

**FLORIDA PUBLIC SERVICE COMMISSION**

**INSTRUCTIONS FOR COMPLETING EXAMPLE  
APPLICATION FOR ORIGINAL CERTIFICATE OF AUTHORIZATION  
FOLLOWING RESCISSION OF JURISDICTION BY A COUNTY  
(GRANDFATHER CERTIFICATE)**

**(Pursuant to Section 367.171, Florida Statutes, and  
Rule 25-30.035, Florida Administrative Code)**

**General Information**

The attached form is an example application that may be completed by the applicant and filed with the Office of Commission Clerk to comply with Rule 25-30.035, Florida Administrative Code (F.A.C.). Any questions regarding this form should be directed to the Division of Engineering at (850) 413-6910.

**Instructions**

1. Fill out the attached application form completely and accurately.
2. Complete all the items that apply to your utility. If an item is not applicable, mark it "N.A." Do not leave any items blank.
3. Remit the proper filing fee pursuant to Rule 25-30.020, F.A.C., with the application.
4. The completed application and attached exhibits and the proper filing fee should be mailed to:

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

RECEIVED-FPSC  
2024 SEP -3 PM 3:08  
COMMISSION  
CLERK

**APPLICATION FOR ORIGINAL CERTIFICATE FOLLOWING RESCISSION  
OF JURISDICTION BY A COUNTY (GRANDFATHER CERTIFICATE)**

**(Pursuant to Section 367.171, Florida Statutes, and  
Rule 25-30.035, Florida Administrative Code)**

To: **Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850**

The undersigned hereby makes application for original certificate(s) to operate a water  and/or wastewater  utility in Citrus County, Florida, and submits the following information:

**PART I APPLICANT INFORMATION**

A) Contact Information for Utility. The utility's name, address, telephone number, Federal Employer Identification Number, and if applicable, fax number, e-mail address, and website address. The utility's name should reflect the business and/or fictitious name(s) registered with the Department of State's Division of Corporations:

Indian Springs Utilities, Inc.  
Utility Name

P.O. Box 518  
Office Street Address

<u>Crystal River</u>	<u>Florida</u>	<u>34423</u>
City	State	Zip Code

Mailing Address (if different from Street Address)

<u>City</u>	<u>State</u>	<u>Zip Code</u>
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<u>(352) 795-5205</u>	<u>( ) -NA</u>
Phone Number	Fax Number

59-2336452  
Federal Employer Identification Number

jschrade1@tampabay.rr.com  
E-Mail Address

NA

Website Address

- B) The contact information of the authorized representative to contact concerning this application:

Jeffrey S. Schrade

Name

P.O. Box 518

Mailing Address

Crystal River

Florida

34423

City

State

Zip Code

(352) 795-5205

( ) -NA

Phone Number

Fax Number

jschrade1@tampabay.rr.com

E-Mail Address

- C) Indicate the nature of the utility's business organization (check one). Provide documentation from the Florida Department of State, Division of Corporations, showing the utility's business name and registration/document number for the business, unless operating as a sole proprietor.

Corporation S. CORP. 59-2336452  
Number

Limited Liability Company \_\_\_\_\_  
Number

Partnership \_\_\_\_\_  
Number

Limited Partnership \_\_\_\_\_  
Number

Limited Liability Partnership \_\_\_\_\_  
Number

Sole Proprietorship

Association

Other (Specify) \_\_\_\_\_

If the utility is doing business under a fictitious name, provide documentation from the Florida Department of State, Division of Corporations showing the utility's fictitious name and registration number for the fictitious name.

Fictitious Name (d/b/a) \_\_\_\_\_  
Registration Number \_\_\_\_\_

- D) The name(s), address(es), and percentage of ownership of each entity or person which owns or will own more than 5 percent interest in the utility (use an additional sheet if necessary).

Jeffrey S. Schrade, PO Box 518, Crystal River, FL 34423 100%  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART II** **GRANDFATHER CERTIFICATE**

**A) DESCRIPTION OF SERVICE**

- 1) Exhibit \_\_\_\_\_ - Provide a statement indicating whether the application is for water, wastewater, or both. If the applicant is applying only for water or wastewater, the statement shall include how the other service is provided.

Indian Springs Utilities, Inc. is a wastewater-only utility company. Our customers receive water service from The City of Crystal River.  
\_\_\_\_\_  
\_\_\_\_\_

- 2) Exhibit \_\_\_\_\_ - Provide the date the utility was established.

1983  
\_\_\_\_\_

- 3) Exhibit \_\_\_\_\_ - Provide a description of the types of customers served, i.e., single family homes, mobile homes, duplexes, golf course clubhouse, or commercial.

We have 185 connections total, of which 182 are residential and 3 are commercial. The residential customers are single family homes. 34 of them part of an apartment complex currently charged a bulk rate. The commercial customers are The Day's Inn, Denny's Restaurant, and a dive shop.  
\_\_\_\_\_

- 4) Exhibit ✓ - Provide a schedule showing the number of customers currently served, by class and meter size, as well as the number of customers projected to be served when the requested service territory is fully developed.

**B) TERRITORY DESCRIPTION, MAPS, AND FACILITIES**



UTILITY WAS PREVIOUSLY UNDER FPSC.

