

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-**

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**DATE:** January 16, 2019

**TO:** Adam Teitzman, Commission Clerk, Office of Commission Clerk

**FROM:** Clayton Lewis, U.S. Engineering Specialist, Division of Engineering *CKL*

**RE:** Docket No. 20170147-WS - Application for staff-assisted rate case in Levy County by FIMC Hideaway, Inc.

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Please file the attached DEP Sanitary Survey Inspection and Chemical Analyses, in the above mentioned docket file.

Thank you.

CL/pz

Attachment



# FLORIDA DEPARTMENT OF Environmental Protection

Northeast District  
8800 Baymeadows Way West, Suite 100  
Jacksonville, Florida 32256

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Noah Valenstein  
Secretary

December 20, 2018

Robert M. McBride  
FIMC Hideaway Inc.  
Post Office Box 357246  
Gainesville, Florida 32635  
jandrmcbride@cox.net

**Re: FIMC HIDEAWAY INC  
PWS ID No. 2381409  
Levy County – Drinking Water**

Dear Mr. McBride:

Department personnel conducted a sanitary survey inspection of the above-referenced facility on December 12, 2018. Based on the information provided during the inspection, the system was determined to be in compliance with the Department's Drinking Water rules and regulations. A copy of the inspection report is attached for your records.

The Department appreciates your efforts to maintain this system in compliance with state and federal rules. Should you have any questions or comments, please contact David Lubinski at (904) 256-1682, or via e-mail at [David.Lubinski@FloridaDEP.gov](mailto:David.Lubinski@FloridaDEP.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "K Hill".

Katrina Hill  
Environmental Manager  
Compliance Assurance Program

Enclosures: Inspection Report

c: FDEP: Katrina Hill, Joni Petry, David Lubinski, DEP\_NED  
Ross Bogert - [twofoldwater@gmail.com](mailto:twofoldwater@gmail.com)

# Florida Department of Environmental Protection

## Northeast District Public Water System Sanitary Survey Inspection Report

Water system: <b>FIMC HIDEAWAY INC</b>		System PWS #: <b>2381409</b>	Survey date: <b>12/12/2018</b>
Facility type class: <b>Community - (5D)</b>		Source type: <b>Ground</b>	4-Log approved: <b>N/A</b>
Facility address: <b>11496 NW 112th Place, Chiefland, FL 32626</b>			
Facility phone(s): <b>(352) 316-5117</b>		Facility email/fax: <b>jandrmcbride@cox.net</b>	
Facility contact: <b>Mr. Robert McBride</b>		Facility contact phone(s): <b>(352) 373-8877</b>	
Facility contact email/fax: <b>jandrmcbride@cox.net</b>			
Owner name: <b>Mr. Robert McBride</b>		Company name: <b>FIMC Hideaway Inc.</b>	
Owner/Corp address: <b>Post Office Box 357246</b>		City: <b>Gainesville</b>	State: <b>FL</b> Zip: <b>32635</b>
Owner/Corp phone(s): <b>(352) 316-5117</b>		Owner e-contact(s): <b>jandrmcbride@cox.net</b>	
Operator name: <b>Mr. Ross Bogert</b>		Certification: <b>C 18962</b>	
Operator phone(s): <b>(352) 745-1941</b>		Operator email/fax: <b>twofoldwater@gmail.com</b>	
On-site Rep: <b>Mr. Ross Bobert</b>		Immediate Action Required?: <b>No</b>	Inspection recap given? <b>Yes</b>

### SERVICE AREA CHARACTERISTICS

Subdivision \_\_\_\_\_  
Mobile Home Park  
 Food Service:  Yes  No  N/A

### GENERAL INFORMATION

Number of Service Connections 180  
 Population Served 275 Basis interview  
 Plant Design Capacity 216,000 gpd  
 Basis historical data  
 Average Day (from MORs) 23,280 gpd  
 Max. Day (from MORs) 61,000 gpd  
 Total Storage Capacity 1940 gallons  
 Comments storage = 1/2 hydrotank

### LOCATION

Latitude 29° 29' 35.8193" North  
 Longitude 82° 57' 49.0885" West  
 GPS: No Date: DPHO  
 Directions Take I-10 W to I-75S. Exit at SR 26 (#387). Turn left on US 129. Turn right on US 19 (N Young Blvd). Left on CR 320 (NW 115th St.). Turn left on NW 112th Terrace. Go ~1/4 mi to NW. Turn right & go to the end. WTP on right.

