



# Florida Department of Environmental Protection

Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803-3767

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Jonathan P. Steverson  
Secretary

September 13, 2016

Brandon Welch, HOA President  
Citrus Cove Subdivision  
17610 Mandarin Circle  
Winter Garden, FL 34787  
[citruscovehoa@gmail.com](mailto:citruscovehoa@gmail.com)

Re: Citrus Cove Subdivision  
PW Facility ID #3354053  
Lake County

Dear Mr. Welch:

Department personnel conducted an inspection of the above-referenced facility on August 26, 2016. Based on the information provided during and following the inspection, the facility was determined to be in compliance with the Department's rules and regulations. A copy of the inspection report is attached for your records, and any non-compliance items which may have been identified at the time of the inspection have been corrected.

The Department appreciates your efforts to maintain this facility in compliance with state and federal rules. Should you have any questions or comments, please contact Jason Seyfert at 407-897-4344 or via e-mail at [Jason.Seyfert@dep.state.fl.us](mailto:Jason.Seyfert@dep.state.fl.us).

Sincerely,

A handwritten signature in cursive script that reads "Wanda Parker-Garvin".

Wanda Parker-Garvin, Environmental Manager  
Central District  
Florida Department of Environmental Protection

WPG/js

Enclosures: Inspection Report

cc: Plant Technicians, [planttec@aol.com](mailto:planttec@aol.com)

State of Florida  
Department of Environmental Protection  
Central District  
**SANITARY SURVEY REPORT**

Plant Name CITRUS COVE SUBDIVISION County Lake PWS ID # 3354053  
Plant Location Corner of 1<sup>st</sup> Avenue & Washington Street, Winter Garden, FL 34787 Phone 850-624-1992  
Owner Name Citrus Cove Homeowners Association Phone 850-624-1992  
Owner Address 17610 Mandarin Circle  
Contact Person Brandon Welch Title HOA President Phone 850-624-1992  
This Survey Date 8/26/16 Last Survey Date 9/19/13 Last Compliance Inspection Date 8/13/14

**PWS TYPE:** Community

**PLANT CATEGORY & CLASS:** 5D

**MAX-DAY DESIGN CAPACITY:** 100,800 gpd

**PWS STATUS:** Approved

**TREATMENT PROCESSES IN USE**

Hypochlorination

**SERVICE AREA CHARACTERISTICS**

Subdivision

Food Service:  Yes  No  N/A

Number of Service Connections 39  
Population Served 130 Basis Operator

**OPERATION & MAINTENANCE LOG:** Yes

Location Plant  
Comments \_\_\_\_\_

**CERTIFIED OPERATOR:** Yes

Operator(s) & Certification Class-Number:  
Robert Stewart C-6407

Hrs/day: *Required*          Visit\* *Actual*          Visit\*           
Days/wk: *Required*          3 *Actual*          3  
Non-consecutive Days?  Yes  No  N/A  
Comments \*Visits must add up to a cumulative total  
of at least 0.3 hr/week.

**MONTHLY OPERATION REPORTS (MORs)**

MORs submitted regularly?  Yes  No  N/A  
Data missing from MORs?  No  Yes  N/A  
Average Day (from MORs) 19,739 gpd  
Maximum Day (from MORs) 127,000 gpd 2016/04  
Comments \_\_\_\_\_

Flow Measuring Device Flow Meter  
Meter Size & Type 3" Neptune  
Date Last Calibrated 10/4/13

**RAW WATER SOURCE**

GROUND; Number of Wells 1  
 PURCHASED from PWS ID # \_\_\_\_\_  
 Emergency Water Source \_\_\_\_\_  
Emergency Water Capacity \_\_\_\_\_

**STANDBY POWER SOURCE:** Not Required

Source \_\_\_\_\_  
Capacity of Standby (kW) \_\_\_\_\_  
Switchover:  Automatic  Manual  
Hrs Operated Under Load \_\_\_\_\_  
What equipment does it operate?  
 Well Pumps \_\_\_\_\_  
 High Service Pumps \_\_\_\_\_  
 Treatment Equipment \_\_\_\_\_  
Satisfy avg. daily demand?  Yes  No  Unknown  
Audio-visual alarm?  Yes  No  
Comments \_\_\_\_\_

**PLANS AND MAPS**

Coliform Sampling Plan  Yes  No  N/A  
D/DBP Monitoring Plan  Yes  No  N/A  
Lead and Copper Plan  Yes  No  N/A  
Distribution System Map  Yes  No  N/A  
Emergency Response Plan  Yes  No  N/A  
Comments \_\_\_\_\_

**PREVENTIVE MAINTENANCE/O&M**

Operation & Maintenance Manual  Yes  No  
Preventive Maintenance Program  Yes  No  
Flushing Program  Yes  No  N/A  
Records  Yes  No  N/A  
Isolation Valve Exercise  Yes  No  N/A  
Records  Yes  No  N/A  
Comments Operator to update and bring  
current the Flushing and Isolation Valve Exercise  
records up to date.