- 1) Exhibit ✓ - Provide a legal description of the proposed service area in the format prescribed in Rule 25-30.029, F.A.C. The utility must provide documentation of the territory the utility was serving, or was authorized to serve, from the county which had jurisdiction over the utility on the day Chapter 367, Florida Statutes, became applicable to the utility.
- 2) Exhibit ✓ - Provide documentation of the utility's right to continued long-term use of the land upon which the utility treatment facilities are located. This documentation shall be in the form of a recorded warranty deed, recorded quit claim deed accompanied by title insurance, recorded long-term lease, such as a 99-year lease, or recorded easement. The applicant may submit an unrecorded copy of the instrument granting the utility's right to access and continued use of the land upon which the utility treatment facilities are or will be located, provided the applicant files a recorded copy within the time prescribed in the order granting the certificate.
- 3) Exhibit ✓ - Provide a detailed system map showing existing and proposed lines and treatment facilities with the territory proposed to be served plotted thereon, consistent with the legal description provided in B-1 above. Any territory not served at the time of the application shall be specifically identified on the system map. The map shall be of sufficient scale and detail to enable correlation with the description of the territory proposed to be served.
- 4) Exhibit ✓ - Provide an official county tax assessment map or other map showing township, range, and section with a scale such as 1"=200' or 1"=400', with the proposed territory plotted thereon, consistent with the legal description provided in B-1 above.
- 5) Exhibit ✓ - Provide a copy of all current permits from the Department of Environmental Protection (DEP) and the water management district.

**C) PROPOSED TARIFF AND RATE INFORMATION**

- 1) Exhibit ✓ - Provide a tariff containing all rates, classifications, charges, rules, and regulations, which shall be consistent with Chapter 25-9, F.A.C. See Rule 25-30.035, F.A.C., for information about water and wastewater tariffs that are available and may be completed by the applicant and included in the application.

- 2) Exhibit ✓ - Provide documentation, or, if no documentation exists, a statement, specifying on what date and under what authority the current rates and charges were established.

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**PART III**

**SIGNATURE**

Please sign and date the utility's completed application.

APPLICATION SUBMITTED BY:

Jeffrey S. Schrade  
Applicant's Signature

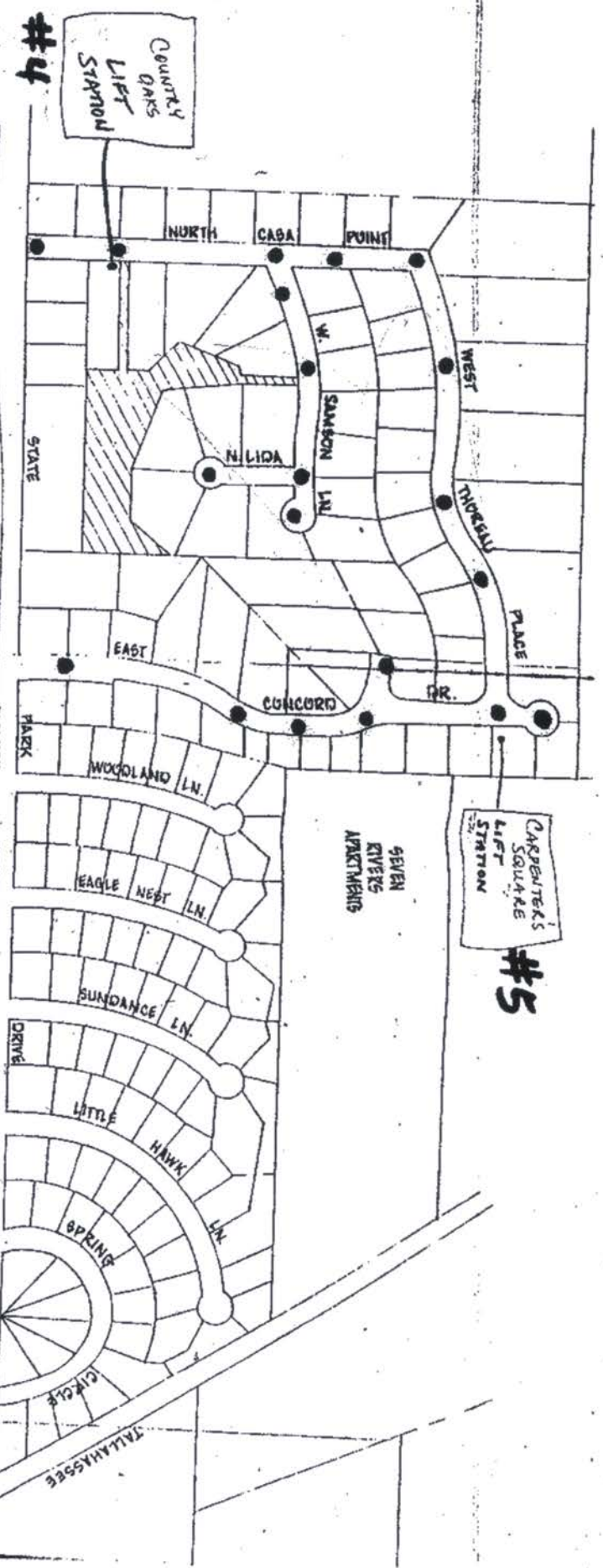
JERRY S. SCHRADE  
Applicant's Name (Printed)