### OPERATION & MAINTENANCE

Certified Operator:  Yes  No  Not required  
 Plant visits conducted by: Mr. Ross Bogert  
 O&M Log:  Yes  No O&M Manual:  Yes  No  
 Visitation Frequency  
 Hrs/day: Required 6 min Actual 11 min  
 Hrs/wk: Required 0.3 Actual 1.0  
 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  
Bacti plan 10/1/2001, updated to RTCR  
LCR plan 7/6/2009  
DBP2 plan updated 7/23/2018  
CCC plan 2004

### 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 Electrical connects for portable generator  
 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 by hypochlorination  
 Is additional treatment needed?  Yes  No  
 If so, for control of what deficiencies?  
N/A

### DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter  
 Meter Size & Type 3" Hersey  
 Meter tested w/i 5 yrs?  Yes  No  Unk  N/A  
 Backflow Prevention:  Yes  No  
 Cross-connections 2 HBVB, RPZ at WWTP  
 Cross-connection Control Program:  Yes  No  N/A  
 Coliform Sampling Plan:  Yes  No  
 Stage 2 DBPs Sampling Plan:  Yes  No  N/A  
 Lead & Copper Sampling Plan:  Yes  No  N/A  
 Comments RPZ at WWTP tested;

**GROUND WATER SOURCE**

Well Number (PWS Identification)	1	2	
Well Name (System Identification)	Well #1 (North)	Well #2 (South)	
Year Drilled	1983	1983	
Depth Drilled	97'	81'	
Latitude	29° 29' 35.8300" N	29° 29' 34.3544 " N	
Longitude	82° 57' 49.3180" W	82° 57' 49.3180 " W	
GPS (Y or N) / Date (if applicable)	Yes 9/18/96	Yes 9/18/96	
Florida Well ID	AAC2560	AAC2561	
Static Water Level	Unk	Unk	
Normal Yield (if different than rated capacity)	Unk	Unk	
Strainer	Unk	Unk	
Length (outside casing)	47'	45'	
Diameter (outside casing)	4"	4"	
Material (outside casing)	Black steel	Black steel	
Well Contamination History	None	None	
Is inundation of well possible?	No	No	
6' X 6' X 4" Concrete Pad	Ok	Ok	
SET BACKS	Septic Tank	>200'	>200'
	Reuse Water	N/A	N/A
	WW Plumbing	>200'	>200'
	Other Sanitary Hazard	None observed	None observed
PUMP	Type	Submersible	Submersible
	Manufacturer Name	StaRite	Red Jacket
	Model Number	Unk	Unk
	Rated Capacity (gpm)	158	158
	Motor Horsepower	5	5
Well casing 12" above grade?	Ok	Ok	
Well Casing Sanitary Seal	Ok	Ok	
Raw Water Sampling Tap	Ok	Ok	
Above Ground Check Valve	Ok	Ok	
Fence/Housing	Ok	Ok	
Well Vent Protection	Ok	Ok	

**COMMENTS** Well #1 - casing has slight corrosion.

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**CHLORINATION (Disinfection)**

Type: Hypo-Chlorination  
 Make Stenner 45MPH10 Capacity 10 gpd  
 Chlorine Feed Rate set at 2  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant 0.82 Remote 0.60  
 Remote tap location NW 111 Ave & NW 112 PL  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points pre hydrotank  
 Booster Pump Info N/A  
 Comments bleach: Dumont 12.5%  
Both bleach and tub NSF 60/61 cert.

Chlorine Gas Use Requirements	YES NO		Comments NA
	YES	NO	
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl <sub>2</sub> capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl <sub>2</sub> residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl <sub>2</sub> leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

**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	H3		
Capacity (gal)	3,877		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	S.G.		
Fittings for Sight Glass	Yes		
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	35/50		
Access Padlocked	No		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		
Last Inspection Date (for tanks with access manholes)	N/A		

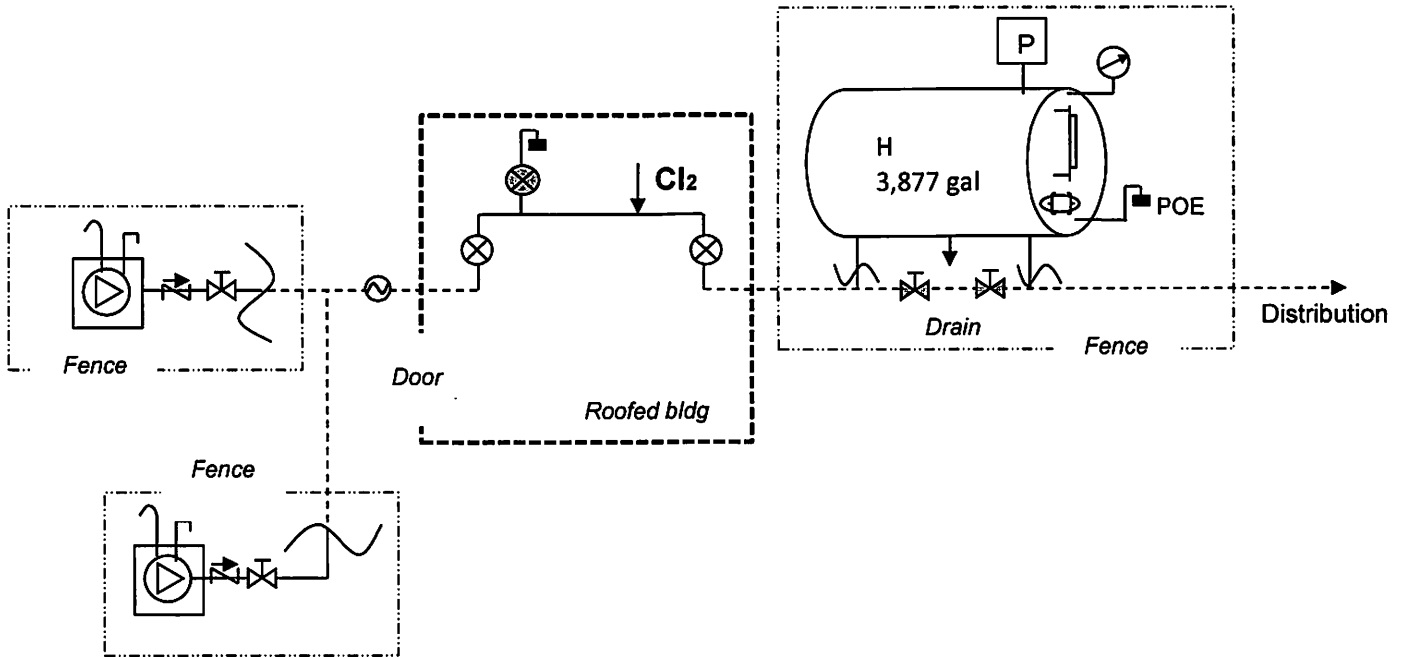
Comments \_\_\_\_\_  
Tanks 1 and 2 replaced by Tank 3, which was installed 8/16/2014.  
Tank 3 inspection due August 2019.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HIGH SERVICE PUMPS**

