Implementation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Asbestos Waiver or Plan Date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments		none

DISINFECTION RESIDUALS

Plant Residuals	[mg/l]	Free	2.00	Total	n/a
Remote Residuals	[mg/l]	Free	0.50	Total	n/a
DPD Test Kit		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Comments					none

OPERATION & MAINTENANCE

		Required		Actual		Comments
Certified Operator		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
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 → → → →	Hrs/wk	0.3		0.5		
	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				119		
Present Population Served				211		
Population Basis				Manager		
Population Seasonal (Timeframes)		<input checked="" type="checkbox"/> Yes	<input 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				120		
Number of Water Users Over 9 Months Per Year				25		Year Round
System Average Day Demand (Last 12 Months)		20,651		gpd		
System Maximum Day Demand (Last 12 Months)		64,350		gpd		
System Maximum Day Design Capacity		115,200		gpd		
Adequate Flushing Program (Frequency)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		Based on 24 Hour Pump Calculation
Sufficient Valve Exercising		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		no dead ends
Additional Comments						no isolation valves
						Permitted Capacity = 115,200 gpd

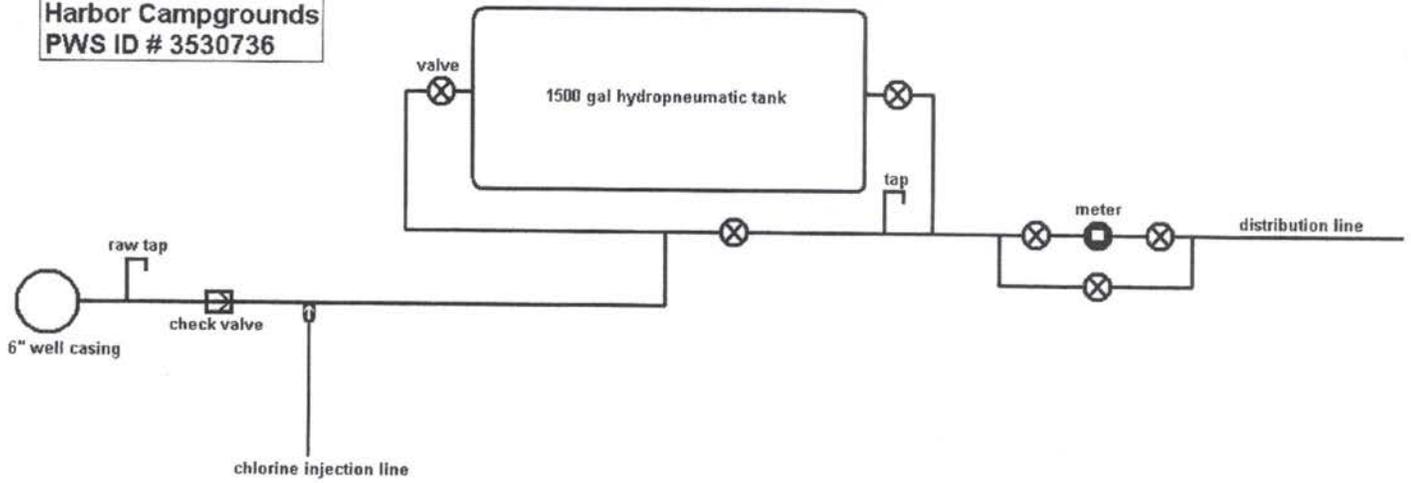
GROUND WATER SOURCES

STORAGE FACILITIES

Well Number	I	
WMD Permit Number	unknown	
Florida Unique Well ID Number	AAC6150	
Grout Type	Cement	
Well Completion Date	1974	
6'x6'x4" Concrete Pad / Condition	Yes(ok)	
Depth Drilled (feet)	575'	
Well Contamination History	None	
Drilling Method	Cable	
Casing Material	B-Steel	
Casing Diameter (inches)	6"	
Casing Length (feet)	365'	
Well Inundation Possible	not likely	
SET BACKS (feet)	Septic Tank	N/A
	WW Plant	>250'
	WW Plumbing	30'
	Other Sanitary Hazard	Not Seen
PUMP	Type	submersible
	Manufacturer	unknown
	Model Number	unknown
	Rated Capacity (gpm)	80
MOTOR	Manufacturer	Franklin E
	Model Number	2821138110
	Horsepower	5
Well Casing 12" Above Pad	yes	
Well Casing Sanitary Seal	watertight	
Raw Water Sampling Tap	compliant	
Above Ground Check Valve	Yes	
Secured / Housed	Yes	
Well Vent Protected	Yes	
Comments	well equipped with access port	

(G) Ground (H) Hydro (E) Elevated (B) Bladder (C) Clearwell (R) Retention										
Y = Yes / N = No / I = Inapplicable			Y	N	I	Y	N	I		
Tank Type/Number	H-1									
Capacity (gal)	1500									
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"/>	
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"/>	
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"/>	
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"/>	
Air Relief Valve	<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"/>	
Sight Glass / Level Indicator	<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"/>	
Fittings for Sight Glass	<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"/>	
On/Off Pressure (PSI)	40/60									
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"/>	<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"/>	
Tank Inspection Report Date	4/19/2016									
Comments	NONE									
DISINFECTION					Hypochlorination					
Number of Feeders									1	
Injection Point Location(s)									Prior to Tank	
Capacity (gpd)									17	
Adequate Ventilation	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Safety Equipment	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Stroke (%)									40%	
Feeder(s) Manufacturer									Stenner	
Housed or Protected	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Comments	none									

Harbor Campgrounds
PWS ID # 3530736



well AAC6150



air compressor on tank



hydropneumatic tank



point of entry tap

FPSC Electronic Filing

Document submitted; confirmation email sent; tracking number: 12154