PRESIDENT  
Applicant's Title

8/24/24  
Date



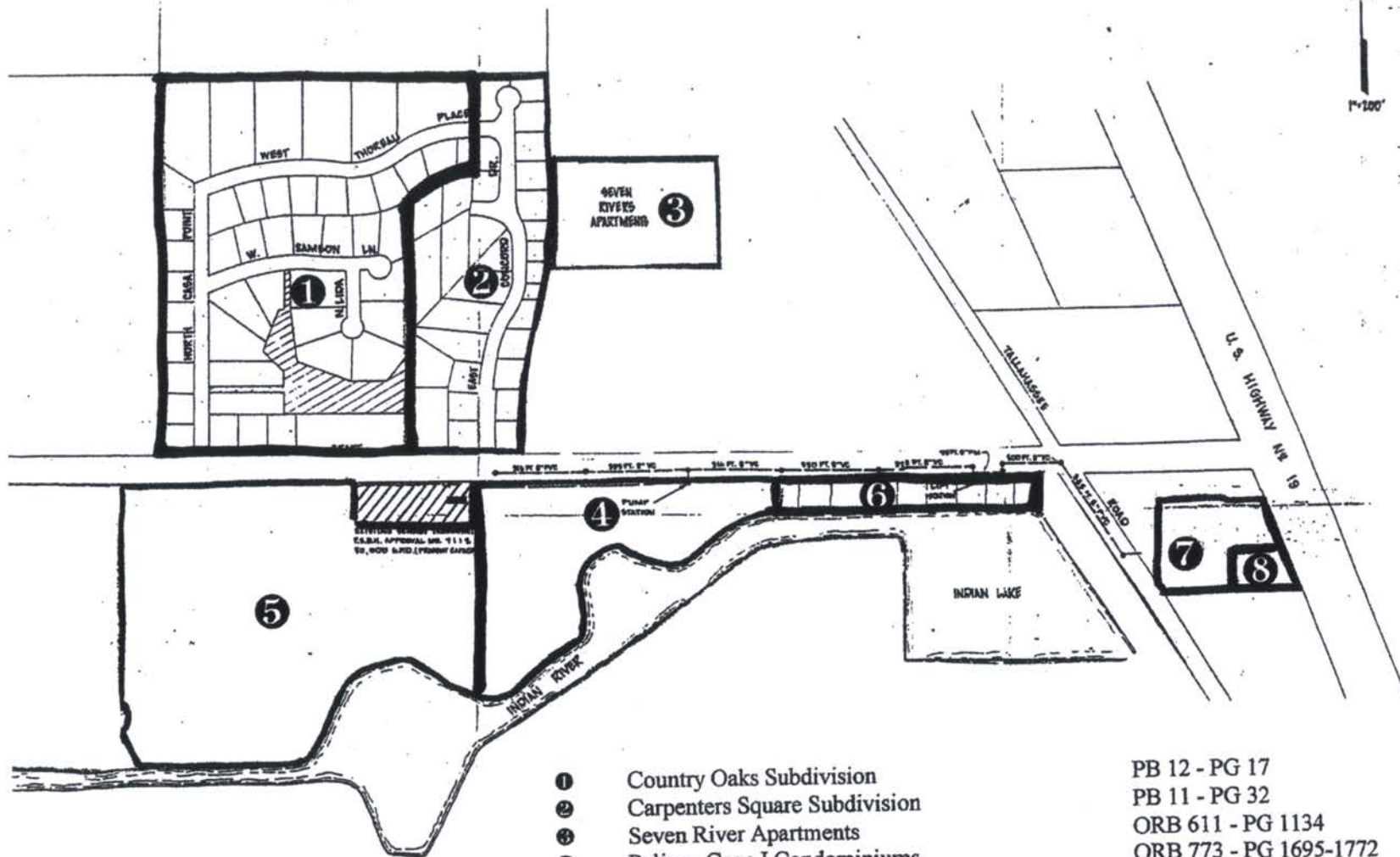
40 MANHOLES



HOLDS (DAYS INN)



# Indian Springs Utilities, Inc. Tariff Area



- ① Country Oaks Subdivision
- ② Carpenters Square Subdivision
- ③ Seven River Apartments
- ④ Pelican Cove I Condominiums
- ⑤ Pelican Cove II Condominiums
- ⑥ 9 Lots-Lots 48 thru 56, BLK A, Indian Waters, #1
- ⑦ Day's Inn Motel
- ⑧ Denny's Restaurant

- PB 12 - PG 17
- PB 11 - PG 32
- ORB 611 - PG 1134
- ORB 773 - PG 1695-1772
- ORB 887 - PG 551-631
- PB 4 - PG 57
- ORB 1078 - PG 1954
- ORB 1078 - PG 1954



INDIAN WATERS  
PHASE II

INDIAN WATERS  
PHASE II

INDIAN WATERS  
PHASE II

INDIAN SPRINGS UTILITY  
FLA 001876 - D.050 MO

N. TALLAHASSEE RD.

W. STATE PARK RD.

US-19

PINCH-A-PENNY

NW 22nd ST.

N. BLUEBIRD TERR.

N. CATBIRD PT.

N. RINGDOVE PT.

NW 19th ST.

MALL

N. SUWANEE PT.

N. HAWAIIAN TERR.

N. HOKOMIS PT.  
(CENTRAL SEWER)

N. ECHOE PT.

D.S.D.S.

**INDIAN WATERS SEWER  
EXPANSION EXHIBIT**



PREPARED BY:  
**CITY OF CRYSTAL RIVER  
DEPT. OF PUBLIC WORKS**



ACCOUNT NUMBER	ESCROW CODE	MILLAGE CODE
1064384		0000

See reverse side for important information.