**CROSS CONNECTION CONTROL**

# BFPAs None observed # Tested Unknown  
WWTP RPZ N/A Date Tested N/A  
Written Plan Yes Date 10/16/13  
Comments \_\_\_\_\_

**GROUND WATER SOURCE**

Well Number (Florida Unique Well ID #)	1			
Year Drilled	1979			
Depth Drilled	295'			
Drilling Method	Combination			
Type of Grout	Neat cement			
Static Water Level	51'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	101'			
Diameter (outside casing)	6"			
Material (outside casing)	Blacksteel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>100'		
	Reuse Water	N/A		
	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Goulds		
	Model Number	Unknown		
	Rated Capacity (gpm)	140		
	Motor Horsepower	10		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Security	Yes			
Well Vent Protection	Yes			

**COMMENTS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHLORINATION (Disinfection)**

Type:  Gas  Hypo  
 Make Stenner Capacity 40 gpd  
 Chlorine Feed Rate 35%  
 Avg. Amount of Cl<sub>2</sub> gas used N/A  
 Chlorine Residuals: Plant >2.2 Remote 0.00\*  
 Remote tap location 17548 Satsuma Circle  
 DPD Test Kit:  On-site  With operator  
 None  Not Used Daily  
 Injection Points Prior to hydropneumatic tank  
 Booster Pump Info N/A  
 Comments \*At time of inspection, a faulty chlorine pump was not pushing chlorine to the system. Plant residual was obtained and remote was obtained by operator next day.

**STORAGE FACILITIES**

(G) Ground (C) Clearwell (E) Elevated  
 (B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	H		
Capacity (gal)	1,078		
Material	Steel		
Gravity Drain	Yes		
By-Pass Piping	Yes		
Protected Openings	Yes		
Sight Glass or Level Indicator	Yes		
PRV/ARV	Both		
Pressure Gauge	Yes		
On/Off Pressure	50/70		
Access Secured	Yes		
Access Manhole	Yes		
Tank Sample Tap Location	On tank		
Date of Inspection	12/5/13		
Date of Cleaning	12/5/13		

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

Chlorine Gas Use Requirements	YES	NO	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	

**HIGH SERVICE PUMPS**

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			

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

**AERATION (Gases, Fe, & Mn Removal)**

Type \_\_\_\_\_ Capacity \_\_\_\_\_  
 Aerator Condition \_\_\_\_\_  
 Visible Algae Growth \_\_\_\_\_  
 Protective Screen Condition \_\_\_\_\_  
 Frequency of Cleaning \_\_\_\_\_  
 Date Last Inspected/Cleaned \_\_\_\_\_  
 Comments \_\_\_\_\_

**DEFICIENCIES:**

Areas of Concern	Rule	Corrective Action	Date Corrected	Significant Deficiency?
Inadequate disinfection contact time, disinfectant concentration, disinfectant dose, disinfection is not continuous, or system delivered untreated or inadequately treated drinking water to customers; or unprotected cross connections to health hazards	62-555.320(12), 62-550.300, 62-550.310, 62-550.320, 62-555.320(12), 62-555.360	Provide a continuous disinfection treatment for drinking water. Maintain a continuous minimum free chlorine residual of 0.2 mg/L or a continuous minimum combined chlorine residual of 0.6 mg/L. A Follow-up Inspection will be performed to ensure that the chlorine residual has been restored.	8/29/16 – Operator emailed remote reading of 1.8 at 13322 Lago Vista due to faulty chlorine pump at time of inspection.	Yes

**MONITORING REMINDER:**

- Nitrate and nitrite samples are required to be collected from the point of entry (POE) to the distribution system annually. The 2016 results have been received.
- Monitoring schedules are available on the Central District’s Drinking Water Website. <http://www.dep.state.fl.us/central/Home/DrinkingWater/InHouseCompliance/MonitoringSchedules/MonitoringSchedules.htm>

**COMMENTS:**

- **Contact FRWA (Florida Rural Water Association) at 850-668-2746, or [frwa@frwa.net](mailto:frwa@frwa.net)**, for free technical assistance with your system. FRWA has extended benefits offered to members.
- Provide documentation that the finished-drinking-water meter has been calibrated at least every 5 years.  
 Checking the calibration of finished-drinking-water meters at treatment plants shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water. [Rule 62-555.350(2), F.A.C.]
- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWO at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:
  - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
  - The failure of a public water system to comply with applicable disinfection requirements; or

**COMMENTS (continued):**

- The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]
- Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]

Inspector's  
Signature



Title: Environmental Specialist II Date: 9/8/16

Reviewer's  
Signature



Title: Environmental Manager Date: 9/12/16