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

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHEMATIC (not to scale):**



SCHEMATIC KEY	
well head and casing w/submersible pump	
check valve	
threadless (smoothbore) tap	
threaded tap w/ HBVB, point of entry tap	
well vent	
flow meter	
chlorine injection point	
pressure relief valve	
pressure gauge	
gate valve - open, closed	
ball valve - open, closed	
Hatch > 11"x15"	



Monitoring Schedule					
Chemical	Next Due	Comments	Chemical	Next Due	Comments
Bacteriologicals	January 2019	monthly	VOCs	2021	triennial
Disinfectant Levels	January 2019	with bactis	SOCs	2021	or waiver
Nitrate & Nitrite	2019	annual	Rads	2024	6 year
Inorganics	2021	triennial	DBPs	2021	Triennial August
Asbestos	2021	or waiver	Pb-Cu	2019	Jun-Sep triennial
Secondaries	2021	triennial	WQPs	N/A	

\*Sample locations vary. If you have any questions, please contact your inspector.

MONITORING VIOLATIONS	MCL VIOLATIONS
None.	Secondaries - Sulfate, Total Dissolved Solids
	exceeded August 20, 2018.

**MONITORING COMMENTS:**

Repeat confirmation samples are required for Sulfate and Total Dissolved Solids.  
 The results were due by November 22, 2018, and are overdue for submittal.

**DEFICIENCIES:**

#	Deficiency	Rule Reference	Corrective Action	Severity	Corrected
1					

Any deficiency marked with an asterisk (\*) is a repeat violation.

**ADDITIONAL COMMENTS:**

Water plant is in compliance at this time, although monitoring issues need to be resolved.  
 Tank 3 inspection is due to be completed by August 2019.

Inspector: DL  
 David Lubinski, Environmental Specialist III

(904) 256-1682  
 david.lubinski@dep.state.fl.us

Approved by: ST  
 Shane Tierney, Environmental Specialist II



## FLORIDA DEPARTMENT OF Environmental Protection

Northeast District  
8800 Baymeadows Way West, Suite 100  
Jacksonville, Florida 32256

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Noah Valenstein  
Secretary

November 8, 2018

Robert McBride  
FIMC Hideaway Inc.  
Post Office Box 357246  
Gainesville, Florida 32635  
jandrmcbride@cox.net

**Re: Drinking Water Monitoring Outreach  
FIMC HIDEAWAY INC.  
PWS ID No. 2381409  
Levy County – Drinking Water**

Dear Mr. McBride:

A review of the chemical analyses sampled August 20, 2018 and submitted in compliance with Chapter 62-550 of the Florida Administrative Code (FAC) has indicated that the following parameters have exceeded the maximum contaminant level (MCL):

Sulfate: 426.0 milligrams per Liter (mg/L)	MCL: 250 mg/L
Total Dissolved Solids: 992 mg/L	MCL: 500 mg/L

According to Chapter 62-550.500 FAC, you must submit additional samples from the same sample location to confirm these results. Samples must be taken within 14 days of receipt of this letter. In order to be in compliance, the average of these values with the original analyses must be below the MCL. The results of these analyses must be submitted to the Department within 10 days following receipt from the laboratory.

If you have any questions or need assistance, please contact me at (904)256-1682 or via email at [David.Lubinski@FloridaDEP.gov](mailto:David.Lubinski@FloridaDEP.gov). Thank you for your continued cooperation with the Florida Safe Drinking Water Act.

Sincerely,

A handwritten signature in blue ink that reads "DLubinski".

David Lubinski  
Environmental Specialist III  
Compliance Assurance Program

c: FDEP: Katrina Hill, Joni Petry, David Lubinski  
Ross Bogert, [twofoldwater@gmail.com](mailto:twofoldwater@gmail.com)