11110 W STATE PARK ST CRYSTAL RI  
 COM AT NE COR, TH S 89 DEG 59M 2  
 5S W AL N LN 453.78 FT, TH S 0 D  
 EG 35S E 50 FT TO POB, TH S 89 D  
 EG 59M 25S W AL S R/W LN 120.12  
 FT TO PC OF CURVE CONC S HAVING  
 See Additional Legal on Tax Roll



85  
6 - 29735

INDIAN SPRINGS UTILITIES INC  
 PO BOX 518  
 CRYSTAL RIVER FL 34423-0518



MAILING ADDRESS: 210 N. APOPKA AVE., SUITE 100 \* INVERNESS, FL 34450-4298 \* (352) 341-6500

AD VALOREM TAXES					
TAXING AUTHORITY	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	MILLAGE RATE	TAXES LEVIED
General County	7,270	0	7,270	6.9951	50.85
Transportation Trust	7,270	0	7,270	.9860	7.17
Health Department	7,270	0	7,270	.0564	0.41
Library	7,270	0	7,270	.3147	2.29
Fire District	7,270	0	7,270	0.0000	0.00
Stormwater	7,270	0	7,270	0.0006	0.00
Fire Rescue EMS	7,270	0	7,270	.5780	4.20
Schools Local Req'd Effort	7,270	0	7,270	3.1960	23.23
Schools Capital Outlay	7,270	0	7,270	1.5000	10.91
Schools Discretionary	7,270	0	7,270	.7480	5.44
SWFWMD General	7,270	0	7,270	.2043	1.49
Mosquito Control	7,270	0	7,270	.3958	2.88
<b>TOTAL</b>			<b>14,9743</b>		<b>\$108.87</b>

*Paid*

*647.21*

*132.14*

*779.35 Total*

*Dist 3499*

*11/4/23*

RETAIN THIS PORTION FOR YOUR RECORDS.  
 WALK-IN CUSTOMERS,  
 PLEASE BRING FOR RECEIPT.

NON-AD VALOREM ASSESSMENTS		AMOUNT
LEVYING AUTHORITY	RATE	
Fire Services		4.07
Stormwater		24.71
<b>TOTAL</b>		<b>\$28.78</b>

Avoid waiting in line-Pay **ONLINE** at [www.citrustc.us](http://www.citrustc.us)

<b>COMBINED TAXES AND ASSESSMENTS</b>		<b>\$137.65</b>			
<b>IF POSTMARKED BY</b>	Nov 30 2023 132.14	Dec 31 2023 133.52	Jan 31 2024 134.90	Feb 29 2024 136.27	Mar 31 2024 137.65



ACCOUNT NUMBER	ESCROW CODE	MILLAGE CODE
2427451		0000

See reverse side for important information.

P

0 SEWER PLANT CRYSTAL RIVER



86  
5 - 30041

INDIAN SPRINGS UTILITIES INC  
%JEFF SCHRADE  
PO BOX 518  
CRYSTAL RIVER FL 34423-0518

Exemptions:  
TANGIBLE



MAILING ADDRESS: 210 N. APOPKA AVE., SUITE 100 • INVERNESS, FL 34450-4298 • (352) 341-6500

AD VALOREM TAXES					
TAXING AUTHORITY	ASSESSED VALUE	EXEMPTION AMOUNT	TAXABLE VALUE	MILLAGE RATE	TAXES LEVIED
General County	70,023	25,000	45,023	6.9951	314.94
Transportation Trust	70,023	25,000	45,023	.9860	44.39
Health Department	70,023	25,000	45,023	.0564	2.54
Library	70,023	25,000	45,023	.3147	14.17
Fire District	70,023	25,000	45,023	0.0000	0.00
Stormwater	70,023	25,000	45,023	0.0000	0.00
Fire Rescue EMS	70,023	25,000	45,023	.5790	26.02
Schools Local Req'd Effort	70,023	25,000	45,023	3.1960	143.89
Schools Capital Outlay	70,023	25,000	45,023	1.5000	67.53
Schools Discretionary	70,023	25,000	45,023	.7480	33.68
SWFWMD General	70,023	25,000	45,023	.2043	9.20
Mosquito Control	70,023	25,000	45,023	.3958	17.82
<b>TOTAL</b>				14.9743	\$674.18

RETAIN THIS PORTION FOR YOUR RECORDS. WALK-IN CUSTOMERS, PLEASE BRING FOR RECEIPT.

NON-AD VALOREM ASSESSMENTS	
LEVYING AUTHORITY	AMOUNT
Avoid waiting in line-Pay <b>ONLINE</b> at <a href="http://www.citrustc.us">www.citrustc.us</a>	
<b>TOTAL</b>	\$0.00

COMBINED TAXES AND ASSESSMENTS		\$674.18				
IF POSTMARKED BY	Nov 30 2023 647.21	Dec 31 2023 653.95	Jan 31 2024 660.70	Feb 29 2024 667.44	Mar 31 2024 674.18	



STATE OF FLORIDA  
COUNTY OF  
**CITRUS**  
2024

CREGG E. DALTON, CFA  
CITRUS COUNTY PROPERTY APPRAISER  
210 N Apopka Ave Suite 200  
Inverness, FL 34450  
PHONE NUMBER (352) 341-6600 or (352) 341-6648

**TANGIBLE PERSONAL PROPERTY TAX RETURN**

Confidential § 193.074 FS.  
As Required by §§ 193.052 & 193.062 FS.

**Return To Citrus County Property Appraiser  
By April 1 To Avoid Penalties**

BUSINESS NAME (DBA)  
AND MAILING ADDRESS:

FEDERAL EMPLOYER IDENTIFICATION NUMBER

59 - 2336452

NAICS NUMBER

221320

9  
6-2017

AK# 2427451  
INDIAN SPRINGS UTILITIES INC  
C/O JEFF SCHRADE  
PO BOX 518  
CRYSTAL RIVER FL 34423-0518



**CONFIDENTIAL**



PHYSICAL LOCATION:  
0 SEWER PLANT  
CRYSTAL RIVER

If name or address is incorrect, please make necessary corrections. PLEASE PRINT OR TYPE EXCEPT FOR SIGNATURE.

This return is subject to audit with all records kept by you. Incomplete entries are subject to penalties.

1. Owner or person in charge JEFF SCHRADE  
Corporate Name: INDIAN SPRINGS UTILITIES, INC.  
Phone: 352-795-5205 Fax #:  
2. Physical Location (no PO Boxes): STATE PARK STREET  
3. City, if within incorporated limits  
4. Do You File a TPP Tax Return Under Any Other Name?  Yes  No  
Name on your most recent return  
5. Date You Began Business in This County: 1983 Fiscal Year  
My fiscal year ended before Dec 31 of last year, but  Yes  No  
This return reflects additions and deletions through Dec 31.

6. Describe Type or Nature of Your Business: WASTEWATER TREATMENT PLANT  
7. Trade Level: (Check all that apply)  Retail  Wholesale  Manufacturing  
 Professional  Service  Agriculture  Leasing/Rental  Other  
8. Did you file a TPP return in this county last year?  Yes  No  
Under what name & where SAME  
9. Did your business close prior to Jan 1 of this year? When? NO  
10. Did this business change owners prior to Jan 1 of this year?  Yes  No  
(If answer is no, skip questions 11 and 12.)  
11. Current Owner of the Business:  
12. Date Sold: Month \_\_\_\_\_ Year \_\_\_\_\_ Sale Price: \$

**SECTION #1 LEASED, LOANED, AND RENTED TANGIBLE ASSETS AT BUSINESS LOCATION JANUARY 1.**

COMPLETE IF YOU HOLD OR USE EQUIPMENT BELONGING TO OTHERS AT THIS LOCATION - EQUIPMENT NOT REPORTED IN SECTION 3

NAME/ADDRESS OF OWNER/LESSOR	LEASE/CONTRACT NUMBER	DESCRIPTION	YEAR ACQUIRED	LEASE TERM	RENT PER MONTH	RETAIL INSTALLED COST NEW	LEASE/PURCHASE OPTION	
							YES	NO
X								

**SECTION #2 EQUIPMENT OWNED BY YOU AT ANOTHER LOCATION JANUARY 1.**

COMPLETE IF YOU LEASE, LOAN, AND/OR RENT EQUIPMENT TO OTHERS AT ANOTHER LOCATION - EQUIPMENT NOT REPORTED IN SECTION 3

COMPANY AND LOCATION OF EQUIPMENT	LEASE/CONTRACT NUMBER	DESCRIPTION	YEAR ACQUIRED	LEASE TERM	RENT PER MONTH	RETAIL INSTALLED COST NEW	LEASE/PURCHASE OPTION	
							YES	NO
X								

Under penalties of perjury, I declare that I have read this tax return and the accompanying schedules and statements and the facts in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information he or she has knowledge of.

Attach separate sheets as necessary.

\$25,000 Exemption?  Yes  No

Penalty %

Signature Taxpayer: Jeff Schrade Title: PRESIDENT Date: 2/18/24  
Signature Preparer: \_\_\_\_\_ Preparer ID number: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Appraiser Notes:

Signature Deputy

Date

CC-405 (Revised 6/2018)

Sign and date your return, send the original to the county property appraiser's office by April 1. Unsigned returns cannot be accepted by the appraiser's office. If you are entitled to a widow's, widower's, or disability exemption on personal property (not already claimed on real estate) consult your appraiser. By filing this form, you are applying for the \$25,000 exemption.

Continued on page 2.



Important Note: Property that is fully depreciated, but still in your possession **MUST** be reported. Be sure to include **all new acquisitions** as well as **all expensed and fully depreciated assets** on this return. Failure to include all assets physically present on January 1st may result in penalties. **Failure to file a return will result in an estimated value and a Tax Bill (Reference: FS 193.073(2))**. Any asset that has not been physically removed from the premises should not be deleted from the list. Social security numbers obtained for tax administration purposes are confidential under sections 119.071 and 192.0105, Florida Statutes, and not subject to disclosure as public records.

**SECTION #3**

**TANGIBLE PERSONAL PROPERTY ASSET LIST JANUARY 1.**

2024 ALTERNATE KEY # 2427451

ASSET ID	DESCRIPTION OF ITEM	# OF UNITS	ORIGINAL INSTALLED COST PER UNIT	YEAR PURCHASED - INSTALLED	PROPERTY OWNER'S ESTIMATE OF FAIR MARKET VALUE PER UNIT	N O C H A N G E	C H A N G E D	R E M O V E D	S O L D	EXPLANATION OF THE CHANGE, SALE, OR REMOVAL	PROPERTY OWNER'S ESTIMATE OF CONDITION (GOOD (S) AVERAGE (P) POOR)
00001	WASTE WATER PLANT	1	0	2022	70,023	X					Good
2023 TOTALS			0		70,023						

CC-405 (Revised 8/2018)

INDIAN SPRINGS UTILITIES, INC.  
WASTEWATER TARIFF

GENERAL SERVICE

RATE SCHEDULE GS

AVAILABILITY -Available throughout the area served by the Company.

APPLICABILITY -For wastewater service to all customers for which no other schedule applies.

LIMITATIONS -Subject to all of the Rules and Regulations of this Tariff and General Rules and Regulations of the Citrus County Water and Wastewater Authority.

BILLING PERIOD -Monthly

<u>RATE</u>	<u>Meter Size</u>	<u>Base Facility Charge</u>
	5/8" x 3/4"	\$ 27.15
	3/4"	40.72
	1"	67.87
	1 1/2"	135.74
	2"	217.19
	3"	434.38
	4"	678.72
	6"	1,357.45

Gallage Charge Per 1,000 Gallons \$ 4.49

MINIMUM BILL -Applicable Base Facility Charge

TERMS OF PAYMENT – Bills are due and payable when rendered and become delinquent if not paid within sixteen (16) days for customers residing in the State of Florida and twenty one (21) days for customers residing outside of Florida. After five (5) days written notice is mailed to the customer, separate and apart from any other bill, service may then be discontinued.

EFFECTIVE DATE - AUGUST 1, 2023

Jeffrey S. Schrade  
ISSUING OFFICER

TYPE OF FILING - PRICE INDEX

President  
TITLE



INDIAN SPRINGS UTILITIES, INC.  
 WASTEWATER TARIFF

MULTI-RESIDENTIAL SERVICE

RATE SCHEDULE MS

AVAILABILITY -Available throughout the area served by the Company.

APPLICABILITY -For wastewater service for all master metered residential customers, including but not limited to Condominiums, Apartments, and Mobile Home Parks, except for Seven Rivers Apartments which is exempt and has charges administered by Final Order No. 10-06 adopted by the Citrus County Water and Wastewater Authority on November 1, 2010.

LIMITATIONS -Subject to all of the Rules and Regulations of this Tariff and General Rules and Regulations of the Citrus County Water and Wastewater Authority.

BILLING PERIOD -Monthly

<u>RATE</u>	<u>Meter Size</u>	<u>Base Facility Charge</u>
	5/8" x 3/4"	\$ 27.15
	3/4"	40.72
	1"	67.87
	1 1/2"	135.74
	2"	217.19
	3"	434.38
	4"	678.72
	6"	1,357.45

Gallonge Charge Per 1,000 Gallons \$ 4.49  
 (Capped at 6,000 gallons)

Bulk Rate (Fixed Monthly Fee) \$ 1,357.45

MINIMUM BILL -Applicable Base Facility Charge

TERMS OF PAYMENT – Bills are due and payable when rendered and become delinquent if not paid within sixteen (16) days for customers residing in the State of Florida and twenty one (21) days for customers residing outside of Florida. After five (5) days written notice is mailed to the customer, separate and apart from any other bill, service may then be discontinued.

EFFECTIVE DATE - AUGUST 1, 2023

Jeffrey S. Schrade  
 ISSUING OFFICER

TYPE OF FILING - PRICE INDEX

President  
 TITLE

INDIAN SPRINGS UTILITIES, INC.  
WASTEWATER TARIFF

RESIDENTIAL SERVICE

RATE SCHEDULE RS

- AVAILABILITY -Available throughout the area served by the Company.
- APPLICABILITY -For wastewater service for all purposes in private residences and individually metered apartment units.
- LIMITATIONS -Subject to all of the Rules and Regulations of this Tariff and General Rules and Regulations of the Citrus County Water and Wastewater Authority.
- BILLING PERIOD -Monthly

<u>RATE</u>	<u>Meter Size</u>	<u>Base Facility Charge</u>
	5/8" x 3/4"	\$ 27.15
	3/4"	40.72
	1"	67.87
	1 1/2"	135.74
	2"	217.19
	3"	434.38
	4"	678.72
	6"	1,357.45

Gallage Charge Per 1,000 Gallons \$ 4.49  
(Capped at 6,000 gallons)

MINIMUM BILL -Applicable Base Facility Charge

TERMS OF PAYMENT – Bills are due and payable when rendered and become delinquent if not paid within sixteen (16) days for customers residing in the State of Florida and twenty one (21) days for customers residing outside of Florida. After five (5) days written notice is mailed to the customer, separate and apart from any other bill, service may then be discontinued.

EFFECTIVE DATE -AUGUST 1, 2023

Jeffrey S. Schrade  
ISSUING OFFICER

TYPE OF FILING - PRICE INDEX

President  
TITLE



# Florida Department of Environmental Protection

Southwest District Office  
13051 North Telecom Parkway  
Temple Terrace, FL 33637-0926

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Jonathan P. Steverson  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**  
Indian Springs Utilities, Inc.

**RESPONSIBLE OFFICIAL:**  
Jeffrey S. Schrader, President  
Post Office Box 518  
Crystal River, Florida 34423  
(352) 795-5205  
[jschrader1@tampabay.rr.com](mailto:jschrader1@tampabay.rr.com)

**PERMIT NUMBER:** FLA011876  
**FILE NUMBER:** FLA011876-007-DW3P/NRL  
**EFFECTIVE DATE:** May 25, 2016  
**EXPIRATION DATE:** May 24, 2026

### FACILITY:

Indian Springs Utilities WWTF  
11110 State Park Street  
Crystal River, FL 34429  
Citrus County  
Latitude: 28°55' 8" N      Longitude: 82°37' 12" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

### WASTEWATER TREATMENT:

Operation of an existing 0.050 million gallons per day (MGD) Three-Month Rolling Average Daily Flow (3MRADF), Type III, extended aeration domestic wastewater treatment plant. The North train consists of four aeration basins of 20,000 gallons total volume, one clarifier of 3,500 gallons and 87.5 square feet surface area, one chlorine contact chamber of 2,500 gallon, and one digester of 5,000 gallons. The South train consists of six aeration basins of 30,000 gallons total volume, one clarifier of 6,200 gallons and 80 square feet surface area, two chlorine contact chambers in series one of 1,875 gallons and other of 5,000 gallons for a total volume of 6,875 gallons and one digester of 2,700 gallons. This plant is operated to provide secondary treatment with basic disinfection.

### REUSE OR DISPOSAL:

**Land Application R-001:** Is an existing 0.050 MGD Annual Average Daily Flow (AADF) permitted capacity Part IV rapid-rate land application system (R-001). R-001 consists of a two-cell Rapid Infiltration Basin (RIB) of 27,000 square feet of bottom surface area. R-001 is located approximately at latitude 28°55' 8" N, longitude 82°37' 12" W.

**IN ACCORDANCE WITH:** The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 155 of this permit.



PERMITTEE: Indian Spring Utilities, Inc.  
 FACILITY: Indian Springs Utilities WWTF

PA File #:FLA011876-007-DW3P/NRL

**I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

**A. Reuse and Land Application Systems**

- During the period beginning on the effective date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with Permit Condition I.B.7:

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Monitoring	Sample Type	Monitoring Site Number	
Flow to R-001	MGD	Max Max	0.050 Report	Annual Average Monthly Average	5 Days/Week	Elapsed Time Meter	FLW-01	See I.A.3
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max	20.0 30.0 60.0	Annual Average Monthly Average Single Sample	Monthly	Grab	EFA-01	
Solids, Total Suspended	mg/L	Max Max Max	20.0 30.0 60.0	Annual Average Monthly Average Single Sample	Monthly	Grab	EFA-01	
pH	S.U.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100mL	Max Max	200 800	Annual Average Single Sample	Monthly	Grab	EFA-01	
Chlorine, Total Residual (For Disinfection)	mg/L	Min	0.5	Single Sample	5 Days/Week	Grab	EFA-01	See I.A.4
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	Monthly	Grab	EFA-01	

PERMITTEE: Indian Spring Utilities, Inc.  
FACILITY: Indian Springs Utilities WWTF

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2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I.A.1. and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-01	Flow measured at the master lift station.
EFA-01	Effluent sampling point after treatment and prior to Reuse System R-001.

3. An elapsed time meter shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
4. Total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510, 62-600.440(4)(b) and (5)(b)]



PERMITTEE: Indian Spring Utilities, Inc.  
 FACILITY: Indian Springs Utilities WWTF

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**B. Other Limitations and Monitoring and Reporting Requirements**

1. During the period beginning on the effective date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

Parameter	Units	Max/Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow, Total for the Facility	MGD	Max Max	0.050 Report	3-Month Rolling Average Monthly Average	5 Days/Week	Elapsed Time Meter	FLW-01	See I.B.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Annually	Grab	INF-01	See I.B.3
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Annually	Grab	INF-01	See I.B.3

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I.B.1 and as described below:

Monitoring Site Number	Description of Monitoring Site
FLW-01	Flow measured at the master lift station.
INF-01	Influent sampling point prior to treatment and ahead of the return activated sludge line.

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. An elapsed time meter shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
5. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C, and 40 Code of Federal Regulations (CFR) 136, as appropriate. The list of Department established analytical methods, and corresponding MDL and practical quantitation limits (PQLs), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at <http://www.dep.state.fl.us/labs/library/index.htm>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
- a. The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
  - b. The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
  - c. If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
7. Monitoring requirements under this permit are effective on the first day of the second month following the effective date of the permit. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e. monthly, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Unless specified otherwise in this permit, monitoring



results for each monitoring period shall be submitted in accordance with the associated DMR due dates below. DMRs shall be submitted for each required monitoring period including periods of no discharge.

REPORT Type on DMR	Monitoring Period	Mail or Electronically Submit by
Monthly	first day of month - last day of month	28 <sup>th</sup> day of following month
Quarterly	January 1 - March 31 April 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 - June 30 July 1 - December 31	July 28 January 28
Annual	January 1 - December 31	January 28

The permittee may submit either paper or electronic DMR forms. If submitting paper DMR forms, the permittee shall make copies of the attached DMR forms, without altering the original format or content unless approved by the Department, and shall mail the completed DMR forms to the Department's Southwest District Office at the address specified in Permit Condition I.B.8. by the twenty-eighth (28th) of the month following the month of operation.

If submitting electronic DMR forms, the permittee shall use the electronic DMR system(s) approved in writing by the Department and shall electronically submit the completed DMR forms to the Department by the twenty-eighth (28th) of the month following the month of operation. Data submitted in electronic format is equivalent to data submitted on signed and certified paper DMR forms.

*[62-620.610(18)][62-601.300(1),(2), and (3)]*

- Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Southwest District Office at the address specified below:

Florida Department of Environmental Protection  
 Southwest District Office  
 13051 N Telecom Pkwy  
 Temple Terrace, Florida 33637-0926

Phone Number - (813) 470-5700  
 FAX Number - (813) 470-5996  
 swd\_dw@dep.state.fl.us

*[62-620.305]*

- All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

## II. BIOSOLIDS MANAGEMENT REQUIREMENTS

### A. Basic Requirements

- Biosolids generated by this facility may be transferred to Biosolids Treatment Facility (BTF) or disposed of in a Class I solid waste landfill. Transferring biosolids to an alternative biosolids treatment facility does not require a permit modification. However, use of an alternative biosolids treatment facility requires submittal of a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the biosolids. *[62-620.320(6), 62-640.880(1)]*
- The permittee shall monitor and keep records of the quantities of biosolids generated, received from source facilities, treated, distributed and marketed, land applied, used as a biofuel or for bioenergy, transferred to another facility, or landfilled. These records shall be kept for a minimum of five years. *[62-640.650(4)(a)]*

3. Biosolids quantities shall be monitored by the permittee as specified below. Results shall be reported on the permittee's Discharge Monitoring Report for Monitoring Group RMP-Q in accordance with Condition I.B.7.

Parameter	Units	Max/ Min	Biosolids Limitations		Monitoring Requirements		
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number
Biosolids Quantity (Transferred)	dry tons	Max	Report	Monthly Total	Monthly	Calculation	RMP-1
Biosolids Quantity (Landfilled)	dry tons	Max	Report	Monthly Total	Monthly	Calculation	RMP-2

[62-640.650(5)(a)1]

4. Biosolids quantities shall be calculated as listed in Permit Condition II.A.3 and as described below:

Monitoring Site Number	Description of Monitoring Site Calculations
RMP-1	Biosolids Quantity (Transferred to BTF)
RMP-2	Biosolids Quantity (Landfilled)

5. The treatment, management, transportation, use, land application, or disposal of biosolids shall not cause a violation of the odor prohibition in subsection 62-296.320(2), F.A.C. [62-640.400(6)]
6. Storage of biosolids or other solids at this facility shall be in accordance with the Facility Biosolids Storage Plan. [62-640.300(4)]
7. Biosolids shall not be spilled from or tracked off the treatment facility site by the hauling vehicle. [62-640.400(9)]

**B. Disposal**

8. Disposal of biosolids, septage, and "other solids" in a solid waste disposal facility, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(b) & (c)]

**C. Transfer**

9. The permittee shall not be held responsible for treatment and management violations that occur after its biosolids have been accepted by a permitted biosolids treatment facility with which the source facility has an agreement in accordance with subsection 62-640.880(1)(c), F.A.C., for further treatment, management, or disposal. [62-640.880(1)(b)]
10. The permittee shall keep hauling records to track the transport of biosolids between the facilities. The hauling records shall contain the following information:

Source Facility	Biosolids Treatment Facility or Treatment Facility
1. Date and time shipped	1. Date and time received
2. Amount of biosolids shipped	2. Amount of biosolids received
3. Degree of treatment (if applicable)	3. Name and ID number of source facility
4. Name and ID Number of treatment facility	4. Signature of hauler
5. Signature of responsible party at source facility	5. Signature of responsible party at treatment facility
6. Signature of hauler and name of hauling firm	



A copy of the source facility hauling records for each shipment shall be provided upon delivery of the biosolids to the biosolids treatment facility or treatment facility. The treatment facility permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of biosolids leaving the source facility and arriving at the biosolids treatment facility or treatment facility.

*[62-640.880(4)]*

#### **D. Receipt**

11. If the permittee intends to accept biosolids from other facilities, a permit revision is required pursuant to paragraph 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*

### **III. GROUND WATER REQUIREMENTS**

1. Section III is not applicable to this facility.

### **IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS**

#### **E. Part IV Rapid Infiltration Basins**

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.518]*
2. The maximum annual average loading rate to the two-cell RIB shall be limited to 3 inches per day (as applied to the entire bottom area). *[62-610.523(3)]*
3. The two-cell Rapid Infiltration Basin (RIB) area normally shall be loaded for 7 days and shall be rested for 14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. *[62-610.523(4)]*
4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. *[62-610.523(6) and (7)]*
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.514 and 62-610.414]*
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as abnormal events in accordance with Permit Condition IX.20. *[62-610.800(9)]*

### **V. OPERATION AND MAINTENANCE REQUIREMENTS**

#### **A. Staffing Requirements**

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 1/2 hour/day for 5 days/week and one visit each weekend. The lead/chief operator must be a Class C operator, or higher.

2. An operator meeting the lead/chief operator class for the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. *[62-699.311(1)]*

**B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements**

1. Submit an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C., five years from the date of issuance of this permit. *[62-600.405(5)]*
2. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*
3. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

**C. Recordkeeping Requirements**

1. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility.
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, including, if applicable, a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
  - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
  - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
  - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
  - e. A copy of the current permit;
  - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
  - g. A copy of any required record drawings;
  - h. Copies of the licenses of the current certified operators;
  - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and license number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed; and
  - j. Records of biosolids quantities, treatment, monitoring, and hauling for at least five years.

*[62-620.350, 62-602.650, 62-640.650(4)]*

**VI. SCHEDULES**

1. The permittee is not authorized to discharge to waters of the state after the expiration date of this permit, unless:
  - a. The permittee has applied for renewal of this permit at least 180 days before the expiration date of this permit using the appropriate forms listed in Rule 62-620.910, F.A.C., and in the manner established in the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C.; or